SCANNED APR 2 1 2017

Form **99.0-PF** Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

roi c	aienu	at year 2016 of tax year beginning		, and ending		
Nam	e of f	oundation			A Employer identification	number
M	ERC	HANT FAMILY FOUNDATION	Ŋ		45-2496984	
Num	ber an	d street (or P O box number if mail is not delivered to street	et address)	Room/suite	B Telephone number	
<u>_7</u> :	285	S.W. ASCOT COURT			(503) 297-	4317
City	or to	wn, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here
_P(<u>DR'I</u>	LAND, OR 97225	···- 		į	
G C	heck a	all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		2. Foreign organizations me	eting the 85% test
		Address change	Name change		2. Foreign organizations me check here and attach co	imputation
H C	_	_	exempt private foundation		E If private foundation sta	——————————————————————————————————————
<u> </u>		tion 4947(a)(1) nonexempt charitable trust	Other taxable private foundating method: X Cash		under section 507(b)(1)	
		· —	ting method: X Cash Other (specify)	Accrual	F If the foundation is in a	
(Ire		art II, col. (c), line 16) 49,091. (Part I, col.		hasis)	under section 507(b)(1)	(B), check here
	rt I	Analysis of Revenue and Expenses			(a) Adjusted not	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	42,133.		N/A	(00000000000000000000000000000000000000
		Check I if the foundation is not required to attach Sch. B			T	
	_	Interest on savings and temporary cash investments	10.	10.		STATEMENT 1
		Dividends and interest from securities	3,122.	3,122.		STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
0		Net gain or (loss) from sale of assets not on line 10				
nua	b	Gross sales price for all assets on line 6a	· · · · · · · · · · · · · · · · · · ·			
Revenue	-	Capital gain net income (from Part IV, line 2)		0.		
_	-	Net short-term capital gain			RECEIVE	D 7
	_	Income modifications Gross sales less returns				70
		and allowances			@ APR 11 20	
		Less Cost of goods sold Gross profit or (loss)				S
		Other income			OODEN	
		Total, Add lines 1 through 11	45,265.	3,132	OODEN, (T
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees			<u> </u>	<u> </u>
ben		Accounting fees STMT 3	1,150.	0.	<u> </u>	1,150.
Щ	ı	Other professional fees		ļ	 	
ţį		Interest		ļ	<u> </u>	
itra	l	Taxes STMT 4	29.	0.	<u> </u>	0.
isi	19	Depreciation and depletion			 	
and Administrative Expens		Occupancy Travel, conferences, and meetings	ļ			
δĀ		Printing and publications		 		
	1	Other expenses STMT 5	134.	0.	 	134.
iţi.	24	Total operating and administrative				134.
Operating		expenses. Add lines 13 through 23	1,313.	0.		1,284.
Ö	25	Contributions, gifts, grants paid	_16,954.		 	16,954.
	1	Total expenses and disbursements				
	Ĺ	Add lines 24 and 25	18,267.	0		18,238.
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	26,998.			
	b	Net investment income (if negative, enter -0-)		3,132		
	C	Adjusted net income (if negative, enter -0-)			N/A	

<u> </u>	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	251,420.
2	Enter amount from Part I, line 27a	2	26,998.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	278,418.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	278,418.

