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Form **990-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

For	calen	dar year 2016 or tax year	beginning			, and ending		
Nar	ne of	foundation					A Employer identification	number
S	CH:	LESINGER FAM	ILY FOUN	DAT	ION		93-0818169	
Nun	nber a	nd street (or P O box number if	mail is not delivered t	o street	address)	Room/suite	B Telephone number	<u> </u>
		SW ALDER ST					503-223-41	28
		own, state or province, cou TLAND, OR 9	ntry, and ZIP or fo	reign p	ostal code		C If exemption application is p	ending, check here
		all that apply:	Initial return		Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
			Final return		Amended return	,		
			Address change		Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test, imputation
H C	heck	type of organization:	X Section 501(c	c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
$\bot$	_ Se	ction 4947(a)(1) nonexem	pt charitable trust		Other taxable private founda	tion	under section 507(b)(1)	
I Fa	ir ma	irket value of all assets at e	nd of year J A	counti	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
		Part II, col (c), line 16)			her (specify)		under section 507(b)(1)	- 1 1
	\$			I, colu	mn (d) must be on cash b	pasis)		
Pa	irt l	Analysis of Revenue and (The total of amounts in columnecessarily equal the amount	nns (b), (c), and (d) ma	y not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grant	s, etc., received		29,200.		N/A	
	2	Check If the foundation	is not required to attach Si	ch B				
	3	Interest on savings and tempo cash investments	rary		35.	35.		STATEMENT 1
	4	Dividends and interest fro			54,177.	54,177.		STATEMENT 2
	5a	Gross rents						
	Ь	Net rental income or (loss)						
•	6a Net gain or (loss) from sale of assets not on line 10			15,989.			KEIVED	
Ĕ	b	b Gross sales price for all 431,102.						121-1
Revenue	7 Capital gain net income (from Part IV, line 2)					15,989.		2017  9
	8 Net short-term capital gain					AM (8)	2 2 (011 10)	
	9	Income modifications Gross sales less returns					[22]	
	10a	and allowances					1 00	DEN. UL
	l	Less Cost of goods sold	<u> </u>					
		Gross profit or (loss)						
	11	Other income			<2,438.			STATEMENT 3
	12	Total. Add lines 1 through			96,963.	70,203.		
	13	Compensation of officers, dire			0.	0.		0.
	14	Other employee salaries a	•					
S		Pension plans, employee Legal fees		A	1 440	600.		040
šus		Accounting fees	STMT		1,440.	8,075.		840.
and Administrative Expense		Other professional fees	STMT		4,426.	4,426.		8,075.
Ve E	ı	Interest	~ ~ ~ ~	-	7,7201	4,420.	-	ļ
rati	l	Taxes	STMT	7	1,242.	940.		302.
ist	19	Depreciation and depletion		-		2201		302.
Ē	20	Occupancy						
Ad	21	Travel, conferences, and r	meetings		180.	0.		180.
and	22	Printing and publications						1 - 200.
Bu	23	Other expenses	STMT	8	3,607.	33.		3,574.
Operating	24	Total operating and admi				·		
Ž		expenses. Add lines 13 th	-		27,045.	14,074.		12,971.
J		Contributions, gifts, grant	•		277,400.			277,400.
	26	Total expenses and disbu	ursements.					, <u>, , , , , , , , , , , , , , , , , , </u>
		Add lines 24 and 25			304,445.	14,074.		290,371.
		Subtract line 26 from line						
	a	Excess of revenue over expens	ses and disbursement	s	<207,482.			İ
		Net investment income (if				56,129.		
	<u>c</u>	Adjusted net income (if ne	gative, enter -0-)				N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

93-	0818169	Page 2
End	of year	
ie	(c) Fair Market	Value
-00		-72

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
<u> P</u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	21,433.	<23.	> <23.>
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►		•	
		Less; allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7			· · · · · · · · · · · · · · · · · · ·	
		Less; allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	744.	259	259.
As		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis		-	
	''	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	1,377,343.	1,329,882	1,220,429.
		Land, buildings, and equipment basis	2,0,,,010		
	'	Less accumulated depreciation			· ·
	15	Other assets (describe STATEMENT 10)	3,447,596.	3,310,531	3,310,531.
		Total assets (to be completed by all filers - see the	3,11,,330,	3/020/002	7,020,0020
	"	Instructions. Also, see page 1, item I)	4,847,116.	4,640,649	4,531,196.
_	17	Accounts payable and accrued expenses	223.	1,238	
	18	Grants payable	223.	1,230	
<b>/</b> 0	19	Deferred revenue		<del></del>	-
Liabilities	20	<b>,</b>			<b>-</b>
Ē	21	Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			-
Ë	1	Other liabilities (describe )			4
	**	Other nabilities (describe	<del></del>		4
	23	Total liabilities (add lines 17 through 22)	223.	1,238	_[
_	-	Foundations that follow SFAS 117, check here	2251	1,250	
	1	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	4,846,893.	4,639,411	
auc	25	Temporarily restricted	1,010,055.	4,035,411	-1
3ak	26	· · ·			
Fund Balances	-"	Foundations that do not follow SFAS 117, check here		<del></del>	+
큔		and complete lines 27 through 31.			
þ	27				
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			-
Net Assets or	29	Retained earnings, accumulated income, endowment, or other funds			$\dashv$
et?	30	Total net assets or fund balances	4,846,893.	4,639,411	4
Z	"	Total net deserts of Idua Daranees	4,040,033.	4,033,411	4
	31	Total liabilities and net assets/fund balances	4,847,116.	4,640,649	
Ξ				4,040,043	•
P	art	Analysis of Changes in Net Assets or Fund B	alances		
1		net assets or fund balances at beginning of year - Part II, column (a), line	30	T	
		st agree with end-of-year figure reported on prior year's return)		1	4,846,893.
		r amount from Part I, line 27a		1	
		r increases not included in line 2 (itemize)		1	
		lines 1, 2, and 3		4	
		eases not included in line 2 (itemize)		5	
<u>6</u>	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	

