	•
(60)	000
936 Form	990-

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB	No.	1545-0687
		1070-0001

		For cale	ndar year 2017 or other tax year beginning		2017, and ending	, 20		4	<u> </u>	
Departm	ent of the Treasury	1	► Go to www.irs.gov/Form990T for instra	uctions	s and the latest infor	mation.		Ozen t	o Public Isspect	tion for
Internal I	Revenue Service	▶ Do:	not enter SSN numbers on this form as it may be			tion is a 50°	(c)(3).	501(c)(o Public Inspect 3) Organization	s Only
A D 8	Theck box if address changed		Name of organization (Check box if name ch	anged a	and see Instructions.)			-	entification nu	
	pt under section	D	GRAY FAMILY FOUNDATION				(Empl	loyees' 1	trust, see instruc	tions.)
 ✓ 50	и(C)(5 3)	Print or	Number, street, and room or suite no. If a P.O box	, see ins	structions.			45-	3083519	
□ 40	08(e) 220(e)	Туре	1221 SW YAMHILL STREET, 100						siness activity	codes
□ 40	38A 🗌 530(a)	1,7,20	City or town, state or province, country, and ZIP or	foreign	postal code		(266)	instruct	ions.)	
	29(a)		PORTLAND, OR 97205-2108				525	5990		
C Book at en	yalue of all assets d of year	F G	oup exemption number (See instructions	.) 🏲			-			
	2,604,159	G C	neck organization type 🕨 📝 501(c) corp	oratio	on 🔲 501(c) tr	ust [401(a)	trust	☐ Other	trust
H De	scribe the orga	nizatio	n's primary unrelated business activity.	- INV	ESTMENT				<u>_</u>	
l Du	ring the tax year	, was th	e corporation a subsidiary in an affiliated gro	up or a	a parent-subsidiary c	ontrolled g	roup? .	. ▶	☐ Yes 🗹] No
			and identifying number of the parent corp	oratio	n. ►					
J Th	e books are in	care of	ELIZABETH A. CAREY		Telepho	ne numbe	r ▶	(503) 227 -68 46	6
Part	Unrelate	d Trad	e or Business Income		(A) Income	(B) Ex	penses		(C) Net	
1a	Gross receipts	s or sale	es <u>0</u>	•						
þ	Less returns and	allowano	es 0 c Bafance ►	1c	0					-
2	Cost of goods	sold (S	Schedule A, line 7)	2	0				•	
3	Gross profit. S	Subtrac	t line 2 from line 1c	3	0				0	
4a	Capital gain n	et incor	ne (attach Schedule D)	4a	0	ļ			0	
þ	Net gain (loss)	(Form	4797, Part II, line 17) (attach Form 4797)	4b	(631)				(631)	
C	Capital loss de	eductio	n for trusts	4c	0				0	
5	income (loss) fro	om partn	erships and S corporations (attach statement)	5	(22,829)				(22,829)	
6	Rent income (Schedu	ile C)	6	0		0	_	0	
7	Unrelated deb	t-finan	ced income (Schedule E)	7	0		0		0	
8	Interest, annuities,	royalties,	and rents from controlled organizations (Schedule F)	8	0		0		0	
9	Investment incom	e of a se	ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0		0		0	
10	Exploited exer	mpt act	ivity income (Schedule I)	10	0		0		0	
11	Advertising inc	∞me (5	Schedule J)	11	0		0		0	
12	Other income (See inst	tructions; attach schedule)	12	0				0	
13_	Total. Combin		<u> </u>	13	(23,460)		0		(23,460)	
Part			Taken Elsewhere (See instructions fo			ons.) (Exc	ept for	contri	ibutions,	
	deduction	s must	be directly connected with the unrelate	ed bu	siness income.)					
14	Compensation	n of offi	cers, directors, and trustees (Sphedyle 19	NE	n · · · ·		—	14	0	
15	Salaties allu v	rayes		· V -	<u> </u>		-	15	0	
16	Repairs and m	nainten			, · ⊘ · · · ·			16	0	
17	Bad debts	• • •		201	. 15.W.I		-	17	0	
18	Interest (attacl		,	_ : :				18	0	
19	Taxes and lice	enses .	ons (See instructions for limitation rules)	V . U	T			19	0	
20							· 4	20	0	
21	•		Form 4562)			0			^	
22	•		imed on Schedule A and elsewhere on re					2b	0	
23							1 -	23	. 0	
24			rred compensation plans					24	0	
25 00			grams					25	0	<u>. </u>
26			nses (Schedule I)					26	0	<u> </u>
27			ests (Schedule J)					27		
28		-	ach schedule)					28	210	
29			dd lines 14 through 28				-	29	210	ļ
30			xable income before net operating loss de					30	(23,670)	
31			duction (limited to the amount on line 30)					31	(22.670)	
32			exable income before specific deduction.					32	(23,670)	
33			ienerally \$1,000, but see line 33 instruction					33	0	
34			taxable income. Subtract line 33 from line or line 32					.	(00.036)	
	•		ero or line 32				. 3	34	(23,670) Form 990-T	(05:=
PAT DO	DOGWARK RAGISM	לאם ממוו	Notice, see instructions.		Cat No. 11291.1				rom 2525U°	12017

