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| Form 990-P | F |
|------------|---|
| ∞ , | |

Department of the Treasury

Internal Revenue Service

Return of Private Foundation 2016 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. Open to Public Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 A Employer identification number The Leightman Maxey Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) (541) 734-9322 ${f C}$ If exemption application is pending, check here ☐ Initial return ☐ Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change

City or town, state or province, country, and ZIP or foreign postal code Medford, OR $\,\,$ 97501 $\,\,$ G Check all that apply **E** If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ☐ Cash **J** Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 5,987,083 under section 507(b)(1)(B), check here ☑ Other (specify) Mod Cash (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 Interest on savings and temporary cash investments 4 Dividends and interest from securities 195,397 195,397 5a Net rental income or (loss) -117,412 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) Other income (attach schedule) اروه 3,024 24 195,430 12 **Total.** Add lines 1 through 11 81.018 111,528 Compensation of officers, directors, trustees, etc 111,528 13 14 Other employee salaries and wages 15 7.046 7.046 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . اروه Accounting fees (attach schedule) 2,760 2,760 اروه 60.304 58.904 1.400 Other professional fees (attach schedule) 17 ارچە 4.119 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 4,653 4,653 22 Printing and publications . 185 23 Other expenses (attach schedule) 13,064 12,879 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 203,474 59,089 140,266 25 Contributions, gifts, grants paid 205.255 167.755 26 Total expenses and disbursements. Add lines 24 and 408,729 59,089 308,021 27

Subtract line 26 from line 12 Excess of revenue over expenses and -327,711 disbursements 136,341 Net investment income (If negative, enter -0-) **Adjusted net income**(If negative, enter -0-) For Paperwork Reduction Act Notice, see instructions. Cat No 11289X Form **990-PF** (2016)

5,148,128

6.002.032

10,000

10,000

5,992,032

5,992,032

6,002,032

3,000

5,053,170

5,987,083

47,500

47,500

5,939,583

5,939,583

5,987,083

1

2

3

4

5

6

5,992,032

-327,711

275,262

5,939,583

5,939,583 Form **990-PF** (2016)

3,000

5,053,170

5,987,083

3,000

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Other assets (describe > _

Other liabilities (describe -_

Temporarily restricted

Permanently restricted . .

C

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

Page **3**

| | (a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | |
|--|---|--|-----------------------------------|---|--------------------------|
| 1 a Sales of Publicly Traded | Securities | | Р | 2000-01-01 | 2016-12-31 |
| | | | | | |
| С | | | | | |
| d | | | | | |
| <u>е</u> | | | | | |
| | (f) | | (g) | , | h) |
| (e) | Depreciation allowed | | other basis | | r (loss) |
| Gross sales price | (or allowable) | plus exp | ense of sale | (e) plus (f |) minus (g) |
| a 91 | .2,187 | | 1,029,599 | | -117,412 |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | s showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | (| I) |
| | (i) | | (k) | | h) gain minus |
| (i) F M V as of 12/31/69 | Adjusted basis | | of col (i) | | less than -0-) or |
| | as of 12/31/69 | over co | l (j), if any | Losses (fr | om col (h)) |
| a | | | | | -117,412 |
| b | | | | | |
| с | | | | | |
| d | | | | | |
| e | | | | | |
| If gain, also enter in Pa in Part I, line 8 | gain or (loss) as defined in sections : irt I, line 8, column (c) (see instructi | ons) If (loss), enter -0 | } | 3 come | |
| | private foundations subject to the sec | | | | |
| If section 4940(d)(2) applies, le | eave this part blank | . , | | | |
| If "Yes," the foundation does no | ne section 4942 tax on the distributa ot qualify under section 4940(e) Do nount in each column for each year, | not complete this part | · | | es 🗹 No |
| (a) | | | making any entries | (d) | |
| Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | | Distribution rat (col (b) divided by c | ol (c)) |
| 2015 | 329,506 | | 6,323,346 | | 0 05211 |
| 2014 | 334,634 | | 6,597,497 | | 0 05072 |
| 2013 | 394,936 | | 6,346,226 | | 0 06223 |
| 2012 | 285,507 | | 5,996,326 | | 0 04761 |
| 2011 | 327,815 | | 6,097,948 | | 0 05376 |
| 2 Total of line 1, column (| d) | | 2 | | 0 266434 |
| number of years the four | o for the 5-year base period—divide indation has been in existence if less | than 5 years | <u>3</u> | | 0 053287 |
| | ncharitable-use assets for 2016 fron | · | 4 | | 5,807,995 |
| 5 Multiply line 4 by line 3 | | | 5 | | 309,491 |
| | ent income (1% of Part I, line 27b) | | 6 | | 1,363 |
| | | | | | 310,854 |
| If line 8 is equal to or gre | ions from Part XII, line 4 , . . eater than line 7, check the box in Pa | | | g a 1% tax rate Se | 308,021 e the Part VI |
| instructions | | | | Fo | orm 990-PF (2016) |

