Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Dep	artment o	of the Treasury nue Service	► Go to www.irs.gov/Form990 for instructions and the latest information		Inspection							
A			ndar year, or tax year beginning , 2017, and ending		. 20							
В		f applicable	C Name of organization GRACE LUTHERAN CHURCH FOUNDATION	D Employ	er identification number							
$\bar{\Box}$		dress change Doing business as 93-11										
$\bar{\Box}$	Name d		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number							
	Initial re		435 NW 21ST STREET		541-757-1600							
$\overline{\Box}$		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		341-737-1000							
ī		ed return	CORVALLIS, OR, USA 97330	G Gross re	eceints \$							
$\overline{\Box}$					subordinates? Yes No							
_	. фрод.	don punding			s included? Yes V No							
<u> </u>	1 Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)											
J	Website			oup exemption	number >							
K	Form of				of legal domicile OR							
	art I	Summ										
	1	Briefly de	scribe the organization's mission or most significant activities: TO ENCOURAGE	BEQUEST	S AND GIFTS WHICH							
9	i .	-	GRACE EVANGELICAL LUTHERAN CHURCH AND WHICH FURTHER ITS RELIGIOUS									
ğ	1	PURPOSE										
191	2	Check th	s box ▶ ☐ if the organization discontinued its operations or disposed of more the	nan 25% of	its net assets.							
é	3	Number (of voting members of the governing body (Part VI, line 1a)	. 3	9							
9	4	Number o	of independent voting members of the governing body (Part VI, line 1b)	. 4	9							
ties	5	Total nun	nber of individuals employed in calendar year 2017 (Part V, line 2a)	. 5	0							
Activities & Governance	6		aber of volunteers (estimate if necessary)	. 6	0							
Ac	7a		elated business revenue from Part VIII, column (C), line 12	. 7a	0							
	Ь		ated business taxable income from Form 990-T, line 34	. 7b	0							
-				r Year	Current Year							
•	8	Contribut	ions and grants (Part VIII, line 1h)	7500	11615							
Š	9		service revenue (Part VIII, line 2g)									
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	23917	22268							
Œ	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169								
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31586	34382							
, 	13		d similar amounts paid (Part IX, column (A), lines 1-3)	101965								
′	14	Benefits	paid to or for members (Part IX, column (A), line 4)									
ø	15	Salanes,	other compensation, employee benefits (Part IX, column (A), lines 5-10)									
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)									
9	Ь		draising expenses (Part IX, column (D), line 25) ▶									
Ω.	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	5232	4410							
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	107167	42539							
	19	Revenue	less expenses. Subtract line 18 from line 12	(75581)	(8157)							
Net Assets or Fund Balances	_		Beginning o	f Current Year	End of Year							
sets	20	Total ass	ets (Part X, line 16)	594159	651359							
A Page	21	Total liab	lities (Part X, line 26)									
ž	22	Net asse	s or fund balances. Subtract line 21 from line 20	594159	651359							
P	art II	Signat	ure Block									
			y, I declare that I have examined this return, including accompanying schedules and statements, and ate. Declaration of preparer (other than officer) is based on all information of which preparer has any ki		my knowledge and belief, it is							
			anola X Warlow									
Się	gn	Sign	ture of officer	Date ///o	1.0							
Here Carolyn K Warloe 4/8/18												
		Туре	or print name and title									
Pa	iid	Print/Ty	pe preparer's name Preparer's signature Date	Check	∏ if PTIN							
	epare	er		self-em								
	se On	1	arne ▶	Firm's EIN ▶								
		Firm's a	ddress ▶	Phone no.								
Ma	y the II	RS discus	this return with the preparer shown above? (see instructions)		🗌 Yes 🗌 No_							

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENCOURAGE BEQUESTS AND GIFTS WHICH BENEFIT GRACE EVANGELICAL LUTHERAN CHURCH AND WHICH FURTHER ITS
	RELIGIOUS AND BENEVOLENT PURPOSES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$38129 including grants of \$16585) (Revenue \$)
	FUNDS CONTRIBUTED TO GRACE LUTHERAN CHURCH TO ASSIST WITH MORTGAGE, PROPERTY PROJECT AND OTHER ITEMS.