	0-T (2017)					- 111								1	Page 2
Part I		ax Computat													•
35		zations Taxab							Controlle	ed gro	up				
	membe	ers (sections 15	61 and 1563) c	check he	ere 🕨 🗌 🤄	See instru	ictions and	d:							İ
а	Enter y	our share of the	\$50,000, \$25	,000, an	d \$9,925,0	00 taxable	income b	rackets	(in that o	rder):					ĺ
	(1) \$		(2) \$			(3)	\$	1							
b		rganization's sh	nare of: (1) Add	ditional 5	% tax (not	more that	n \$11,750)	\$							
		litional 3% tax (-										
c		tax on the amo			•						>	35c		0	ĺ
36		Taxable at									on				
		ount on line 34					•				•	36			ĺ
37		tax. See instruc				=					•	37			
	•	tive minimum ta									•	38			
39		Non-Complia										39			
40		Add lines 37, 38										40		0	
	V T T	ax and Payme	anter Top 4	1476 to 46	OU, WINCING	Aci ahhue	•	-44							
		tax credit (corpo						41a		1, ,		September 1	<u>- , </u>		
41a	-	, ,					-	41b							
		redits (see insti	-						 						
		I business cred		•		•		41c	+						
		for prior year mi						41d						•	
		redits. Add line									٠.	41e		0	
42		ct line 41e from									٠.	42		0	
43		xes. Check if from							attach sch	edule) .		43		0	
44		ax. Add lines 42								. ,.		44		0	
	•	nts: A 2016 ove	• •					45a	1						
		stimated tax pa							+	0					
		posited with Fo						45c							
d	Foreign	organizations:	Tax paid or wi	ithheld a	at source (s	ee instruc	tions) .	45d	+						
	-	withholding (se		-				45e							
f	Credit f	for small employ					n 8941) .	45f							
g	Other o	redits and payr	nents:	☐ Form :	2439				1						
	☐ Form	n 4136		Other		0	Total 🕨	45g		0					
46	Total p	ayments. Add	lines 45a throu	ugh 45g					٠			46		0	
47	Estimat	ted tax penalty	(see instruction	ns). Che	ck if Form 2	2220 is att	ached .			. ▶		47			
48	Tax du	e. If line 46 is le	ss than the tol	tal of line	es 44 and 4	7, enter a	mount owe	ed			▶	48		0	
49	Overpa	ryment. If line 4	6 is larger than	n the tot	al of lines 4	4 and 47,	enter amo	ount ove	rpaid .		▶	49		0	
50	Enter the	amount of line 49	you want: Cre	dited to	2018 estimat	ed tax 🟲		0	Refu	ınded	•	50		0	
Part '		tatements Re													
51	At any	time during the	2017 calendar	r year, d	id the organ	nization h	ล์ง็อ an inte	erest in c	or a signa	ature o	or ot	her autho	rity	Yes	No
	over a	financial accou	nt (bank, secu	rities, o	other) in a	foreign c	ountry?,lf	YES, the	e organi:	zation	may	have to	file	***	4
		l Form 114, Re													# 1
	here 🕨	•			F	=-	1.21/								√
52	During t	he tax year, did t	he organization	receive a	distribution	from, or wa	as it the gra	ntor of, o	r transfer	or to, a	fore	ign trust?			1
	_	see instructions	•		. (1:	471 - 46 60	· , (•		•		•		5 6	
53		ne amount of ta				-		vear 🕨	\$						
,	Under	penalties of perjury,	declare that I have	examined	this return, incl	uding accom	panying sched	lules and st	tatements, a			t of my knov	vledge :	and bel	ef, it is
Sign	true, c	orrect, and complete.	Declaration of preparation	arer (other t	than (axpayer) is	s based on all	Information of	which prep	arer has an	y knowle	edge.	May the IR	S discu	ss this	retum
Here	10	halrth A	Jacken 2		11//4	118	ASSISTAN	IT SECRE	TARY/TR	EASUF	RER	with the pr	eparer	shown	below
		ure of officer			Date	<u> </u>	Title					(see Instruc	dons)? (∠Yes [_No
Da:-	L	Print/Type prepare	er's name		Preparer's sig	gnature			Date		Τ.	. 🗆	РТ	IN	
Paid		NICOLE BENCII			, - K/2 0	41.	re eche.			/201	Cha	eck if if if-employed		00756	195
Prepa		Firm's name ▶	CROWE LLP		<u> </u>				1	·		n's EIN ►	_	92168	
Use (Inly	Firm's address ▶	225 WEST WA	ACKERD	RIVE, SUITE	2600 CH	ICAGO II 6	0606-12°	24		1			899-70	
		1 HITT & EQUITOR >									LLIC	aro IRA	·~ · ~ / ·	300-r	

Form 990-T (2017)

by column 5

%

%

% %

Enter here and on page 1, Part I, line 7, column (A).