| Form 990-PF (2016) | | Page 7 |
|---|---|---------------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued) | stees, Foundation Managers, Highly Paid E | Employees, |
| 3 Five highest-paid independent contractors for professiona | l services (see instructions). If none, enter "NO | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| Blue Rock Financial Services | Investment Mgmt | 58,904 |
| 16 North Riverside Suite 202 Medford, OR 97501 | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional service | 25 | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research paper. | | Expenses |
| 1 | | _ |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | _ |
| | | |
| 4 | | |
| " | | |
| | | |
| Part IX-B Summary of Program-Related Investments | s (see instructions) | |
| Describe the two largest program-related investments made by the foundation | during the tax year on lines 1 and 2 | Amount |
| 1 | | + |
| | | 1 |
| 2 | | |
| | | _ |
| All other program-related investments See instructions | | |
| 3 | | - |
| | | |
| Total. Add lines 1 through 3 | · · · · · · · · · · · · · · · · · · · | |
| | | Form 990-PF (2016) |

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

1b

2

За 3b

4

5

308.021

308.021

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

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

b

2

3

4

5

Page 9

290.673

290.673

Form **990-PF** (2016)

| Form 990-PF (2) | 016) |
|-----------------|------|
| Part XIII | Und |

| 990-PF (20 | 016) | | |
|------------|----------------------|--------------------|--|
| t XIII | Undistributed Income | (see instructions) | |

- 1 Distributable amount for 2016 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only.
- **b** Total for prior years Excess distributions carryover, if any, to 2016
- From 2011.
- **b** From 2012.
- 6.083
- c From 2013. . . **d** From 2014. e From 2015.
- XII, line 4 > \$
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

required—see instructions).

same amount must be shown in column (a))

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

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9 a Excess from 2012. . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

indicated below:

- a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years
- (Election required—see instructions). c Treated as distributions out of corpus (Election

6.083

17.348

(a)

Corpus

6,083

17.348

23.431

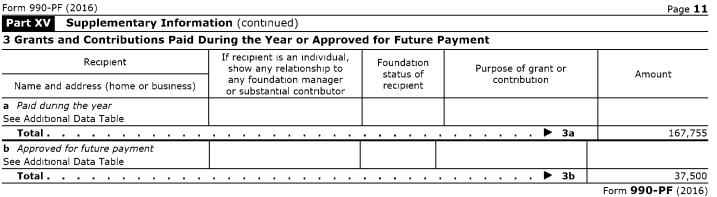
23,431

(b)

Years prior to 2015

(c)