(a) List and des	cribe the kind(es for Tax on Ir s) of property sold (e.g common stock, 200 sha	., real estate,	income	` P	How acquired - Purchase - Donation	(c)	Date acquir mo., day, yr	ed .)	(d) Date sold (mo., day, yr.)
1a										
b NC	NE						1			-1
<u>C</u>							<u> </u>			
<u>d</u>							 	-		
(e) Gross sales price		reciation allowed ir allowable)		t or other basis epense of sale	1		(6	(h) Gain or e) plus (f) m)
a										
b			ļ. .							
<u>c</u>										
<u>d</u>										
Complete only for assets show	ıng gain in coli	umn (h) and owned by	the foundation	on 12/31/69			(I) Ga	uns (Col. (h) dain n	ninus
		Adjusted basis		cess of col. (I)			còl. (k)), but not les	s than	-0-) or
(i) F.M.V. as of 12/31/69		of 12/31/69		col. (j), if any			L	osses (from	col. (h))
a										
b										
<u>C</u>										
d										
<u>e</u>					$\overline{}$					
2 Capital gain net income or (net o	capital loss)	If gain, also ente	r in Part I, line i)- in Part I, line	7 7	}	2				12.2
3 Net short-term capital gain or (li	•	l in sections 1222(5) ai	nd (6):		ا ر					
If gain, also enter in Part I, line 8					 					
Part V Qualification	Under Sec	ction 4940(e) for	r Reduced	Tax on Net	Inv	estment l	ncon	ne		
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu The Enter the appropriate amount in	ection 4942 tax alify under sec	on the distributable ar	omplete this pa	rt.					1	Yes X No
(a)	Teach Coldini	(b)	instructions be		(c)					(d)
Base periód years Calendar year (or tax year begini	nina ip)	Adjusted qualifying dis	stributions	Net value of no			ets	(col.	Dıstrıbı (b) dıvı	ition ratio ded by col. (c))
2015		2	20,458.			333,5	57.	<u> </u>	.,	.06133
2014			L7,740.			308,3				.05752
2013			L6,359.	· · · · · · · · · · · · · · · · · · ·		326,2				.05014
2012		1	<u>16,618.</u>			315,0				.05274
2011		<u></u>	0.			46,3	90.			.00000
2 Total of line 1, column (d)								2		.22174
3 Average distribution ratio for th the foundation has been in exis	-		on line 2 by 5,	or by the numbe	r of ye	ears		3		.04435
4 Enter the net value of noncharit	able-use asset	s for 2016 from Part X,	, line 5					4		303,660
5 Multiply line 4 by line 3								5		13,467
6 Enter 1% of net investment inco	ome (1% of Pa	rt I, line 27b)						6		31
7 Add lines 5 and 6								7		13,498
8 Enter qualifying distributions fro	om Part XII, lin	ne 4						8		18,238
If line 8 is equal to or greater th See the Part VI instructions.	an line 7, chec	k the box in Part VI, lin	e 1b, and comp	lete that part usi	ng a 1	% tax rate.	_			

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Par	t VI Excise Tax Based on Investment Income (Section 494)	0(a), 4940(b),	4940(e), or	4948	- see in	stru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei	nter "N/A" on line 1	.]			_		
	Date of ruling or determination letter: (attach copy of letter if nec							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► X and enter	1%	1_1_				<u>31.</u>
	of Part I, line 27b				ŀ			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		col. (b). 🕽					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)		2				<u>0.</u>
	Add lines 1 and 2			3				31.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				<u>31.</u>
	Credits/Payments:	1 . 1						
	2016 estimated tax payments and 2015 overpayment credited to 2016	6a		-				
	Exempt foreign organizations - tax withheld at source	6b		-				
	Tax paid with application for extension of time to file (Form 8868)	6c		-	ļ			
	Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d	_6d		┥ ,	ŀ			^
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attai	ched		8				<u>0.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	CHEG	_	9	-		-	31.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	 			<u> </u>
	Enter the amount of line 10 to be: Credited to 2017 estimated tax		Refunded	11	 			
	rt VII-A Statements Regarding Activities							
	During the tax year, did the foundation attempt to influence any national, state, or local legis	lation or did it part	ticipate or intervei	ne in			Yes	No
	any political campaign?					1a		
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses (see instructio	ns for the definition	n)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities a	•		•	-			
	distributed by the foundation in connection with the activities.				1			
C	Did the foundation file Form 1120-POL for this year?				L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year:						
	(1) On the foundation. > \$ (2) On foundation managers	:.▶ \$	0	<u>•</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendi	iture tax imposed i	on foundation					v
	managers. ► \$0.				-			j
	Has the foundation engaged in any activities that have not previously been reported to the If	RS?			-	2		X
	If "Yes," attach a detailed description of the activities.					ļ		
	Has the foundation made any changes, not previously reported to the IRS, in its governing i		s of incorporation	, Or	}	İ		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				-	3		_ <u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ir?			.,,	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?)		Ŋ	I/A	4b		v
э	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T				-	5	-	X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied ei	ithar:						
U	By language in the governing instrument, or	itiiti.				ĺ		
	 By state legislation that effectively amends the governing instrument so that no mandator 	v directions that c	onflict with the sta	ite law				
	remain in the governing instrument?	y directions that c	onmot with the st	iio iaii		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," con	mplete Part II. co	ol. (c). and Part)	(V	ŀ	7	X	_
·		,	(-),	•				
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) 🕨						
	OR							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	ttorney General (o	r designate)					
	of each state as required by General Instruction G? If "No," attach explanation	•	,			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) o	r 4942(j)(5) for ca	llendar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," of	complete Part XI	v			9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedu	ule listing their names	and addresses			10		X
					Forn	990	-PF	(2016)