Part IV Capita	Gains and L	osses for Tax on li	nvestment	Income						
(a) Lis 2-sto	st and describe the ory brick warehous	kind(s) of property sold (e.g e; or common stock, 200 sh	j., real estate, s. MLC Co.)		۱	low ac - Purch - Dona	nase '	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a PUBLICLY	TRADED SI	ECURITIE					P	-		
b CAPITAL G	AINS FROM	M K-1					P			
C			<del></del>							
<u>d</u>					<u> </u>					
<u>e</u>		f) Depreciation allowed	[ /a) Coo	st or other basis	Щ-			(h) Go	un or (loss	<u> </u>
(e) Gross sales p	rice '	(or allowable)		expense of sale					(f) minus	
a 430	,476.		<del>                                     </del>	415,11	3.					15,363.
b	626.			·····						626.
С										
d										
<u>e</u>			1	15/04/00					-	
Complete only for as	sets showing gain	in column (h) and owned by	1						ol. (h) gain ot less tha	
(i) F.M.V. as of 12/3	31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			00		(from col. (	
8			-	(,,,,						15,363.
b			<del>                                     </del>							626.
C		<del></del>								
<u>c</u> d										
е										
2 Capital gain net incom	ne or (net capital lo:	ss) { If gain, also enter-			}	2				15,989.
3 Net short-term capital	gain or (loss) as d	efined in sections 1222(5) a	nd (6):		(					
If gain, also enter in P		ı (c)	. ,		}				/ -	
If (loss), enter -0- in F		Section 4940(e) fo	r Boducos	Tay on Not	- Inv	3 roctn	cont Inc	omo	N/A	·
L							Tent inc	Jille		
(For optional use by dom	estic private round	ations subject to the section	4940(a) tax on	i net investment ir	ICONI	t.)				
If section 4940(d)(2) app	lies, leave this part	blank.								
Was the foundation liable	for the section 49	42 tax on the distributable ar	mount of any ye	ear in the base pe	rıod?					Yes X No
		er section 4940(e). Do not c								
	amount in each co	lumn for each year; see the	ınstructions be	fore making any e	_			,		(4)
(a) Base period	l years	(b) Adjusted qualifying di	etrihiitione	Net value of no	(C)		etasse asu		Distri	(d) bution ratio
Calendar year (or tax y 2015	ear beginning in)		58,651.				8,911		(coi. (b) ar	vided by col. (c)) • 056571
2013		20	92,350.				4,889			.018126
2013			54,296.				3,828			.050691
2012			85,437.				8,510			.058578
2011			51,788.				0,250			.04444
2 Total of line 1, colum								2		.228410
		pase period - divide the total	on line 2 by 5,	or by the number	r of ye	ears		_		0.45.604
the foundation has be	en in existence it ie	ss than 5 years						3		.045682
4 Enter the net value of	noncharitable-use	assets for 2016 from Part X	, line 5					4		4,557,270
5 Multiply line 4 by line	3							5		208,185.
6 Enter 1% of net inves	tment income (1%	of Part I, line 27b)						6		561
7 Add lines 5 and 6		,e &/ w/								
								7		208,746
8 Enter qualifying distril		•						8		290,371
If line 8 is equal to or See the Part VI instru	greater than line 7,	check the box in Part VI, lin	e 1b, and comp	olete that part usin	ıga 1	% tax ı	rate.			