Form **990-T** (2017)

0

0

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B).

property (attach schedule)

Total dividends-received deductions included in column 8

(1) (2)

(3)

(4)

▶

(attach schedule)

Schedule F-Interest, Ann	411105	, noyalues,				Organizations	3 a 1 1 1 Z	<u> </u>	e monuc	-uons)	
Name of controlled organization		2. Employer ification number			ted income structions)	Total of specifie payments made	d in	Part of column cluded in the canization's grant	controlling	conn	eductions directly ected with income in column 5
(1)								-			
(2)											
(3)										ļ	
(4)	L									<u> </u>	
Nonexempt Controlled Organiz	zation	s		-							
7. Taxable Income		J. Net unrelated in (loss) (see instruct				tal of specified ments made	inc	Part of colund cluded in the canization's grant	controlling	conne	eductions directly cted with income in column 10
(1)				\neg			1			1	
(2)											
(3)											
(4)											
Tabela							En	dd columns s ter here and c art I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).
Totals	ncor	ne of a Sect	ion 50	11/0	1071 (01	or (17) Omani	izatio	A (coo inc	0 arctional	. 1	0
1. Description of income	IIICOI	2. Amount of			3. direc	Deductions of the connected schedule)		4. Set-aside (attach sched	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)		· · · · · · · · · · · · · · · · · · ·			, tau	zore acrecation	1			<u> </u>	pius coi. 4)
(2)					<u> </u>		1		+		
(3)					<u> </u>						
(4)							1				
Totals	► empt	Enter here and Part I, line 9, c	olumn	(A). 0	er Than	Advertising In	ncom	e (see inst		Part I, li	re and on page 1, ne 9, column (B).
Description of exploited activity	ity	2. Gross unrelated business incor from trade o business	r e	di onne prodi unr	rpenses rectly cted with action of related ss income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7.	5. Gr from is no	ross income activity that of unrelated ness income	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										-	
(2)											-
(3)											
(4)											
Totals	. 1	Enter here and page 1, Part line 10, col. (/	0	page	ere and on 1, Part I,), col. (B).						Enter here and on page 1, Part II, line 26
Schedule J—Advertising I					<u> </u>	dmin al 101-					
Part I Income From P	erioc	iicais Kepor	rea oi	ıa	∪onsoll(1				
1. Name of periodical		2. Gross advertising income	a x		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7.		Circulation Income	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)			•			30 00					
(3)						183.3		-			
(4)											(A) (A)
Totals (carry to Part II, line (5))	.)	<u> </u>	0		0	0		0		0	0
										F	om 990-T (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns' 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(4)						
Totals from Part I	0	0		1.00	4.4	0
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1—5) ▶	0	0	sales restricted		112.0000000	0

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

Form 990T Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	EIN	UBI
(1) BPEA LIFE SCIENCES FUND I, LP	51-0570711	958
(2) ECOTRUST FORESTS II, LLC	90-0942883	-21,085
(3) VENTURE INVESTMENT ASSOCIATES V, LP	94-3390505	-2,702
	Total for Part I, Line 5	-22,829

Form 990T Part II, Line 20	haritable Contributions
----------------------------	-------------------------

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	1,263,452	0	0		1,263,452	2022
Totals	1,263,452	0	0	0	1,263,452	

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$-\alpha rm$	UGELL			me	70

Other Deductions

Description	Amount
(1) VENTURE INVESTMENT ASSOCIATES V, LP	210
(2) Amortization	0
Tota	210
Total for Part II, Line 20	210

C	$\alpha \alpha \alpha \tau$	Part II	1 1	2	

Net Operating Loss Deduction Carryforward Schedule

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2015	25,809				25,809	2035
2016	4,931				4,931	2036
2017	23,670				23,670	2037
Totals	54,410	0	0	0	54,410	

Form 990T Part II, Line 31

ELECTION TO FORGO THE TWO-YEAR NET OPERATING LOSS CARRYBACK PERIOD

The taxpayer incurred a net operating loss in the current tax year and is entitled to a two-year carryback of the loss under IRC Sec. 172(b)(1)(A)(i). Pursuant to IRC Sec. 172(b)(3), the taxpayer hereby elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating losses.