2015



| er gross | Enter gross amounts unless otherwise indicated | | siness income | Excluded by section | 512, 513, or 514 | (e) Related or exemp |
|---|--|--|---------------------------------|-------------------------------------|-------------------|--------------------------------------|
| | | (a) | (b) | (c) | (d) | function income (See instructions |
| - | service revenue | Business code | Amount | Exclusion code | Amount | (See madedons |
| | | | | | | |
| с | | | | | | |
| | _ | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| Membe | rship dues and assessments | | | | | |
| | st on savings and temporary cash ments | | | 14 | 9 | |
| | ds and interest from securities. | | | 14 | 195,397 | |
| | tal income or (loss) from real estate | | | | | |
| | financed property | | | | | |
| | ebt-financed property | | | | | |
| | nvestment income | | | - | | |
| | or (loss) from sales of assets other than | | | | | |
| | ory | | | 18 | -117,412 | |
| | ome or (loss) from special events | | | | | |
| | profit or (loss) from sales of inventory revenue | | | | | |
| | Investment Income | | | 18 | 24 | |
| Return | ed Grant | | | | | 3,0 |
| | | | | | | |
| | | | | | | |
| _ | | | | | | |
| | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 78 018 | 3.0 |
| | 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 13 | 78,018 | |
| Subtota Total. worksl | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio | ns) | | | | |
| Subtota Total. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation Relationship of Activities to th | ^{ns}) e Accomplish | ment of Exem | pt Purposes | | 81,0 |
| Subtota Total. works rt XV | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
| Subtota Total. works rt XVI ne No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
| Subtota Total. works rt XV e No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
| Subtota Total. works rt XV e No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
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| Subtota Total. works rt XVI e No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
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| Subtota Total. works rt XV e No. | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculation. Belationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's exinstructions) | ns) e Accomplish income is reporte | ment of Exemed in column (e) of | pt Purposes of Part XVI-A contribut | ed importantly to | 81,0 |
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| , (20 | | | |
|-------|--|------|--|
| II | Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations | able | |
| | | | |

| orm | 990-PF | (2016) | | | | | | | | | | | Pag | ge 13 |
|---------------------|----------------|--|------------------|-------|-------------|--------------------------|-------|------------|----------|--------------------------------|---------------|----------------|--------|--------------|
| Pai | rt XVI | Information Re Exempt Organiz | | ans | fers To | and Transac | tio | ns and R | Relatio | nships With No | ncharit | able | | |
| | | rganization directly or in Code (other than sectio | | | | | | | | | ion 501 | | Yes | No |
| a Tr | ansfers | from the reporting foun | dation to a no | oncha | arıtable ex | empt organizat | ion | of | | | | | | |
| (: | L) Cash | h | | | | | | | | | | 1a(1) | | No |
| (2 | 2) Othe | er assets | | | | | | | | | | 1a(2) | | No |
| b 0 | ther tra | nsactions | | | | | | | | | | | | |
| (1 | L) Sale | s of assets to a nonchari | table exempt | orga | inization. | | | | | | | 1b(1) | | No |
| - | - | thases of assets from a n | | | | | | | | | | 1b(2) | | No |
| • | • | tal of facilities, equipmer | • | | | | | | | | | 1b(3) | | No |
| • | - | nbursement arrangemen | | | | | • | | | | • | 1b(4) | | No_ |
| • | - | ns or loan guarantees. ormance of services or m | | | | | • | | | | • | 1b(5) 1b(6) | | No No |
| • | - | of facilities, equipment, n | • | | _ | | | | | | • | 1c | | No |
| | - | swer to any of the above | | | · · | | | | | | • market v | | | 110 |
| ın (a) Lı | | ansaction or sharing arra (b) Amount involved | , | | • | d) the value of | | | | transfers, transactions | | ring arrar | ngemen | ts |
| | | | | | | | | | | | | | | |
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| | - | | | | | | + | | | | | | | |
| | | | | | | | + | | | | | | | |
| 2a Is | the fou | undation directly or indire | ectly affiliated | with | , or relate | ed to, one or me | ore t | ax-exemp | t organı | zations | | | | |
| de | escribed | I in section 501(c) of the | Code (other | than | section 50 | 01(c)(3)) or in | secti | on 527?. | | | [| Yes | ✓ N | 0 |
| b If | "Yes," | complete the following so | hedule | | | | | | | | | | | |
| | | (a) Name of organization | n | | (| b) Type of organı | zatio | n | | (c) Description | n of relatio | nship | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sig: Her | n of r | der penalties of perjury, my knowledge and belief ich preparer has any kno ****** | , it is true, co | | | | | of prepare | | than taxpayer) is b | | all infor | mation | of eturn |
| | | Signature of officer or ti | rustee | | | Date | | Tıtl | le | | (see instr | | | |
| | | Print/Type preparer's Michael Fontanello | name | Prep | arer's Sig | nature | | Date | | Check if self- employed ▶ □ | PTIN | P01471 | 027 | |
| Paid | | | | | | | | | | | | | | |
| | pare Only | THILL SHALLER TOTAL | anello Duffiel | d & O | take LLP | | | | | | Firm's E | IN► | | |
| | 1 | • | Montgomery | Stre | et Suite 1 | 305 | | | | | | | | |
| | | Sa | n Francisco, (| CA 9 | 4104 | | | | | | Phone n | o (415) | 983-0 | 200 |
| | | | | | | | | | | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Kids Unlimited of Oregon N/A PC Nutrition Education for Under-15,000 821 N Riverside served Children Medford, OR 97501 Consumer Credit Counseling Svc of S N/A PC General Operating Support 10,000 820 Crater Lake Avenue 202 Medford, OR 97504 Sisiyou Community Health Center N/A PC Nutrition Education 15,000 1701 NW Hawthorne Ave Suite 201 Grants Pass, OR 97526 PC United Way of Jackson County N/A Hope Chest 2,000 1457 East McAndrews Road Medford, OR 97504 Boys and Girls Club of Roque Valley N/A PC T3 Training Teens for Tomorrow 10,000 203 SE 9th Street Grants Pass, OR 97526 PC 10,000 Klamath Community College Foundatio N/A Scholarship Fund 7390 S 6th Street Klamath Falls, OR 97603 PC Rogue Valley Family YMCA N/A Rogue Valley Family YMCA 7,500 522 West 6th Street Nutrition Education Programs Medford, OR 97501 Roque Farm Corps PO Box 533 N/A PC The Next Generation of Roque 5,000 Ashland, OR 97520 Valley Farmers United Way of Jackson County N/A PC. Oregon Nonprofit Leaders 1,000 1457 East McAndrews Road Conference Medford, OR 97504 Exponent Philanthropy N/A PC General Operating 750 1720 N Street NW Washington, DC 20036 PC Family Nurturing Center N/A Family Nurturing Center Farm 10,000 212 N Oakdale Ave and Food Program Medford, OR 97501 Jackson County School District 6 N/A PC Planning for the Future 11,755 300 Ash Street Centeral Poing, OR 97502 Klamath Lake Community Action Servi N/A PC 15,000 \$mart \$tart Project 2300 Clairmont Drive Klamath Falls, OR 97601 College Dreams Inc N/A PC Career Build Work Experience 12,000 2158 NE Industry Drive Program Expansion Grants Pass, OR 97528 First Congregational United Church N/A PC Laundry Love 1,000 717 Siskiyou Blvd Ashland, OR 97502