1	_	990-PF (2016) SCHLESINGER FAMILY FOUNDATION 93	-0818 - <b>see</b>			age 4
Dates of ruling or determination letter:    A continued on the process of the pr	18		T			
b Domestic foundations that meet the section 4947(a)(e) requirements in Part V, check here ▶ □X and enter 1% of 12 to 13 to 14 to 1			İ			,
a All other domestic foundations enter 2% of time 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).  2	b				5	61.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2 Add lines 1 and 2 3 561.  Sobtitile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter -0- 6 Becampt long organizations -1 ster withheld at source 6 Becamptor or less, enter -0- 6 Becampt long organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster withheld at source 6 Becamptor organizations -1 ster organization -1 ster organization organization -1 ster organization -1 ster organization -1 ster organization -1 ster organization organization -1 ster		of Part I, line 27b				
3 dol lines 1 and 2  4 Subtrible A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  5 Tax based on investment Income. Subtract line 4 from line 3. It zero or less, enter -0-  5 Credits/Payments:  5 2016 estimated tax payments and 2015 overpayment credited to 2016  6 Exempt foreign organizations - tax withhold at source  6 Tax paid with application for extension of time to the (Form 8868)  6 Exempt foreign organizations - tax withhold at source  6 Tax paid with application for extension of time to the (Form 8868)  7 Total credits and payments. Add lines 5 and foreign 4 foreign 2020 is attached  8 2.  8 162.  9 Tax die. If the total of lines 5 and 8 is more than the received tax. Check here □ X II if Form 2220 is attached  8 2.  9 Tax die. If the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than the total of lines 5 and 8 is more than 1 line 7, enter amount oversity of the line 1 line	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1			
4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter-0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 zero or less, enter-0- 5 Tox based on investment income. Subtract line 4 from line 3.1 zero or less, enter-0- 5 Tox based on investment income. Subtract line 4 from line 3.1 zero or less, enter-0- 5 Tox based on investment income. Subtract line 4 from line 3.1 zero or less, enter-0- 5 Tox decident of the companyments and 20 5 overpayment or celled to 20 16 6 Exempt foreign organizations - star withheld a source 6 Tox pand with application for extension of time to the (Form 8868) 6 Ed 7 Total credits and payments. And lines Sa through 6d 7 Total credits and payments. And lines Sa through 6d 8 Enter any penalty for underpayment of estimated tax. Potent amount owed 9 1 Tox dec. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tox dec. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 1 Tox dec. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Tox decident 20 17 estimated tax. Potential tax by line 10 to 11 to	2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  6 Oredit-Payments:  2 2016 estimated tax payments and 2015 overpayment credited to 2016  5 Exempt foreign organizations - tax withheld at source  6 Tax paid with application for extension of time to fite (Form 8868)  6 Backup withholding erroneously withheld  7 Total credits and payments. Add lines 6 although 64  8 1 2-  9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 1 at due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 1 at due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 1 at Carlot 1 at line 7 is more than the total of lines 5 and 8, enter the amount owerpaid  11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Retunded ▶ 11  12 burning the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  1 build it spend more than \$100 during the year (either directly) rindirectly) for political purposes (see instructions for the definition)?  1 the answer is "Ves" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  1 build it spend foundation. Fer or 112-POIL, for this year.  2 the answer is "Ves" to 1a or 1b, attach a detailed description of the activities.  5 build the foundation life form 112-POIL, for this year.  1 c Enter the reimbrussment (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.  2 Has the foundation have a unrelated business gross income of \$1,000 or more during the year?  1 li "Yes," attach a detailed description of the activities.  1 li "Yes," attach a tracing in the governing instrument or Power of the changes  4 build he foundation have unrelated business gross income of \$1,000 or more	3	Add lines 1 and 2			5	
6 Credits/Payments: 2 016 estimated tax payments and 2015 overpayment credited to 2016	4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				
a 2016 estimated tax paraments and 2015 overpayment credited to 2016 b Exempt foreign organizations - tax withheid all source c Tax paid with application for extension of thine to this (Form 8869) d Backup withholding erroneously withheid 7 Total credits and payments. Add lines 6a through 6d 5 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 7 Total credits and payments. Add innes 5 and 8 is more than line 7, enter amount ower with 10 to	5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	<u>61.</u>
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withhold 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underspayment of estimated tax. Check here 【X】 if Form 2220 is attached 8		· · · · · · · · · · · · · · · · · · ·	İ			
e Tax pard with application for extension of time to file (Form 8568)  d Backup withholding erroneously withheld  d Backup withholding erroneously withheld  8 Total credits and payments. Add lines 6a through 60  8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  9 162.  10 Overpayment. If line 7 is more than the flotal of lines 5 and 8, enter the amount owed  10 Towerpayment. If line 7 is more than the flotal of lines 5 and 8, enter the amount overpaid  11 Finer the amount of line 10 to be. Credited to 2017 estimated tax ▶ Refunded ▶ 10  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?  14 Did it is pend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  15 Did it is pend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  16 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities.  16 Did it is pendinated in the form \$120-PDL for this year?  2 If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities.  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  17 Yes," attach a detailed description of the activities.  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  18 Yes, "attach a detailed description of the activities.  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  18 Yes, "attach the sta	8	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 401.				
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 7 Total credits and payments. Add lines 6a through 6d 8 Total credits and payments. Add lines 6a through 6d 9 Total credits and payments. Add lines 6a through 6d 9 Total credits and penalty for underpayment of estimated tax. Check here 【X] if Form 2220 is attached 9 Total credits and the 10 to bac credited to 2017 estimated tax. ▶ 10 11 Enter the amount of line 10 to bac Credited to 2017 estimated tax. ▶ 10 12 Feat WII-A Statements Regarding Activities 11 During the tax year, did the foundation attempt to indirectly for political purposes (see instructions for the definition)? 12 In During the tax year, did the foundation attempt to indirectly) for political purposes (see instructions for the definition)? 13 In During the tax year, did the foundation in connection with the activities. 14 In Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 15 It the answer is "Yes" to 1a or 1b, attach a detailed description of the activities. 16 Did it is pendition file Ferm 1120-PLI for this year? 17 On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (3) On the foundation managers. ▶ \$ 0 . (3) On the foundation managers. ▶ \$ 0 . (4) On the foundation managers. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . (3) On the foundation managers. ▶ \$ 0 . (4) On the foundation managers. ▶ \$ 0 . (4) On the foundation	b	Exempt foreign organizations - tax withheld at source				
8 Enter any penalty for underpayment of estimated bax. Check here X if Form 2220 is attached 8 Enter any penalty for underpayment of estimated bax. Check here X if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount owerpaid 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶ 11  Part VII-A Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 Experiments Regarding Activities 15 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities. 17 On the foundation file Form 1120-POL for this year? 18 Enter the reimburssment (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. Call the foundation engaged in any activities that have not previously been reported to the IRS? 18 'Yes, 'attach a detailed description of the activities. 19 Has the foundation engaged in any activities that have not previously been reported to the IRS? 19 Yes, 'attach a detailed description of the activities. 20 A table the foundation engaged in any activities that have not previously been reported to the IRS? 21 Yes, 'attach as titled a tax return of Form 990-To this year? 22 A table at detailed description of the activities. 23 A table the foundation engaged in any activities th						
8			1			
3	7	· · · · · · · · · · · · · · · · · · ·			4	01.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  11 Enter the amount of line 10 to be; Credited to 2017 estimated tax ▶  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  15 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  16 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political expenditure the state intervenes in the definition)?  17 During the tax year, did the foundation attempt to any political expenditure the state intervenes of any materials published or distributed by the foundation attempt the year?  18 During the foundation intervenes in the foundation during the year for political expenditure tax imposed on foundation managers.  19 During the foundation intervenes in the foundation during the year for political expenditure tax imposed on foundation managers.  20 During the foundation intervenes in the foundation during the year for political expenditure tax imposed on foundation managers.  20 During the foundation intervenes of the activities.  31 During the foundation intervenes of the activities.  32 During the foundation intervenes of the activities.  33 During the foundation intervenes of the activities that have not pr	_		<del>                                     </del>			<u>2.</u>
11 Enter the amount of line 10 to be; Credited to 2017 estimated tax ▶ Refunded ▶ 11		· · · · · · · · · · · · · · · · · · ·				<u>62.</u>
Part VII-A   Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaigin?  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1b X  1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  1c Did the noundation file Form 1120-PDL for this year?  1c Did the foundation file Form 1120-PDL for this year?  1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ► \$ O. (2) On foundation managers. ► \$ O.  2 Has the foundation managers. ► \$ O.  3 Has the foundation engaged in any activities that have not previously been reported to the IRS?  1f 'Yes, "aftach a detailed description of the activities.  3 Has the foundation managers. ► \$ O.  4 Has the foundation nave unrelated business gross income of \$1,000 or more during the year?  4 Did the foundation have unrelated business gross income of \$1,000 or more during the year?  1f 'Yes, "attach the state return on Form 990-T for this year?  1f 'Yes, "attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  9 by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or  9 by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or  9 by state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c),						
any political campaign?  b Did it speand more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?  If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.  c Did the foundation file Form 1120-POL for this year?  d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .  e Enter the relimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 .  2 Has the foundation (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 .  2 Has the foundation made any changes, not previously reported to the IRS?  If "Yes," attach a detailed description of the activities.  3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  4 B Did the foundation made any changes gross income of \$1,000 or more during the year?  If "Yes," attach at a tax return on Form 990-T for this year?  If "Yes," attach the statement required by General Instruction T.  Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  By language in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument, or  By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Altorrey Genera				-	Vaa	N <sub>2</sub>
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By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?  7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  7 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  OR  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)  of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  9 X  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ŀ	l
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7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  7 X  8a Enter the states to which the foundation reports or with which it is registered (see instructions)  OR  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X		<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>		1		
8a Enter the states to which the foundation reports or with which it is registered (see instructions)  OR  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X				6	Х	
OR  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	Х	
OR  b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	_					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	88	Enter the states to which the foundation reports or with which it is registered (see instructions)				
of each state as required by General Instruction G? If "No," attach explanation  9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X						
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year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV  10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  10 X	•	or each state as required by General Instruction G? If "No," attach explanation		8b	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	y	is the fourtuation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				
	10	Did any persons become substantial contributors divised the state of Part XIV)? If "Yes," complete Part XIV		9		
		one tary persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses				Х

