efile GRAPHIC print - DO NOT PROCESS

Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491318031187

2016

OMB No 1545-0052

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2016, or tax year beg	jinning 01-01-20)16 , aı	nd er	ding 12-31-	2016			
Name of foundation DENNIS AND ELIZABETH LANE FAMILY FOUNDATION							entification numbe	•		
FOUNDATION							91-2052750			
	Number and street (or P O box number if mail is not delivered to street address) Room/suite 1614 NW GREGORY DRIVE						mber (see instructior	s)		
		, state or province, country, and ZIP or foreig R, WA 98665	n postal code	1		C If exemption	application is pending	g, check here		
G Ch	eck al	I that apply	☐ Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	re \Box		
		☐ Final return	Amended return	,		_	ganizations meeting	▶ ⊔		
		Address change	☐ Name change			test, chec	k here and attach cor	nputation 🕨 📙		
H Ch	eck tv)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec			
_	•	1 4947(a)(1) nonexempt charitable trus	_			under sectio	11 307(D)(1)(A), cliec	Cilere - —		
				Cash 🗹 Accru	al	F If the founda	ation is in a 60-month	termination		
		rom Part II, col (c),	Other (specify) _ t I, column (d) must			under sectio	n 507(b)(1)(B), checl	chere ► LJ		
Pa	rt I	Analysis of Revenue and Expe	enses (The total	(-) B				(d) Disbursements		
		of amounts in columns (b), (c), and (d) ma equal the amounts in column (a) (see instr	y not necessarily	(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 , receischedule)	ved (attach	15,000						
	2	Check ▶ ☐ If the foundation is not in Sch. B	required to attach							
	3	Interest on savings and temporary case	sh investments	3		3	3			
	4	Dividends and interest from securities		840		840	840			
	5a	Gross rents								
	ь	Net rental income or (loss)								
ne	6a	Net gain or (loss) from sale of assets	not on line 10							
Revenue	ь 7	Gross sales price for all assets on line Capital gain net income (from Part IV,								
~	8	Net short-term capital gain	·							
	9	Income modifications								
	10a	Gross sales less returns and allowance	as							
	ь	Less Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)					_		
	11	Other income (attach schedule) .								
	12	Total. Add lines 1 through 11		15,843		843	843			
	13	Compensation of officers, directors, tr	ustees, etc							
	14	Other employee salaries and wages								
Sé	15	Pension plans, employee benefits .								
มร์	16a	Legal fees (attach schedule)								
and Administrative Expenses	ь	Accounting fees (attach schedule) .		2,127						
e E	С	Other professional fees (attach schedu	ıle)							
tive	17	Interest								
stra	18	Taxes (attach schedule) (see instruction	ons)	21						
III 8	19	Depreciation (attach schedule) and de	pletion							
E	20	Occupancy								
ΑF	21	Travel, conferences, and meetings .		6,368						
ano	22	Printing and publications								
bu	23	Other expenses (attach schedule) .		4,078						
atı	24	Total operating and administrative	e expenses.							
Operatıng		Add lines 13 through 23		12,594		0		0		
0	25	Contributions, gifts, grants paid .		28,491				28,491		
	26	Total expenses and disbursements 25	s. Add lines 24 and	41,085		0		28,491		
	27	Subtract line 26 from line 12								
	а	Excess of revenue over expenses	and	-25,242						
	ь	disbursements Net investment income (if negative	, enter -0-)			843				
	c	Adjusted net income(if negative, en	•				843			
For		work Reduction Act Notice, see ins	<u> </u>		Cat No 11289>	(For	m 990-PF (2016)			

142,503

142,503

142,503

142,503

124,590

124,590

124,590

124,590

2

3

4

5

6

142,503

-25,242

124,590

124,590

Form 990-PF (2016)

7,329

70,587

15

16

17

18

19

20

21 22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

3

Other assets (describe > _

Other liabilities (describe -

Temporarily restricted

Unrestricted

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) -

Permanently restricted . . .

instructions Also, see page 1, item I)