4b	(Code:) (Expenses \$
	FUNDS CONTRIBUTED TO SANDCASTLE PRE SCHOOL TO PROVIDE SCHOLARSHIPS FOR STUDENTS.
	·

4-	(Code: \(\sum_{\sym_{\s\sun_{\sym_\}\sum_\}\sun_\sin_\sin_\sin_\sin\s\s\s\sin_\sin_\si
4c	(Code:) (Expenses \$
	FUNDS CONTRIBUTED TO LUTHER HOUSE FOR FUNDRAISING ACTIVITY.
	h
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 38129 including grants of \$ 15731) (Revenue \$)
4e	Total program service expenses ► 38129

APOB

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	,	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		/
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		y
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		,
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	•	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	~	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
		For	ու 99	0 (2017

Part	Checklist of Required Schedules (continued)	•							
			Yes	No					
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		~					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III								
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22							
	organization's current and former officers, directors, trustees, key employees, and highest compensated								
240	employees? If "Yes," complete Schedule J	23		~					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b								
	through 24d and complete Schedule K. If "No," go to line 25a	24a		-					
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			,					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		7					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		-					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			 					
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?								
	If "Yes," complete Schedule L, Part I	25b		"					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ł							
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,								
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1					
	Schedule L, Part IV	28b		~					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified								
•	conservation contributions? If "Yes," complete Schedule M	30		~					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,								
32	Part I	31		~					
	complete Schedule N, Part II	32		,					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		,					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		,					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2								
37		36	\vdash	~					
UI.	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,								
	Part VI	37		-					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			\vdash					
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	}					

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			1
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a fat least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	,
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	ļ <u>. </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		!	
••	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	İ		
	account)?	4a		1
b	If "Yes," enter the name of the foreign country:	<u> </u>	 	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	l		1
	(FBAR).	1	1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Γ.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	ł
	gifts were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	1		1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	1	
_	and services provided to the payor?	7a	-	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 -
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l	l	
	·	7c	├	~
d e	If "Yes," indicate the number of Forms 8282 filed during the year	-	1	
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f	├─	V
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	+
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 	-	
	sponsoring organization have excess business holdings at any time during the year?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.	-		1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			T
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]	1	1
11	Section 501(c)(12) organizations. Enter:	1]	1
а	Gross income from members or shareholders		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources			}
	against amounts due or received from them.)]	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	 	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
L	Note. See the instructions for additional information the organization must report on Schedule O.	1	1	
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	1001	-{		
_		144-	-	+-
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+
	n res, has a nicular ornitzo to report triese payments? Il tvo, provide an explanation in scriedule U .	1 140	'	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI									
Secti	on A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9									
	If there are material differences in voting rights among members of the governing body, or	1 1								
	if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
þ	12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?									
3	any other officer, director, trustee, or key employee?	2		-						
·	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		,						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		-						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		7						
6	Did the organization have members or stockholders?	6		1						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?	7a		•						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
_	stockholders, or persons other than the governing body?	7b		~						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during									
_	the year by the following:									
a b	The governing body?	8a 8b	V	 						
9	Lach committee with authority to act on behalf of the governing body?	OD		<u> </u>						
,	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)							
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		~						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,									
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	ļ						
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	{						
.2a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	┝─						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<u> </u>	 						
	describe in Schedule O how this was done	12c	~							
13	Did the organization have a written whistleblower policy?	13		~						
14	Did the organization have a written document retention and destruction policy?	14		~						
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
	The organization's CEO, Executive Director, or top management official	15a		<u> </u>						
b	Other officers or key employees of the organization	15b		~						
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement]								
	with a taxable entity during the year?	16a		·						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		 						
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1						
	organization's exempt status with respect to such arrangements?	16b								
	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ OREGON									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection, Indicate how you made these available. Check all that each	1 501(c)(3) s	only)						
	available for public inspection. Indicate how you made these available. Check all that apply.									
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oroet	nolica	, and						
	financial statements available to the public during the tax year.	J. 031	P-110)	,, a.iu						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	.							
	SHELLY LUNDAHL 541-757-1600 435 NW 21ST ST, CORVALLIS OR 97330									