Pa	rt VII-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			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1		
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		4 0 0	
14	The books are in care of ▶ PAUL SCHLESINGER  Telephone no ▶ 503-22			
	Located at ► 610 SW ALDER STREET, SUITE 1221, PORTLAND, OR ZIP+4 ►97	205		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	•	. , , ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		1	
_	foreign country	<u> </u>		
<b>P</b> 8	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		12.7	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	1		
	(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)	İ		
	a disqualified person?	l		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(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)?  Yes X No			
	. , ,			
	(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 termination of government service, if terminating within 90 days.)  Yes X No			
	• ,			
L	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1.		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?  N/A  Cranginations relying on a current notice regarding disaster assistance sheet have	1b	-	
	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	1.		х
2	before the first day of the tax year beginning in 2016?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	-	<u> </u>
-	defined in section 4942(j)(3) or 4942(j)(5)):			
2	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	1		İ
	If "Yes," list the years ▶ , ,	1		
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	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		1
0	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	1		<u> </u>
		ŀ		1
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			1
	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		1	1
	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,			1
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		T	<del></del> -
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		х
	Fo		0-PF	

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Part VIII			
3 Five highe	st-paid independent contractors for professional services. If none, enter "NONE."	<u>-</u>	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
N	ONE		
Total number of	of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities		0
	tion's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	1	<del></del>
number of org	anizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N	/A		
		1	
2		4	
		-	
<u> </u>		+	
·		4	
		-	
4			
Dort IV_B	Common of Brown Boletad Investment		
Describe the to	Summary of Program-Related Investments vo largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
	/A	+	7 (modific
		7	
2			
		4	
All other progr	am-related investments. See instructions.		
3	anti-related investinging. See instructions.		
		-	
		_	
<del></del>			
Fotal. Add lin	es 1 through 3	• [	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dation	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,260,356.
b	Average of monthly cash balances	1b	55,783.
	Fair market value of all other assets	1c	3,310,531.
d	Total (add lines 1a, b, and c)	1d	4,626,670.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,626,670.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	69,400.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,557,270.
6	Minimum investment return. Enter 5% of line 5	6	227,864.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here	d certaii	
1	Minimum investment return from Part X, line 6	1	227,864.
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.)		
C	Add lines 2a and 2b	2c	<u>561.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	227,303.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	227,303.
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	227,303.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	290,371.
þ		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	Suitability test (prior IRS approval required)	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	290,371.
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	561.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	289,810.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies	for the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d</b> ) 2016
1 Distributable amount for 2016 from Part XI,	00,000	rouro prior to do to		
line 7				227,303.
2 Undistributed income, if any, as of the end of 2016			·	
a Enter amount for 2015 only			0.	
<b>b</b> Total for prior years:				
·	į	0.		
3 Excess distributions carryover, if any, to 2016:		<del> </del>		
a From 2011				
b From 2012				
c From 2013				
dFrom 2014				
eFrom 2015 25,327.				
f Total of lines 3a through e	25,327.			,
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 290,371.				1
a Applied to 2015, but not more than line 2a			0.	1
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<del></del>	<del></del>	
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount			<del></del>	227,303.
e Remaining amount distributed out of corpus	63,068.	<del></del>		
5 Excess distributions carryover applied to 2016	0.			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	88,395.			
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		0		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line			1	
4a from line 2a. Taxable amount - see instr.  f Undistributed income for 2016. Subtract	<del>-</del> ·		0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2017			1	
7 Amounts treated as distributions out of	<del></del>			0.
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	<u> </u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	<u> </u>		<del> </del>	
Subtract lines 7 and 8 from line 6a	88,395.			
10 Analysis of line 9:	00,393.		ļ	<b> </b>
a Excess from 2012				
b Excess from 2013			1	
c Excess from 2014			1	
d Excess from 2015 25,327.				
e Excess from 2016 63,068.				
00,000.	<del> </del>		L	1

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N/A

N/A

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Foundation Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year HISPANIC METROPOLITAN CHAMBER N/A PC GENERAL SUPPORT FOR CHARITABLE PROGRAMS 333 SW 5TH AVE, STE 100 500. PORTLAND, OR 97204 JUVENILE DIABETES RESEARCH FOUNDATION PC GENERAL SUPPORT FOR N/A 26 BROADWAY, 14TH FLOOR CHARITABLE PROGRAMS 3,000. NEW YORK, NY 10004 LEUKEMIA & LYMPHOMA SOCIETY N/A PC GENERAL SUPPORT FOR CHARITABLE PROGRAMS 9320 SW BARBUR BLVD, #140 2,000. PORTLAND, OR 97219 MARATHON EDUCATION PARTNERS N/A PC GENERAL SUPPORT FOR CHARITABLE/EDUCATIONAL 610 SW ALDER ST, #921 PORTLAND, OR 97205 PROGRAMS 10,000. N/A PC \$1,500 - CAMP PROGRAM; OHSU FOUNDATION 1121 SW SALMON ST, STE 100 \$10,000 - GENERAL PORTLAND, OR 97205 SUPPORT FOR CHARITABLE/EDUCATIONAL 11,500. PROGRAMS SEE CONTINUATION SHEET(S) 277,400. Total → 3a b Approved for future payment NONE Total

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	( <b>b</b> ) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		+	<del></del>	
a b	-		+		<u> </u>
6	<del></del>		+ + -		_
d					
8		· · · · · · · · · · · · · · · · · · ·			
1			1 1		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	35.	
4 Dividends and interest from securities			14	54,177.	
<ul> <li>5 Net rental income or (loss) from real estate:</li> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul>					
Not desir-infanced property     Net rental income or (loss) from personal property					
7 Other investment income		<2,440	.>14	2.	
8 Gain or (loss) from sales of assets other than inventory			18	15,989.	
9 Net income or (loss) from special events	-	·	+		
10 Gross profit or (loss) from sales of inventory 11 Other revenue:			╂─┼-		
a			<del>                                     </del>		
	<u> </u>		<del>                                     </del>		
d			++		
			+		
12 Subtotal. Add columns (b), (d), and (e)		<2,440	•>	70,203.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	67,763.

### Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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orm 990	-PF (20		SINGER FA							0818169		ge <b>13</b>
Part )	(VII	Information Re		sfers To a	nd T	ransact	ions a	nd Relation	ships With No	ncharitable	•	
	_	Exempt Organ								<del>- 1</del>	Vaa	No
		anization directly or indir							ction 501(c) of		Yes	NO
		other than section 501(c)					al organ	izations?				
		rom the reporting founda	ation to a noncharita	able exempt org	janizati	on of:						37
	Cash									1a(1)		X
(2)	Other	assets								1a(2)		X
<b>b</b> Oth	er trans	sactions:								i		
(1)	Sales	of assets to a noncharital	ble exempt organiza	ation						1b(1)		X
(2)	Purch	ases of assets from a nor	ncharitable exempt	organization						1b(2)		X
(3)	Rental	of facilities, equipment,	or other assets							1b(3)		X
(4)	Reimb	oursement arrangements								1b(4)	<u> </u>	X
(5)	Loans	or loan guarantees								15(5)		Х
(6)	Perfor	mance of services or me	mbership or fundra	ısıng solıcıtatio	ns					1b(6)		Х
c Sha	ring of	facilities, equipment, ma	iling lists, other ass	ets, or paid em	ployees	3				1c		X
<b>d</b> If th	e answ	er to any of the above is	"Yes," complete the	following sche	dule. C	olumn ( <b>b</b> ) s	hould alv	ways show the fai	r market value of the (	goods, other ass	sets,	
or s	ervices	given by the reporting fo	oundation. If the fou	indation receive	ed less	than fair ma	rket valu	ie in any transacti	on or sharing arrange	ment, show in		
colu	ımn (d	) the value of the goods,	other assets, or sen	vices received.								_
(a)Line no	)	(b) Amount involved	(c) Name o	of noncharitable	exemp	ot organizati	on	(d) Descript	on of transfers, transaction	ons, and sharing ar	rangeme	ents
				N/A	•			- I				
	1											
	1	-										
	1	-										
	1										-	
										-		
	1		<u> </u>									
	1											
						•						
			†	· <u>-</u> ·					***			
2a Isti	ne foun	dation directly or indirect	tly affiliated with, or	related to, one	or mor	e tax-exem	ot organi	zations described				
		501(c) of the Code (other	•	•						Yes	2	No
		mplete the following sch		<i>// //</i>								
	-	(a) Name of org			(b) T	ype of orga	nization	Γ	(c) Description of r	elationship		
		N/A						<u> </u>				
						<u> </u>						
	Under	penalties of perjury, I declare	that I have examined the	his return, includin	g accon	npanying sche	dules and	statements, and to	the best of my knowledge	May the IKS	discuss	this
Sign	and be	lief, The true, correct, and cor	Appeter Declaration of p	preparer (other tha	n taxpay	er) is based o	n all inforn	nation of which prepare	arer has any knowledge	return with the shown below	ne prepa	rer
Here		VNIL SIL	they -			05/15	slin	PRES	DENT	X Yes		No
	Sign	ature of officer or trustee	,			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	gnatur	е		Date	Check if	PTIN		
<b>.</b>									self- employed	1		
Paid		ROY ABRAMO		ROY AB				05/15/1	7	P01329	049	)
Prepa		Firm's name ► PER	KINS & Č	OMPANY,	P.	С.			Firm's EIN ▶ 9	3-09289	24	
Use C	riiy								Ĭ			

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Phone no. 503-221-0336

Firm's address ► 1211 SW FIFTH AVE, SUITE 1000 PORTLAND, OR 97204-3710

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	0011(10011011	
OREGON COAST AQUARIUM	N/A	PC	\$14,800 - GENERAL	
2820 SE FERRY SLIP RD	N/A	1	SUPPORT FOR CHARITABLE	
NEWPORT, OR 97365			PROGRAMS; \$2,000 -	
			SCHOLARSHIP PROGRAM	16,800
OREGON COLLEGE OF ART AND CRAFT	N/A	PC	GENERAL SUPPORT FOR	
8245 SW BARNES RD			CHARITABLE/EDUCATIONAL	
PORTLAND, OR 97225		<u> </u>	PROGRAMS	2,600
OREGON JEWISH MUSEUM	N/A	PC	GENERAL SUPPORT FOR	
1953 NW KEARNEY ST			CHARITABLE PROGRAMS	3 000
PORTLAND, OR 97209				3,000
PITZER COLLEGE	N/A	PC	GENERAL SUPPORT FOR	
1050 N MILLS AVE	\\ \frac{1}{2}	1.0	CHARITABLE/EDUCATIONAL	
CLAREMONT, CA 91711		1	PROGRAMS	25,000
	7/1		CONTRACT VINA	
PSU FOUNDATION 2125 SW FOURTH AVE, STE 510	N/A	PC	PORTLAND STATE UNIV. SCHOOL OF BUSINESS:	
PORTLAND, OR 97201			\$94,500 - BUILDING	
3.201			FUND, \$30,000 - AWARDS	124,500
				· · ·
TRAIL BLAZERS FOUNDATION	N/A	PC	GENERAL SUPPORT FOR	
1 NORTH CENTER CT, #200			CHARITABLE PROGRAMS	
PORTLAND, OR 97227-2103		ļ		2,500
UNIVERSITY OF OREGON	N/A	GOV	SCHOOL ARCHITECTURE	
1720 E 13TH AVE			GENERAL SUPPORT FOR	
EUGENE, OR 97403			CHARITABLE/EDUCATIONAL	
			PROGRAMS	60,00
WILLAMETTE WEEK GIVE GUIDE	hT / B	, pa	ATTANDAL SUPPORT	
2220 NW QUIMBY ST	N/A	PC	GENERAL SUPPORT FOR	
PORTLAND, OR 97210			CHARITABLE PROGRAMS	16,00
Total from continuation sheets				250,40

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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 .

**Employer identification number** 

OMB No 1545-0047

SCHLESINGER FAMILY FOUNDATION

93-0818169

Organiza	ition type (check or	ne)·
Filers of:		Section:
Form 990	or 990-EZ	501(c)( ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990	)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	ly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions.
		i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to 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** 

SCHLE	SINGER FAMILY FOUNDATION		-0818169
Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BARRY D. SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$\$.	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
2	MARK R. SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$5,000.	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
3	NOAH J. SCHLESINGER 610 SW ALDER STREET, SUITE 1221 PORTLAND, OR 97205	\$5,000.	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 Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1	8-16	\$Sehadula B/Sarm	Person Payroll Noncash (Complete Part il for noncash contributions)  990, 990-EZ, or 990-PF) (2016

Name of organization

Employer identification number

### SCHLESINGER FAMILY FOUNDATION

93-0818169

art II None	cash Property (See instructions). Use duplicate copies of Pa	art 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
		s	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
53 10-18-16		s	

Employer identification number

	NGER FAMILY FOUNDATION	N	93-0818169
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	olumns (a) through (e) and the follow	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ing line entry. For organizations
	Use duplicate copies of Part III if addition	al space is needed.	Cost of the form (Effet unsuma unice)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gift	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, a	nd 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
-	Transferee's name, address, a	(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
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTERES	T ON SAVIN	GS AND TE	MPORA	RY CASH	INVEST	MENTS	STATEMENT	1
SOURCE		REV	A) ENUE BOOKS	NET	(B) INVEST INCOME		(C) ADJUSTED NET INCOM	E
UNION BANK			3	5.		35.		
TOTAL TO PART I, LIN	NE 3		3	5.		35.		
FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SEC	CURITIE	SS	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUI PER BOOI		(B) INVEST IT INCOM		
K-1 LOAN REPAYMENT ROBERT BAIRD	28. 32,151. 21,998.		0. 0. 0.	32,15 21,99		28 32,151 21,998	•	
TO PART I, LINE 4	54,177.		0.	54,17	77.	54,177	•	
FORM 990-PF		OTHER	INCOM	E			STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS	NET I	B) INVEST- INCOME	(C) ADJUSTE NET INCO	
INCOME FROM PASSTHRO	OUGH	_	· <del>-</del>	<2,438	.>	2.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11 =		<2,438	.>	2.		
FORM 990-PF		LEGA	L FEE	S			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET MEN	(B) INVEST T INCOM		(C) JUSTED	(D) CHARITA PURPOS	
LEGAL FEES	<del></del>	1,440		600	 D.		8	40.
TO FM 990-PF, PG 1,	LN 16A	1,440		600	<del></del>			40.