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

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Forn	rm 990-PF (2016)	Page 7
Pa	Information About Officers, Directors, Trustees, Foundation Managers, Higant VIII and Contractors (continued)	ghly Paid Employees,
3	Five highest-paid independent contractors for professional services (see instructions). If none	e, enter "NONE".
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	<u>INE</u>	
	tal number of others receiving over \$50,000 for professional services	. •
Pa	art IX-A Summary of Direct Charitable Activities	•
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the lanizations and other beneficiaries served, conferences convened, research papers produced, etc.	ne number of Expenses
	1 GIFTS TO THE UNIVERSITY OF WASHINGTON TO SUPPORT THE LAW SCHOOL, AND OTHER GRADUATE AT UNDERGRADUATE FUNDS 6000	ND 6,000
2	PERDON Y AMISTAD- CHURCH DONATION 5,500	5,500
	BOYS AND GIRLS CLUB A FOCUS ON YOUTH AND TO BECOME RESPONSIBLE, PRODUCTIVE AND CARING 3675	CITIZENS 3,675
	4 SHARE HOUSE OF VANCOUVER, WA DONATIONS GIVEN TO ASSIST SHARE'S MISSION IN LEADING THE HAND HOMELESS TO SELF-SUFFICIENCY BY PROVIDING FOOD, SHELTER, HOUSING, EDUCATION, ADVOCA COMPASSION THROUGH THE STRENGTH OF OUR COMMUNITY DONATION = 3025	
Pa	art IX-B Summary of Program-Related Investments (see instructions)	
D	Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	1 N/A	
2	2	
Д	All other program-related investments See instructions	
3	3	
Tota	tal. Add lines 1 through 3	•
		Form 990-PF (2016)

Amounts set aside for specific charitable projects that satisfy the 3

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

3a 3h

4

5

28.491

28,483

Form 990-PF (2016)

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

4

5

Page 9

3,322

3,322

Form **990-PF** (2016)

990-PF (2016)							
t XIII	Undistributed Income (see instructions)						

Form 9

Par

- 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

- a From 2011. **b** From 2012. . . . c From 2013. . .
- d From 2014. . . .
- e From 2015.
- 4 Qualifying distributions for 2016 from Part
- 41.313 f Total of lines 3a through e.
 - 13,441 XII, line 4 ▶ \$

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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

b Excess from 2013. .

d Excess from 2015. .

e Excess from 2016. .

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 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

indicated below:

(a)

Corpus

96.436

25.169

121,605

8.692

112,913

4.201 28,789

41.313

13,441

25.169

8.692 4,201

28 789

(b)

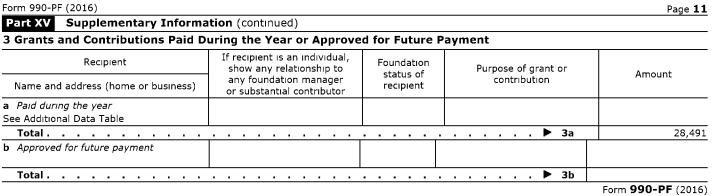
Years prior to 2015

(c)

2015

- 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

same amount must be shown in column (a))



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt	
	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
						