167,755

Total.

3а

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| Options for Homeless Residents - As PO Box 133 Ashland, OR 97520 | N/A | PC | Ashland Job Match | 12,000 |
|--|-----|----|------------------------------|--------|
| Oregon Coast Community Action 1855 Thomas Ave | N/A | PC | Curry County SERV Specialist | 15,000 |

| Coos Bay, OR 97420 | | | |
|---|-----|--|--|
| Rogue Retreat 1014 West 8th Street Medford, OR 97501 | N/A | A Place to Call Home - Heather's Haven and Starting Strong Women's Housing Program | |
| | | | |

a Paid during the year

Total . 3а

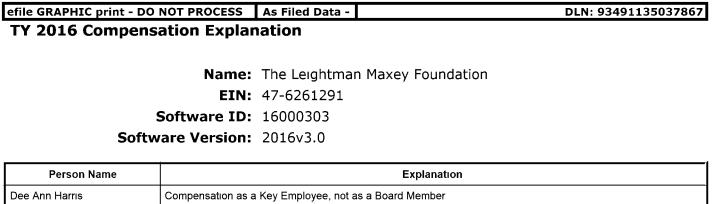
| Medford, OR 97501 | | | Haven and Starting Strong Women's Housing Program | |
|---|-----|----|--|--|
| Southern Oregon University 1250 Siskiyou Blvd Ashland, OR 97520 | N/A | PC | Sustainability Field School Outdoor Kitchen | |

| Medford, OR 97501 | N/A | PC | Haven and Starting Strong Women's Housing Program | 5,000 |
|----------------------------|-----|----|---|-------|
| Southern Oregon University | N/A | PC | Sustainability Field School | 9,750 |

| Rogue Retreat 1014 West 8th Street Medford, OR 97501 | N/A | A Place to Call Home - Heather's Haven and Starting Strong Women's Housing Program | 5,000 |
|---|-----|--|-------|
| | | | |