FORM 990-PF	ACCOUNTI	NG FEES	S7	PATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
ACCOUNTING FEES	16,150.	8,075.		8,07	75.
TO FORM 990-PF, PG 1, LN 16B	16,150.	8,075.		8,07	75.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
INVESTMENT MANAGEMENT FEES	4,426.	4,426.			0.
TO FORM 990-PF, PG 1, LN 16C	4,426.	4,426.			0.
FORM 990-PF	TAX	ES	S'	PATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
FOREIGN TAXES OREGON INCOME TAX OREGON CT-12 FEE	790. 150. 302.	150.		30	0. 0. 02.
TO FORM 990-PF, PG 1, LN 18	1,242.	940.		3(	02.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
OFFICE EXPENSES	1,931. 1,643.			1,9	
INSURANCE FROM K-1S	33.	33.		•	0.

FORM 990-PF (	OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ROBERT W. BAIRD - SEE ATTACHED	COST	1,329,882.	1,220,429.
TOTAL TO FORM 990-PF, PART II, I	LINE 13	1,329,882.	1,220,429.
FORM 990-PF	OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CONTRIBUTED NOTE RECEIVABLE - RALPH SCHLESINGER	3,447,596.	3,310,531.	3,310,531.
TO FORM 990-PF, PART II, LINE 1	3,447,596.	3,310,531.	3,310,531.

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STATEMENT

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
PAUL R. SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	PRESIDENT, DIR	ECTOR 0.	0.	0.
MARK R. SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	SECRETARY, DIR	ECTOR 0.	0.	0 .
JOSH SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	TREASURER, DIR	ECTOR 0.	0.	0.
BRUCE BURNS 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	DIRECTOR 1.00	0.	0.	0 .
BARRY D. SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	DIRECTOR 1.00	0.	0.	0 .
MAX SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	DIRECTOR 1.00	0.	0.	0
HAZEL SCHLESINGER 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	DIRECTOR 1.00	0.	0.	0
LEAH CRONN 610 SW ALDER ST. SUITE 1221 PORTLAND, OR 97205	DIRECTOR 1.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE (	6, PART VIII	0.	0.	0

Statement Period. JANUARY 1 - DECEMBER 31, 2016 Account Number: 1346-2509 HS53



### ASSET DETAILS

This section shows the cash, cash alternatives and/or securities in your account It reflects market values as of the close of business. December 31. 2016 Any balances reflected in this section held Performance on funds and unit investment trusts is provided for informational purposes only to assist you in comparing the total current value of your position with your total amount invested. excluding reinvestment activity. Performance may be misstated if any cost information is inaccurate or if you have sold part of your position since your original investment Please note, unrealized gain/loss is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor in a bank deposit account or in shares of money market mutual funds may be Inquidated on your order and the proceeds returned to your account or remitted to you

### CASH AND CASH ALTERNATIVES

				Anticipated	
	Current		Unrealized	Annualized	Current
	Value	Cost	Gain/(-)Loss*	Income	Yield %
CASH	18,669 70	18,669 70			
GENL TREASURY SECURITIES	486,363 58	486,363 58		48 64	0 01%
Net yield from 12/01/16 - 12/31/16 was 0 01% (Compounded)					
INSURED DEPOSIT US BANK	189,674 21	189,674 21		96 90	0 03%
Net yield from 12/01/16 - 12/31/16 was 0 03% (Compounded)					
Deposits held at US Bank are insured by the FDIC up to \$250,000				•	

if claimes in an all cash Alleina tives in a supplication of the s

**Anticipated** 

### PORTFOLIO ASSETS

	Symbol/CUSIP	4	Current	Average	Current	Ç	Unrealized	Annualized	Current
	Bond Kaling	Quantity	Luce	Onit Cost	value	SOO	Galliv(-)LOSS	וונסוום	e piair
Stocks/Options									
ADIENT PLC	ADNT	25	58 6000	46 5852	1,465 00	1,164 63	300 37	A/N	N/A
ALCENTRA CAPITAL CORP	ABDC	100	11 9700	13 0500	1,197 00	1,305 00	-108 00	136 00	11 36%
ALPHABET INC	9009	10	771 8200	675 1700	7,718 20	6 751 70	966 50	A/N	N/A
CLC									
BP PLC	ВР	200	37 3800	39 0709	18,690 00	19,535 43	-845 43	1,200 00	6 42%
SPONSORED ADR									
CENTURYLINK INC	CTL	200	23 7800	34 9300	4,756 00	00 986'9	-2,230 00	432 00	9 08%
CHESAPEAKE ENERGY CORP	CHK	900	7 0200	12 6360	4,212 00	7,581 60	-3,369 60	A/N	A/A
FREEPORT MCMORAN INC	FCX	1,200	13 1900	33 8378	15,828 00	40,605 39	-24,777 39	A/A	N/A
JOHNSON CONTROLS INTL	IOC	250	41 1900	45 6900	10,297 50	11,422 50	-1,125,00	250 00	2 43%
PLC									
POWERSHARES DB	DBC	186	15 8400	28 3028	2,946 24	5,264 33***	-2,318 09	A/N	∀/Z
COMMODITY INDEX TRACKING									
FUND ETF									
QUALCOMM INC	QCOM	200	65 2000	70 6327	13,040 00	14,126 54	-1,086 54	424 00	3 25%

Statement Period. JANUARY 1 - DECEMBER 31, 2016 Account Number: 1346-2509 HS53

								A . A	
	Symbol/CUSIP		Current	Average	Current		Unrealized	Anticipated	Current
	Bond Rating+	Quantity	Price	Unit Cost	Value	Cost	Gain/(-)/Loss*	Income	Yield %
Stocks/Options continued		•							
ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG	RDS/A	400	54 3800	64 3605	21,752 00	25,744 21	-3,992 21	1,278 40	5 88%
A OTIAKES									
STONECASTLE FINANCIAL CORP	BANX	1,200	18 6900	23 2786	22,428 00	27,934 34***	-5,506 34	1,776 00 7 92%	7 92%
TEXTAINER GROUP HOLDINGS LIMITED	ТСН	1,900	7 4500	24 0426	14,155 00	45,680 92	-29,591 92	228 00	1 61%
TOTALSA	TOT	500	50 9700	55,6000	25.485.00	27 904 50	2 240 50	444.00	4 400/
SPONSORED ADR	<u>.</u>	8			20,462,00	00 +00.72	06 816,2-	7. 1	4 4 70
TUPPERWARE BRANDS CORP	TUP	200	52 6200	67 3536	26,310 00	33.676 80	-7.366.80	1 360 00	5 17%
VEREIT INC	VER	1,000	8 4600	13 2298	8,460 00	12,603 24***	4,143.24	550 00	
Total Stocks/Options	, e <sup>1</sup>	t	† ,		8493,780,80	\$288,187.13	-\$87.513.19	\$8.778.40	4.42%