ма	rt vir-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		
40	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
40	If "Yes," attach statement (see instructions)	12	77	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<u>X</u>	<u> </u>
	Website address ► N/A The books are in care of ► TOM MERCHANT Telephone no. ► (503)	207	4.2	1 17
14			-43	1/
4 E	Located at ► 7285 S.W. ASCOT COURT, PORTLAND, OR Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	445	_	- 1
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ـــا `
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,	14	Yes	No
10	securities, or other financial account in a foreign country?	16	. 00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	<u> </u>	·	
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		<u> </u>
L	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	}		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	Ì		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	}		
	if the foundation agreed to make a grant to or to employ the official for a period after	1	ł	
	termination of government service, if terminating within 90 days.)	1		
١	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b		ļ <u>.</u>
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
;	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No			
	If "Yes," list the years \(\bigsim_\) ,	1		ļ
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20_		
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1	Ì	
Ū	during the year?			
	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2016) N/A	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b_		X
	F	orm 99	0-PF	(2016)

Part VII-B Statements Regarding Activities for Which F		Required (control	45-249698	8 4 Page 6
5a During the year did the foundation pay or incur any amount to:	Offit 4720 May De 1	tequil ed (contint	100)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1.4045(6)\2		s X No	
(2) Influence the outcome of any specific public election (see section 4955); o	` ''		* (22) 140	
any voter registration drive?	r to carry on, an ootly or mane		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7		s X No	į l
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)		☐ Ye	s X No]
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?		C Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations	1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A 5	ib [
Organizations relying on a current notice regarding disaster assistance check h	ere			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for				
expenditure responsibility for the grant?		「/A	s L No	
If "Yes," attach the statement required by Regulations section 53 4945	, ,			į Į
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> -</u>	Sb X
If "Yes" to 6b, file Form 8870.	h-lh 1		তে ,	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No N/A 7	
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trust		nagere Highly		<u>'b </u>
Paid Employees, and Contractors	ccs, i candation in	inagers, riigini	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.	······································		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
TOM MERCHANT	PRESIDENT			
7285 S.W. ASCOT COURT				
PORTLAND, OR 97225	2.00	0.	0.	0.
	DIRECTOR			
7285 S.W. ASCOT COURT				
PORTLAND, OR 97225	1.00	0.	0.	0.
	DIRECTOR			
7285 S.W. ASCOT COURT		j	_	_
PORTLAND, OR 97225	1.00	0.	0.	<u> </u>
···	-			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE				4,10,14,1000
		<u></u>	i	
		ļ		
		L	L	
Total number of other employees paid over \$50,000				000 PE
			Form	990-PF (2016)

3 Five highest-paid independent contractors for professional services. If none, er	oter "MONE "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(C) compensation
1,0312		
	~	
		
otal number of others receiving over \$50,000 for professional services		>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant st number of organizations and other beneficiaries served, conferences convened, research papers p	ratistical information such as the produced, etc.	Expenses
N/A		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2.	Amount
N/A		
		
All other program-related investments. See instructions.		
Fotal. Add lines 1 through 3		0.