	and contracts from government agencies rship dues and assessments.					
ınvestr	st on savings and temporary cash					3
	ds and interest from securities					840
a Debt-1	tal income or (loss) from real estate financed property ebt-financed property					
Net re	ntal income or (loss) from personal property					
Gain o	r (loss) from sales of assets other than					
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue a					
h						
		l l				
с						
d						
c d e	N. Add columns (b) (d) and (c)					843
c d e 2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			13	3	
c d e 2 Subtota 3 Total. //	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) The in line 13 instructions to verify calculations.	ns)			3	
c d e 2 Subtota 3 Total. //	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly t	843
c d e 2 Subtota 3 Total. / ee worksh art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which	ns) e Accomplish income is report	ment of Exem	pt Purposes If Part XVI-A contribut	ted importantly t	843
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations						•				
		ganization directly or in Code (other than sectio	directly enga							on 501		Yes	No
a Tra	nsfers t	from the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on d	of	_				
(1)	Cash.										1a(1)		No
(2)	Other	rassets									1a(2)		No
		sactions											
		of assets to a nonchari	•	_							1b(1)		No
		hases of assets from a n									1b(2)		No No
		al of facilities, equipmer bursement arrangemen									1b(3) 1b(4)		No
(4) Reimbursement arrangements								·	1b(5)		No		
٠.		mance of services or m									1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, o	other .	assets, or	paid employees	ş.				1c		No
		wer to any of the above											
		ds, other assets, or ser nsaction or sharing arra									е		
		outline of one migration			(0	ay the value of the		goods, serier asse	10, 01 001 11000 10001	,,,,			
(a) Line	No No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	<u> </u>	(d) Description of	transfers, transactions	, and shar	ing arra	ngemen	ts
							-						
							_						
	-+												
							<u> </u>						
2a Is t	he four	ndation directly or indire	activ affiliate	d with	or relate	ed to one or mor	re t	av-evemnt organi	zations				
		in section 501(c) of the								г	Yes	☑ N	0
		omplete the following so	•	chan	Jeedion Je	31(0)(3)) 0, 111 3.		52,		–	_ ,		Ü
		(a) Name of organization			(1	b) Type of organiza	atıoı	n	(c) Description	of relatio	nship		
	Unde	er penalties of perjury,	I declare tha	t I ha	ve examın	ned this return. I	ncli	udina accompanyi	ng schedules and st	tatement	s. and	to the	best
	of m	y knowledge and belief	, it is true, co										
Sign	I	h preparer has any kno	wledge			I					.c. l		
Here		*****				2017-11-02		*****		May the IF with the p			
	 7	Signature of officer or ti	rustee			Date		Title		(see ınstr)? 🗹 Y	es 🗆 N	lo
	1	Despt/Torres	. n.n	D	anari- C			<u>.</u>	Ī	DTIN			
		Print/Type preparer's	name	Prep	arer's Sıgı	пасиге		Date	Check if self-	PTIN			
		DUCTIN D DDEWED	CD4						employed ▶ 🔲		P00194	375	
Paid		RUSTIN P BREWER	CPA					2017-11-14					
Prep	arer	Firm's name ▶ BRE\	WER CALEY O	L CPAS F	PS			I				4465	
Use					•					Firm's El	.N ▶91	-11901	.82
		Firm's address ► P	O BOX 1388						\top				
		VA	ANCOUVER, V	VA 98	3666					Phone no	(360	695-0	0065

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 BATTLE GROUND FOURSQUARE CHURCH RELIGIOUS DONATION 1,000 700 NW 9TH ST

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

BATTLE GROUND, WA 98604			
BOYS & GIRLS CLUBS OF AMERICA 1111 MAIN ST 605 VANCOUVER, WA 98660		ASSIST AT-RISK YOUTH	3,675
COMMUNITY FOUNDATION FOR SW WA		IMPROVING COMMUNITIES	2,016

		,
	IMPROVING COMMUNITIES	2,016
	STRENGTHENING EDUCATION	3,000

VANCOUVER, WA 98660			
GLOBAL ADE 4135 SE WILD ROSE CT MIWAUKIE, OR 97267		STRENGTHENING EDUCATION	3,000
MISC CONTRIBUTIONS VARIOUS VANCOUVER, WA 98666		COMMUNITY BETTERMENT	1,250

GLOBAL ADE 4135 SE WILD ROSE CT MIWAUKIE, OR 97267	STRENGTHENING EDUCATION	3,000
MISC CONTRIBUTIONS VARIOUS VANCOUVER, WA 98666	COMMUNITY BETTERMENT	1,250
Total		28,491

За

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 PERDON Y AMISTAD CHURCH DONATION 5,500 7955 E COLORADO AVE DENVER, CO 80231 CHARE HOUSE BO BOY 1200 ASSISTANCE TO INDICENT 3 025

VANCOUVER, WA 98666	FAMILIES	3,023
SWMC FOUNDATION 400 NE MOTHER JOSEPH PL VANCOUVER, WA 98664	MEDICAL ASSISTANCE	1,025
UNIVERSITY OF PORTLAND 5000 N WILLAMETTE BLVD	SCHOLARSHIPS	2,000