Stock Funds									
ALPS ALERIAN MLP ETF	AMLP	2,000 000	12 6000	15 8903	25,200 00	31,780 51***	-6,580 51	2,038 00	8 09%
CORNERSTONE STRATEGIC VALUE FUND INC PAR \$0 001	CLM	191 000	15 1700	25 0196	2,897 47	4,028 80***	-1,131 33	533 11	18 40%
PIMCO COMMODITY REAL RETURN STRATEGY CL A	PCRAX	608 432	7 0100	14 3241	4,265 10	8,715 24	-4,450 13	96 26	
REINVESTMENTS		41 914	7 0100	13 1422	293 83	550 85	-257 02	6 74	
TOTAL PERFORMANCE -\$4,156 31		650 347	7 0100	14 2479	4,558 93 4,558 93	9,266 09 8,715 24	-4,707 15	104 70	2 30%
Total Stock Funds	The Arms I have a large at a	4 4			(Seajesa.co	\$45,075.40	-\$12,418.99	\$2,675.81	8.19%
Preferred Stocks									
BARCLAYS BANK PLC IPATH S&P 500 VIX SHORT	XXA	87	25 5100	256 5383	2,219 37	22,318 83	-20,099 47	N/A	N/A
TERM FUTURE NEW ETN 2016									
1				D.C. Carrier and D. C. Carrier and D. C. Carrier and D. Carrier an	The second secon				

Total Preferred Stocks					163016163	\$22,318.83	\$22,318.83 -\$20,099.47 N	A/N	X/A
Taxable Bond Funds		The state of the state of	and described and the second s	CONTRACTOR CONTRACTOR		The second secon	meffichtefalmitte mein eksistenden ferre benemate		•
PROSHARES SHORT 20+ YR TREASURY 1X ETF	TBF	250 000	23 8900	28 9967	5,972 50	7,249 18	-1,276 68	N/A	Y/A
WESTERN ASSET HIGH INCOME OPPORTUNITY FUND INC	HIO	3,000 000	4 9900	5 5499	14,970 00	16,649 70	-1,679 70	1,098 00 7 33%	7 33%

Statement Period JANUARY 1 - DECEMBER 31, 2016 Account Number: 1346-2509 HS53



ASSET DETAILS continued									
	Symbol/CUSIP Bond Rating*	Quantity	Current Price	Average Unit Cost	Current Value	Cost	Unrealized Gain/(-)Loss*	Anticipated Annualized Income	Current Yield %
Total Taxable Bond Funds		1	2 5 5 5		027273 <sup>1</sup> 028	\$23,898.88	-\$2,956.38	\$1,098,000 5.24%	5.24%
Other Investments									
PLAINS ALL AMERICAN PIPELINE LP	PAA	200	32 2900	38 9392	16,145 00	19,469 58***	-3,324 58	1,100 00	6 81%
Total Other Investments			1		- সেক্টেশ্বরতান	\$19,469.58	-\$3,324.58	\$1,100.00 6.81%	6.81%
Total Portfolio Assets			4 magnitude 11 magnitude 12 mag		. Sato, 100.24	\$398,949.82	-\$126,312.61	\$13,652.21	5.04%
		,							
Total Assets		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,		\$965,410,70 \$1,093,657.31	\$1,093,657.31	-\$126,312.61	\$13,757.75 1.43%	1.43%

- Bond ratings of securities displayed on your statement were obtained from various rating services. There is no guarantee with respect to the accuracy of this information
  - Please note, "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing
- \*\*\* The original cost of this security has been adjusted to reflect principal payments, return of capital or amortization/accretion based on our records and/or provided by you

Statement Period: JANUARY 1 - DECEMBER 31, 2016 Account Number: 6906-6256 HS53



### ASSET DETAILS

This section shows the cash, cash alternatives and/or securities in your account 1t reflects market values as of the close of business. December 31, 2016 Any balances reflected in this section held in a bank deposit account or in shares of money market mutual funds may be Inquidated on your order and the proceeds returned to your account or remitted to you

Performance on funds and unit investment trusts is provided for informational purposes only to assist you in comparing the total current value of your position with your total amount invested. excluding reinvestment activity. Performance may be misstated if any cost information is inaccurate or if you have sold part of your position since your original investment Please note, unrealized gain/loss is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor

### CASH AND CASH ALTERNATIVES

	Value	Cost	Gain/(-)Loss*	Income	Yield %
CASH	-13,339 91	-13,339 91			
INSURED DEPOSIT US BANK	17,620 68	17,620 68		5 29	0 03%
Net yield from 12/01/16 - 12/31/16 was 0 03% (Compounded)					
Deposits held at US Bank are insured by the FDIC up to \$250,000					

¥.

\$5.29

\$4,280.77

Current

Anticipated Annualized

Unrealized

Current

### PORTFOLIO ASSETS

Total Gash and Gash Alternatives

	Symbol/CUSIP Bond Rating+	Quantity	Current Price	Average Unit Cost	Current Value	Cost	Unrealized Gain(-)Loss*	Anticipated Annualized Income	Current Yield %
Stocks/Options	•	•							
ALPHABET INC	9009	3	771 8200	522 3367	2,315 46	1,567 01	748 45	A/A	A/N
EXACT SCIENCES CORP	EXAS	471	13 3600	12 0071	6 292 56	5,655 36	637 20	N/A	NA
FACEBOOK INC CL A	FB	33	115 0500	27 2733	3,796 65	900 02	2,896 63	A/Z	A/A
SILEAD SCIENCES INC	GILD	88	71 6100	78 7822	6,301 68	6.932 83	-631 15	165 44	2 63%
OWENS ILL INC NEW	ĪŌ	214	17 4100	17 8960	3,725 74	3,829 74	-104 00	A/N	A/N
TWITTER INC	TWTR	236	16 3000	22 5634	3 846 80	5,324 96	-1,478 16	A/N	A/A
TENET HEALTHCARE CORP NEW	THC	264	14 8400	14 7169	3,917 76	3,885 26	32 50	N/A	N/A
VEREIT INC	VER	472	8 4600	9 6580	3,993 12	4,558 58	-471 25	259 60	6 50%
Total Stocks/Options					(380,1769,277)	\$32,653.76	\$1,630.22	\$425.04	1.24%