Page	1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	or any relate	d org	anız	atio	n c	ompe	nsa	ated any currer	nt officer, director	r, or trustee.
				(0	C)					
(A)	(B)	Position						(D)	(E)	(F)
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Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who		year.									· · · · · · · · · · · · · · · · · · ·	 				
2 Total number of independent contractors (including but not limited to those listed above) who																
		Name and business add	ress						L	Description of s	ervices		compens	ation		
						*										
									T							
									T							
									+			<u>-</u>			····	
		Total number of independent contract	are (includi	na hi	d n	not	limi	tart t		nnea listed ah	OVE) who					
	~								. u	INCU AU	310, 1110					

Form **990** (2017)

Par	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to	any line in this	Part VIII		<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a				
E 5	b	Membership dues 1b				
B, C	С	Fundraising events 1c				
is is	d	Related organizations 1d		ļ	ŀ	
2 <u>E</u>	е	Government grants (contributions) 1e				
e gio	f	All other contributions, gifts, grants,				
년 돌		and similar amounts not included above 1f 11615		ł		
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f: \$				
	h h	Total. Add lines 1a-1f	11615			
Ĕ	0-	Business Code				
§	2a b					
9	C					
Ē	d			····-		
S	e					
Program Service Revenue	f	All other program service revenue .				
P	g	Total. Add lines 2a–2f ▶			· · · · · · · · · · · · · · · · · · ·	. ,
	3	Investment income (including dividends, interest,				
		and other similar amounts)	22267	22267	o	0
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
	6-	_				
	6a b	Gross rents Less: rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
	}	assets other than inventory				
	b	Less: cost or other basis				
	1	and sales expenses .				
	С	Gain or (loss)				
	d	Net gain or (loss)	L			
enne	8a	Gross income from fundraising events (not including \$				
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a				
£		Less: direct expenses b	1			
0	1	Net income or (loss) from fundraising events . >	İ			
!		Gross income from gaming activities.				
		See Part IV, line 19 a				
	b	Less: direct expenses b				
!	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances a				
	b	Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory			,	
!		Miscellaneous Revenue Business Code				
	11a	REIMUBURSEMENTS	500		500	
	b					
	С	All other revenue				
	d	All other revenue				
	12	Total revenue. See instructions.	34382	22267	500	
			JTJUL			

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 99	90 (2017)				Page 10
Part	IX Statement of Functional Expenses				•
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization:	s must complete co	lumn (A). '
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	38129	38129		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	3638		3638	
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				- · · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				·
20	Interest				· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			· ·	
а	TAYES AND EEES	229		229	
b	SUPPLIES	43		43	
C					

500

772

42539

38129

500

4410

Form **990** (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Investments—program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 14189 27 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Net Assets Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds.

Page	1	2
4 6440	-	_

	<u></u>				
Pari	XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI			<u>. :</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			34382
2	Total expenses (must equal Part IX, column (A), line 25)	2			12539
3	Revenue less expenses. Subtract line 2 from line 1	3		(8157)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	94159
5	Net unrealized gains (losses) on investments	5			6535 <u>7</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	<u>51359</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			!
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	\		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a		\
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uans.	3b		
			For	n 990	(2017)

SCHEDULE'A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

GRACE LUTHERAN CHURCH FOUNDATION 93-1172573 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (ii) EIN (v) Amount of monetan (iv) is the organization (vii) Amount of (i) Name of supported organization (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No GRACE EVANG LUTHERAN CHURCH 93-6009000 16585 SANDCASTLE PRESCHOOL 93-0903109 3114 0 (C) LUTHERAN CAMPUS COUNCIL OF 2700 0 **GOVERNMENT** 93-0517299 (D) GRACE CENTER FOR ADULT DAY 0 SERVICES 93-0839745 1164 (E) FIRST PRESBYTERIAN CHURCH OF 4800 0 **CORVALLIS** 93-0520151 28363