PORTLAND, OR 97203

UW GIFTS BOX 359505 EDUCATION, SCHOLARSHIPS SEATTLE, WA 98195

6,000

Total . . 28,491 3a

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TY 2016 Accounting Fees Schedule							
Name: DENNIS AND ELIZABETH LANE FAMILY FOUNDATION EIN: 91-2052750							
Category	Am	ount	Net Investme Income	ent Adjusted Income	I I		
INDIRECT ACCOUNTING FEES		2,127					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318031187				
TY 2016 Investments Corporate Stock Schedule						
·						
Name:	DENNIS AND ELIZABETH LAN	E FAMILY				
	FOUNDATION					
EIN:	91-2052750					

FOUNDATION		
EIN: 91-2052750		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
EGA ASIA INC (1875 SH)	75,529	2,606
NAUTILUS (775 SH)	6,395	14,338
UMPQUA (1,750 SH)	21,041	32,865
NVIDIA	9,920	9,073

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TY 2016 Other Expenses Sche	dule			_	
-					
Name:	DENNIS AND EL	IZABETH LANE F	AMILY		
FOUNDATION					
EIN:	EIN: 91-2052750				
Other Expenses Schedule	Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
BUSINESS FEES	4,078				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318031187
TY 2016 Other Increases Sche	edule		
Name:	DENNIS AND	ELIZABETH LANE FAMILY	
	FOUNDATION		
EIN:	91-2052750		
De	escription		Amount
UMPQUA HOLDING ADJ 2015			2,069
ADJ TO BALANCE			5,260

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TY 2016 Taxes Schedu	TY 2016 Taxes Schedule					
					,	
	Name:	DENNIS AND	D ELIZABETH LANE	FAMILY		
		FOUNDATION	N		•	
	EIN:	91-2052750				
Category	Ar	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
US TREASURY	(21				

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Schedule B (Form 990, 990-EZ,	Schedul	Schedule of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	► Information about Schedule B (Fo	orm 990, 990-EZ, or 990-PF rm 990, 990-EZ, or 990-PF) and its ir <u>v irs gov/form990</u>	nstructions is at	2016		
Name of the organizat DENNIS AND ELIZABETH			Employer id	lentification number		
FOUNDATION Organization type (cha	eck one)		91-2052750			
organization type (on	on one,					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) org	anızatıon				
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
5 000 D5	527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private four	dation				
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private four	dation				
	ation filing Form 990, 990-EZ, or 990-PF r property) from any one contributor. Coi					
Special Rules						
under sections : received from a	tion described in section 501(c)(3) filing l 509(a)(1) and 170(b)(1)(A)(vi), that check my one contributor, during the year, total ne 1h, or (ii) Form 990-EZ, line 1 Compli	ed Schedule A (Form 990 or 990 contributions of the greater of (1)	-EZ), Part II, line 13,	16a, or 16b, and that		
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						
during the year, If this box is che purpose Do no	tion described in section 501(c)(7), (8), contributions exclusively for religious, checked, enter here the total contributions to complete any of the parts unless the Geomble , etc., contributions totaling \$5,000 or	aritable, etc., purposes, but no sunat were received during the year meral Rule applies to this organizations.	uch contributions total for an <i>exclusively</i> re zation because it rece	iled more than \$1,000 ligious, charitable, etc, eived <i>nonexclusively</i>		
990-EZ, or 990-PF), bu	on that is not covered by the General Ru : it must answer "No" on Part IV, line 2, o form 990PF, Part I, line 2, to certify that i	of its Form 990, or check the box	on line H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2016)		

Name of organiz DENNIS AND ELIZ FOUNDATION	ation ABETH LANE FAMILY	Employer identification 91-2052750	Employer identification number 91-2052750		
Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	DENNIS W AND ELIZABETH H LANE 1614 NW GREGORY DRIVE VANCOUVER, WA98665	\$ 15,000	Person Payroll Noncash (Complete Part II for noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person		
-		\$	Payroll Noncash (Complete Part II for noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	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 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 Noncash (Complete Part II for noncash contributions) prm 990. 990-EZ, or 990-PF) (2016)		

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3
Name of organizatio DENNIS AND ELIZABET			ification number
FOUNDATION		91-20)52750
Part II	Noncash Property		
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page 4
Name of organizat DENNIS AND ELIZAE FOUNDATION			Employer identification number 91-2052750
than \$1, organiz the year	,000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee
(a)			T
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t 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
	Transferee's name, address, and	(e) Transfer of gift	t 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
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2016)