167,755

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|--|------------------------------|-------|---|---|-------|--|--|--|
| TY 2016 Accounting Fees Schedule | | | | | | | | |
| | | | | | | | | |
| Name: The Leightman Maxey Foundation | | | | | | | | |
| EIN: 47-6261291 | | | | | | | | |
| Softv | Software ID: 16000303 | | | | | | | |
| Software \ | Software Version: 2016v3.0 | | | | | | | |
| Category Amount Net Investment Adjusted Net Disbursement Income Income For Charita Purpose | | | | | | | | |
| Accounting Fees | | 2,760 | 0 | 0 | 2,760 | | | |



TY 2016 General Explanation Attachment

Name: The Leightman Maxey Foundation

EIN: 47-6261291

Software ID: 16000303

Software Version: 2016v3.0

General Explanation Attachment

| dentifier | Return Reference | Explanation | |
|-----------|---------------------|---|---|
| 1 | | General Explanation Supplemental Information for Form 990- PF | Statement 13Form 990-PF, Part XV, Line 2a-dApplication Submission InformationEligibility Considerations and RequirementsGrant requests are considered only from organizations that are established nonprofit, tax-exempt, charitable organizations and public entities. It is the applicant's responsibility to ensure that their organization is recognized by the IRS as a tax-exempt organization before submitting an application. The Foundation follows these general practices. Grants are not made to or for any of the following purposes. Individuals Projects seeking to influence elections, political candidates or legislation. The Foundation limits it's funding to Southern Oregon, specifically Jackson, Josephine, Klamath and Curry counties. The Foundation makes grants up to \$15,000.00. Multivear grants may be awarded. They will be limited to two years with the second year of funding being contingent upon a satisfactory report being received from the grantee at the end of the first years funding period. The Foundation will consider only one grant request from the same organization in a twelve month period, unless an additional request is invited by the Foundation. A Final Report for any previous funding must be received by the Foundation before another application from a previous grantee will be considered. Application Procedures and Deadlines The Foundation has an online application process. Proposals sent by mail or fax will not be accepted. Late applications will not be considered. There are two grant application deadlines a year. March 1 & September 1 Application Review. The Foundation will acknowledge each application received. Durin the grant review period, the Foundation may request an interview with, or a site visit for the proposals and the provided p |

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| | | |

TY 2016 Investments - Other Schedule

Name: The Leightman Maxey Foundation

EIN: 47-6261291 **Software ID:** 16000303

| Software Version: 2016v3 | .0 | | |
|---|-----------------------|------------|----------------------------------|
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
| Oakmark Global Select, 18,025.601 Sh | FMV | 303,010 | 303,010 |
| Primecap Odyssey Aggr 12,977.674h | FMV | 434,363 | 434,363 |
| Doubleline Total Return, 45,244.312 Sh | FMV | 480,495 | 480,495 |
| Touchstone Sands Capital, 21,776.027 Sh | FMV | 278,951 | 278,951 |
| Glenmede Small Cap Eq, 9,117.248 Sh | FMV | 262,759 | 262,759 |
| Harbor Int'l Fund, 3,478.043 Sh | FMV | 203,152 | 203,152 |
| T Rowe Price Blue Chip, 2,490.657 Sh | FMV | 180,847 | 180,847 |
| Third Ave Real Estate Fd, 4,402.875 Sh | FMV | 131,514 | 131,514 |
| Osterweis Strategic Inc, 23,373.694 Sh | FMV | 262,019 | 262,019 |
| Matthews Pacific Tiger Fd, 6,072.095 Sh | FMV | 139,172 | 139,172 |
| Wasatch Intl Growth Fd, 7,250.114 Sh | FMV | 192,781 | 192,781 |
| Oakmark Select Fund, 14,832.388 Sh | FMV | 638,386 | 638,386 |
| Hennessy Japan Small Cap, 11,864.171 Sh | FMV | 128,845 | 128,845 |
| Select Sector SPDR TR, 5,000 Sh | FMV | 116,250 | 116,250 |
| Alps Funds, 17,245.127 Sh | FMV | 191,766 | 191,766 |
| Driehaus Fds Emrg Mkt, 8,456.374 Sh | FMV | 90,145 | 90,145 |
| Select Sector SPDR Real Est, 695 Sh | FMV | 21,371 | 21,371 |
| SPDR Gold TR, 1,000 Sh | FMV | 109,610 | 109,610 |
| Vanguard Sm Cap, 2,000 Sh | FMV | 257,920 | 257,920 |
| MGD Portfolio Ser Nuance, 44,541.305 Sh | FMV | 629,814 | 629,814 |