P	Art X. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;	-	
а	Average monthly fair market value of securities	1a	233,226.
b	Average of monthly cash balances	1b	75,058.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	10	308,284.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	308,284.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,624.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	_303,660.
6	Minimum investment return. Enter 5% of line 5	6	15,183.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at	nd certain	
_	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	15,183.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI)	1	
C	Add lines 2a and 2b	2c	31.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,152.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	15,152.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	15,152.
_	art XII Qualifying Distributions (see instructions)		
		 .	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		10 000
а		1a	18,238.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	, , , ,	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	18,238.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	_5	31.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	18,207.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for th	ne section

Form **990-PF** (2016)

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	-		-	45.450
line 7				15,152.
2 Undistributed income, if any, as of the end of 2016			•	
a Enter amount for 2015 only			0.	
b Total for prior years:				
· · · · · · · · · · · · · · · · · · ·		0.		·
3 Excess distributions carryover, if any, to 2016:				
a From 2011	ŀ			
b From 2012 881.				
c From 2013 66.			•	
d From 2014 2,374.				
e From 2015 3,838.				
f Total of lines 3a through e	7,159.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 18,238.				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				15,152.
e Remaining amount distributed out of corpus	3,086.			
5 Excess distributions carryover applied to 2016	0.	-· <u></u>	· · · · · · · · · · · · · · · · · · ·	0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,245.	······································		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line	,			
4a from line 2a. Taxable amount - see instr.			0.	_
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	10,245.			
10 Analysis of line 9:				
a Excess from 2012 881.				
b Excess from 2013 66.			•	
c Excess from 2014 2,374.	I			
d Excess from 2015 3,838.				
e Excess from 2016 3, 086.				
0 EA00033 II OH 2010 37000 +			<u> </u>	5 000 DE (0040)

Part XIV Private Operating Foundations (see instructions and Part VII-A, question set of the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling to the check box to indicate whether the foundation is a private operating foundation described in section. 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed. b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not	4942(j)(3) or ears	4942(j)(5) (e) Total
foundation, and the ruling is effective for 2016, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net income from Part I or the minimum (a) 2016 (b) 2015 (c) 20 (c) 20 (d) 85% of line 2a (c) Qualifying distributions from Part XII, line 4 for each year listed	ears	
b Check box to indicate whether the foundation is a private operating foundation described in section 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed	ears	
2 a Enter the lesser of the adjusted net income from Part I or the minimum (a) 2016 (b) 2015 (c) 20 investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed	ears	
income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed		(e) Total
investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed	14 (d) 2013	(e) Total
each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed		
b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed		
c Qualifying distributions from Part XII, line 4 for each year listed		
line 4 for each year listed		
·		
d Amounts included in line 2c not		
= :=		
used directly for active conduct of		
exempt activities		
e Qualifying distributions made directly		-
for active conduct of exempt activities.		
Subtract line 2d from line 2c	İ	
3 Complete 3a, b, or c for the		
alternative test relied upon:	İ	
a "Assets" alternative test - enter:		
(1) Value of all assets		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		
b "Endowment" alternative test - enter	İ	
2/3 of minimum investment return shown in Part X, line 6 for each year listed		
c "Support" alternative test - enter:		
(1) Total support other than gross		
investment income (interest,	ļ	
dividends, rents, payments on	Ì	
securities loans (section 512(a)(5)), or royalties)		
(2) Support from general public		
and 5 or more exempt		
organizations as provided in section 4942(j)(3)(B)(iii)	-	
(3) Largest amount of support from		
an exempt organization		
		
Part XV Supplementary Information (Complete this part only if the four	dation had \$5 000 or	more in accete
at any time during the year-see instructions.)	idation nad 40,000 or	more in assets
1 Information Regarding Foundation Managers:		
a List any managers of the foundation who have contributed more than 2% of the total contributions received	ved by the foundation before th	e close of any tax
year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)	to by the roundation belove th	o cross or any tax
TOM MERCHANT		
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally le	arge portion of the ownership o	of a partnership or
other entity) of which the foundation has a 10% or greater interest.		
NONE		
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:		
Check here ► X if the foundation only makes contributions to preselected charitable organizations at the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other con		
a The name, address, and telephone number or e-mail address of the person to whom applications should		,,
b The form in which applications should be submitted and information and materials they should include:		~
c Any submission deadlines:		
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institu	utions or other factors:	
u Any reservations of minications on awards, such as by geographical areas, chartable helds, killus of histill	ינוטווס, טו טוווטו ומטוטוס.	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution show any relationship to status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year CLACKAMAS COMMUNITY COLLEGE PC STUDENT SCHOLARSHIPS FOUNDATION 19600 MOLALLA AVENUE OREGON CITY, OR 97045 8,000. VICTORY ACADEMY PC GENERAL SUPPORT P.O. BOX 428 TUALATIN, OR 97062 5,350, PC YOUNG LIFE GENERAL SUPPORT P.O. BOX 70065 PRESCOTT, AZ 86304 1,000. CYSTIC FIBROSIS FOUNDATION GENERAL SUPPORT ÞC 6931 ARLINGTON ROAD, SUITE 200 BETHESDA, MD 20814 1,000, CORNELL UNIVERSITY ₽C STUDENT SCHOLARSHIP CORNELL UNIVERSITY ITHACA NY 14853 1,000. SEE CONTINUATION SHEET(S) Total ▶ 3a 16,954. **b** Approved for future payment NONE Total **▶** 3b