### Stock Funds

VANGUARD FTSE EMERGING	OWA	218 000	35 7800	39 2696	7,800 04	8,560 78	-760 74	193 80 2	2 48%
MARKETS ETF									
VANGUARD GROWTH ETF	VUG	195 000	111 4800	86 6260	21,738 60	16,892 07	4,846 53	301 66	1 39%

Statement Period. JANUARY 1 - DECEMBER 31, 2016 Account Number: 6906-6256 HS53

1	AIRD
	BA

	Symbol/CUSIP Bond Rating*	Quantity	Current Price	Average Unit Cost	Current Value	Cost	Unrealized Gain/(-)Loss*	Anticipated Annualized Income	Current Yield %
Stock Funds continued									•
VANGUARD VALUE ETF	VTV	261 000	93 0100	73 9210	24,275 61	19,293 39	4,982 22	593 25	2 44%
VANGUARD SMALL CAP ETF	VB	000 09	128 9600	97 9692	7,737 60	5,878 15	1,859 45	153 36	1 98%
VANGUARD FTSE DEVELOPED MKTS ETF	VEA	000 622	36 5400	35 3861	28,464 66	27,565 74	898 92	806 26	2 83%
Total Stock Funds		, the same temperature of the same of the	1	and the control of th	පොහැසෙන	\$78,190.13	\$11,826.38	\$2,048.33 2.28%	2.28%
Total Portfolio Assets	a surprise and a surp		Programme and transmission out the	The second secon	. Sazzacze	\$110,843.89	\$13,456.60	\$2,473.37	1.99%

Bond ratings of securities displayed on your statement were obtained from various rating services. There is no guarantee with respect to the accuracy of this information

1.93%

\$2,478.66

\$13,456.60

\$115,124.66

Please note, "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing

\*\*\* The original cost of this security has been adjusted to reflect principal payments. return of capital or amortization/accretion based on our records and/or provided by you

2.34%

\$1,850.90

\$5,895.95

\$73,344.33

**Total Stock Funds** 

MKTS ETF

## SCHLESINGER FAMILY FOUNDATION ATTN MARK SCHLESINGER

Statement Period: JANUARY 1 - DECEMBER 31, 2016 Account Number: 5492-8603 HS53



### ASSET DETAILS

This section shows the cash, cash alternatives and/or securities in your account. It reflects market values as of the close of business. December 31, 2016. Any balances reflected in this section held in a bank deposit account or in shares of money market mutual funds may be Itquidated on your order and the proceeds returned to your account or remitted to you

Performance on funds and unit investment trusts is provided for informational purposes only to assist you in comparing the total current value of your position with your total amount invested. excluding reinvestment activity. Performance may be misstated if any cost information is inaccurate or if you have sold part of your position since your original investment Please note, unrealized gain/loss is being prepared for informational purposes only and should not be used for tax preparation without the assistance of your tax advisor

### CASH AND CASH ALTERNATIVES

	Current		Unrealized	Annualized	Current
	Value	Cost	Gain/(-)Loss*	Income	Yield %
CASH	-15,861 35	-15,861 35			
INSURED DEPOSIT US BANK	37,711 29	37,711 29		11 31	0 03%
Net yield from 12/01/16 - 12/31/16 was 0 03% (Compounded)					
Deposits held at US Bank are insured by the FDIC up to \$250,000					

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\$21,849.94

Annualized Anticipated

### PORTFOLIO ASSETS

Total Cash and Cash' Alternatives

	Symbol/CUSIP		Current	Average	Current		Unrealized	Anticipated Annualized	Current
	Bond Rating+	Quantity	Price	Unit Cost	Value	Cost	Gain/(-)Loss*	Income	Yield %
Stocks/Options									
VEREIT INC	VER	771	8 4600	9 4270	6,522 66	7,268 25	-616 44	424 05	6 50%
Total Stocks/Options	a particular and the second se				30 (339) (33)	\$7,268.25	-\$616.44	\$424.05	%09.9
Stock Funds									
ISHARES SELECT DIVIDEND ETF	DVY	71 000	88 5700	88 8480	6,288 47	6,308 21	-1974	191 06	3 04%
VANGUARD FTSE EMERGING MARKETS ETF	VWO	178 000	35 7800	42 5212	6,368 84	7,568 78	-1,199 94	158 24	2 48%
VANGUARD GROWTH ETF	NUG	157 000	111 4800	92 1689	17,502 36	14,470 52	3,031 84	242 87	1 39%
VANGUARD VALUE ETF	VTV	215 000	93 0100	77 8373	19,997 15	16,735 02	3,262 13	488 69	2 44%
VANGUARD SMALL CAP ETF	VB	49 000	128 9600	110 9514	6,319 04	5,436 62	882 42	125 24	1 98%
VANGUARD FTSE DEVELOPED	VEA	623 000	36 5400	36 6375	22,764 42	22,825 18	92 09-	644 80	2 83%

Statement Period. JANUARY 1 - DECEMBER 31, 2016 Account Number: 5492-8603 HS53

2.64%	\$3,337.11 2.64%	\$5,559.73	\$121,100.29	अख्यम्ब					Total Assets
3.18%	\$3,325.80	\$5,559.73	\$99,250.35	डाल्य, <b>व्हाल्डा</b>					Total Portfolio Assets
4.53%	\$629.12	80.00	\$13,892.00	अव्यक्तिम् इ	, a ac		,		Total Taxable Bond Funds
	629 12	000	13,892 00	13,891 99	9 2300	9 2300	1,505 092	LFRFX	LORD ABBETT FLOATING RATE CL F
100								ï	Taxable Bond Funds
8.39%	\$421.73 8.39%	\$280.22	\$4,745.77	03,025,00		,			Total Preferred Stocks
8 39%	421 73	280 22	4,745 77	5,025 99	29 8476	31 6100	159	АМЈ	JPMORGAN CHASE & CO ALERIAN MLP INDEX ETN
									Preferred Stocks
Current Yield %	Annualized	Unrealized Gain/(-)Loss*	Cost	Current Value	Average Unit Cost	Current Price	Quantity	Symbol/CUSIP Bond Rating*	
,	Anticipated								ASSET DETAILS continued

- Bond ratings of securities displayed on your statement were obtained from various rating services. There is no guarantee with respect to the accuracy of this information
  - Please note, "Unrealized Gain/(-)Loss" does not equal the total current value minus the total cost if any value or cost amounts are missing
- \*\*\* The original cost of this security has been adjusted to reflect principal payments, return of capital or amortization/accretion based on our records and/or provided by you