| Land | 3,000 | | 3,000 | 3,000 |
|-----------------------------------|-------------------------|-----------------------------|------------|----------------------------------|
| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value |
| Software Versi | on: 2016v3.0 | | | |
| Software | ID: 16000303 | | | |
| E | IN: 47-6261291 | | | |
| Nar | ne: The Leightma | an Maxey Foundat | ion | |
| TY 2016 Land, Etc. Schedule | | | | |
| efile GRAPHIC print - DO NOT PROC | ESS As Filed Da | ta - | DLN | : 93491135037867 |
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|--|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2016 Other Expenses Schedule | | | | | | |
| ı | | | | | | |
| Name: | The Leightman | Maxey Foundation | n | | | |
| EIN: | 47-6261291 | | | 1 | | |
| Software ID: | 16000303 | | | | | |
| Software Version: | 2016v3.0 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| Bank Fees | 185 | 185 | | | | |
| Bookkeeping | 1,020 | | | 1,020 | | |
| Insurance | 1,175 | | | 1,175 | | |
| Membership Dues | 750 | | | 750 | | |
| Misc Operating Expenses | 324 | | | 324 | | |
| Payroll Service | 914 | | | 914 | | |
| Postage & Delivery | 343 | | | 343 | | |

298

7,409 646

Supplies

Technology

Telephone

298

646

7,409

| TY 2016 Other Income Schedule | | | | | | |
|-------------------------------|--------------------------------|--|--|--|--|--|
| Name: | The Leightman Maxey Foundation | | | | | |
| EIN: | 47-6261291 | | | | | |
| Software ID: | 16000303 | | | | | |
| Software Version: | 2016v3.0 | | | | | |
| Other Income Schedule | | | | | | |

DLN: 93491135037867

| Other Income Schedule | | | | | | |
|-------------------------|-----------------------------------|--------------------------|---------------------|--|--|--|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income | | | |
| Other Investment Income | 24 | 24 | | | | |
| Returned Grant | 3,000 | | | | | |

| efile GRAPHIC print - DO NOT PROCE | ESS As Filed Data | - | DLN | i: 93491135037867 | | | |
|--------------------------------------|--|--------------------------|------------------------|---|--|--|--|
| TY 2016 Other Professiona | TY 2016 Other Professional Fees Schedule | | | | | | |
| | | | | | | | |
| Name: The Leightman Maxey Foundation | | | | | | | |
| E | IN: 47-6261291 | | | | | | |
| Software | ID: 16000303 | | | | | | |
| Software Versi | ion: 2016v3.0 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| Investment Management Fees | 58,904 | 58,904 | 0 | 0 | | | |
| Other Professional Fees | 1,400 | 0 | 0 | 1,400 | | | |

| efile GRAPHIC print - DO NOT | PROCESS | As Filed Data | - | DL | N: 93491135037867 | |
|------------------------------|----------|---------------|--------------------------|------------------------|---|--|
| TY 2016 Taxes Schedule | | | | | | |
| | | | | | | |
| | Name: | The Leightm | an Maxey Foundat | ion | | |
| | EIN: | 47-6261291 | | | | |
| Soft | ware ID: | 16000303 | | | | |
| Software | Version: | 2016v3.0 | | | | |
| Category | An | nount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| Excise Tax | | 3,444 | | | | |
| Oregon Tax | | 675 | | | | |