Part XVI-A	Analysis	of Income-	Producing	Activities
------------	----------	------------	------------------	-------------------

		business income (b)	(C) Exclu-	(d)	(e) Related or exempt
rogram service revenue:	Business code	Amount	sion code	Amount	function income
——————————————————————————————————————	5505				
				-	
	_				
Fees and contracts from government agencies					
mbership dues and assessments					
erest on savings and temporary cash					
restments			14	10.	
ridends and interest from securities			14	3,122.	
t rental income or (loss) from real estate:					
Debt-financed property					
Not debt-financed property					
t rental income or (loss) from personal					
operty			1		
her investment income			+ +		
in or (loss) from sales of assets other					
an inventory It income or (loss) from special events		 	++		
oss profit or (loss) from sales of inventory		· · · · · · · · · · · · · · · · · · ·	+ +		
ner revenue:					
ici revenue.					
		· .			****
	1 1				
ubtotal. Add columns (b), (d), and (e)		0.	,	3,132.	
btotal. Add columns (b), (d), and (e)		0 .		3,132.	3,1
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e)		0.	,		3,1
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations	5.)	-	xempt	13	3,1
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie	s.)	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
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btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
btotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calculations T XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
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ibtotal. Add columns (b), (d), and (e) ital Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations it XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
ibtotal. Add columns (b), (d), and (e) ital Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations it XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
ibtotal. Add columns (b), (d), and (e) ital Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
ibtotal. Add columns (b), (d), and (e) ital Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations int XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
ibtotal. Add columns (b), (d), and (e) ital Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations it XVI-B Relationship of Activitie No Explain below how each activity for which	s.) es to the Accor	nplishment of E		13 Purposes	
ubtotal. Add columns (b), (d), and (e) tal Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculations rt XVI-B Relationship of Activitie	s.) es to the Accor	nplishment of E		13 Purposes	

		ANT FAMII				45-2496			ge 13
Part >			sfers To	and Transactions a	ınd Relationshi	ps With Noncha	ritable	€	
	Exempt Organ								A 1.
•	the organization directly or indi					1 501(c) of		Yes	No
	Code (other than section 501(c)				iizations?		1		
	nsfers from the reporting found:	ation to a noncharita	able exempt o	rganization or:			l		7.
٠,	Cash						1a(1)	-	_ <u>X</u>
	Other assets						1a(2)	<u> </u>	X
	er transactions:	hla ayamat arganiza	ntron				4.41		v
٠,	Sales of assets to a noncharita Purchases of assets from a no	• -					1b(1)	 -	X
٠,	Rental of facilities, equipment,	•	OI Yai iizatioii				1b(2)		X
	Reimbursement arrangements						1b(3) 1b(4)	 	X
	Loans or loan guarantees						1b(5)		X
	Performance of services or me	mhershin or fundra	isina solicitati	ons			1b(6)	-	X
٠,	ring of facilities, equipment, ma	•	_				1c	1	X
	e answer to any of the above is	•		• •	wavs show the fair ma	rket value of the goods, o		sets.	
	ervices given by the reporting for		-		-	•		,	
	ımn (d) the value of the goods,				·	,			
(a) Line no	(b) Amount involved	(c) Name o	of noncharitab	le exempt organization	(d) Description of	f transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
_						· · · · · · · · · · · · · · · · · · ·			
_									
									_
									
									
									
		<u> </u>							
									
	_								
_				·					
	l he foundation directly or indirec	thy affiliated with or	related to on	a or more tay ayamat araan	uzatione decoribed				
	ection 501(c) of the Code (othe			-	izations described	Γ	Yes	T	No
	es," complete the following sch		J)(0)) 01 III 30	00001 327		L	163	لما	7 140
	(a) Name of org			(b) Type of organization	(c) Description of relations	hip		_
	N/A	<u> </u>		 	 	<u>, , , , , , , , , , , , , , , , , , , </u>	-		
_						71.		_	
									_
				"					
	Under penalties of pertury, I declare					I Ma	y the IRS	discuss	this
Sign	and belief, it is true, correct, and co	Mer ch		ian taxpayer) is based on all inform		sho	irn with the	ne prepar v (see ins	rer str)?
Here) on C			4/11/17	PRESIDI	ENT	Yes	: <u> </u>	∐ No
	Signature of officer or truster			Date	Title				
	Print/Type preparer's n	ame	Preparer's	signature	1	Check if PTIN			
Deid			1 /		12/21/15	self- employed			
Paid	YEE LEE MO				<u> אווא וכן</u>		1294	<u> 1356</u>	
Prep	arer Firm's name ► GAF	XY MCGEE 8	& CO.	PAT L	1	Firm's EIN 🕨			

Form **990-PF** (2016)

Phone no. (503) 222-2515

Use Only

Firm's address ► 808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204

Supplementary Information Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of recipient Name and address (home or business) PROVIDENCE PORTLAND MEDICAL PC GENERAL SUPPORT FOUNDATION 4805 N.E. GLISAN STREET PORTLAND, OR 97213 500. SUNSET HIGH SCHOOL GOV GENERAL SUPPORT 13840 N.W. CORNELL ROAD 104. PORTLAND, OR 97229 Total from continuation sheets 604.

Schedule B

(Form 990; 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Name of the organization

Employer identification number

	45-2496984						
Organization ty	pe(check one)·						
Filers of:	Section:						
Form 990 or 990	0-EZ 501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
-	ganization is covered by the General Rule or a Special Rule . ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	rial Rule See instructions					
aonora, mare							
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ty) from any one contributor Complete Parts I and II See instructions for determining a contril	• ,					
Special Rules							
section any or	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II						
year, t	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, o is che purpo	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must ans	ganization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul wer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or onesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	• • • • • • • • • • • • • • • • • • • •					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

MERCHANT FAMILY FOUNDATION

45-2496984

Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOM MERCHANT 7285 S.W. ASCOT COURT PORTLAND, OR 97225	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
P22452 10		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

MERCHANT FAMILY FOUNDATION

45-2496984

Part II	Noncash Property (See instructions) Use duplicate copies of P	Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		s		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\\$	990, 990-EZ, or 990-PF)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number MERCHANT FAMILY FOUNDATION

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERES	T ON SAVII	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1	
 SOURCE	REVE	(A) REVENUE PER BOOKS 6. 4.		(B) VESTMENT COME	(C) ADJUSTED NET INCOME			
AMERITRADE PACIFIC CONTINENTAL				6. 4.		_		
TOTAL TO PART I, LIN				10.		_ _		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	• •		(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	
AMERITRADE	3,122	•	0.	3,122.	3,12	22.		
TO PART I, LINE 4 =	3,122	•	0.	3,122.	3,12	22.	_	
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT	3	
DESCRIPTION		(A) EXPENSES PER BOOKS	NET II	3) NVEST- INCOME	(C) ADJUSTED NET INCOM			
ACCOUNTING FEES (GAR & CO. LLP)	Y MCGEE	1,150.	0.			1,150.		
TO FORM 990-PF, PG 1	, LN 16B	1,150.		0.		1,15	0.	
FORM 990-PF	TAX	ES			STATEMENT	<u> </u>		
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I					
IRS EXCISE TAXES		29.		0.			0.	
TO FORM 990-PF, PG 1	LN 18	29.		0.			0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
MISC EXPENSES ANNUAL REPORT FEE OREGON DEPARTMENT OF JUSTICE	49. 50.		0.			49. 50.
REGISTRATION FEE	35.		0.			35.
TO FORM 990-PF, PG 1, LN 23	134.		0.		1	34.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	T
APPLE INC BIOGEN IDEC INC FACEBOOK INC		-		101,783. 28,460. 47,115.	162,1 28,3 57,5	58.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	_		177,358.	248,0	31.