	(Complete only if you checked the Part III. If the organization fails to				_	•	ainy under
	on A. Public Support			r	·		
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						L
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	7					
6	Public support. Subtract line 5 from line 4		/				
Secti	on B. Total Support	/	/				
Calen	dar year (or fiscal year beginning in)	(a) 2013/	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4				-		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on /.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		, .,				
12	Gross receipts from related/activities, etc	. (see instruction	ons)	·		12	
13	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	
	organization, check this box and stop he	re		<u> </u>			▶
Secti	on C. Computation of Public Suppor		 				
14	Public support percentage for 2017 (line		-	1, column (f))		14	%
15	Public support percentage from 2016 Sci					15	%
16a	331/s% support test—2017. If the organibox and stop here. The organization qua				na line 14 is 3.	3'/3% or more,	-
ь	331/3% support test—2016. If the organi		• • •	_		is 221n04 or m	oro chack
	this box and stop here. The organization					15 55 7370 OF 11	P
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the " organization	017. If the orga	anization did r -and-circumst	not check a bo ances" test, c	ox on line 13, 1 heck this box	and stop here.	d line 14 is Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization response to the organization of the organization	ation meets th	e "facts-and-	circumstances	" test, check	this box and	a, and line stop here.
18/	supported organization	id not check a	box on line 13	, 16a, 16b, 17	a, or 17b, chec	k this box and	►[see ►[

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete c	only if you checked the b	ox on line 10 of Part I or if the or	ganization failed to qualify under Part II.
If the organi	ization fails to qualify und	ler the tests listed below, please	complete Part II.)

Secti	on A. Public\Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")]	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the			ļ	1		
	organization's tax-exempt purpose				1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					1	
	organization's benefit and either paid to			ļ	Ì		
	or expended on its behalf					l	
5	The value of services or facilities	Ţ,					
	furnished by a governmental unit to the	,					
	organization without charge	1			İ		<u> </u>
6	Total Add lines 1 through 5				L		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					· •	
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1			1	
	persons that exceed the greater of \$5,000	Į					!
	or 1% of the amount on line 13 for the year		11,				
C	Add lines 7a and 7b					<u> </u>	
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)	<u> </u>	<u> </u>		<u> </u>	<u></u>	<u> </u>
	on B. Total Support	r	r		T	T	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6				ļ		
10a	Gross income from interest, dividends,	j			1,4		
	payments received on securities loans, rents,				1,1		i.
_	royalties, and income from similar sources .	<u> </u>			<u> </u>	ļ	
b	Unrelated business taxable income (less				ì.		1
	section 511 taxes) from businesses acquired after June 30, 1975	i		ì	,		ļ
	•	ļ			·····	<u> </u>	
	Add lines 10a and 10b		<u> </u>		ļ	 	
11	Net income from unrelated business	ì		!	,		
	activities not included in line 10b, whether or not the business is regularly carried on				1	[`	
40	• •	ļ	 	 	 	 `	
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)				İ		
13	Total support. (Add lines 9, 10c, 11,	 	 		 		
13	and 12.)	1				1	
14	First five years. If the Form 990 is for the	he organizatio	n's first secon	d third fourth	h or fifth tay v	lear as a section	on 501(c)(3)
	organization, check this box and stop he	-				*	
Secti	ion C. Computation of Public Suppo						
15	Public support percentage for 2017 (line			13 column (fl)		. 15	%
16	Public support percentage from 2016 Sc		-			16	%
	on D. Computation of Investment In						,
17	Investment income percentage for 2017	····		ov line 13. colu	ımn (f))	. 17	%
18	Investment income percentage from 201	-	• •	-		18	%
19a	331/3% support tests—2017. If the organ					· 1	
	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	oorted organiza	tion . ▶ 🔃
ь	331/3% support tests-2016. If the organization						
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	id not check a	box on line 14	l, 19a, or 19b,	check this box	k and see instr	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supp	orting Organizations
---------------------	----------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		~
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		~
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		~
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	-	v
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		v
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		~
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		,
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		v
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		V
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		,
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10h		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	ł	•
h	A family member of a person described in (a) above?	11b		~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		[
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	.]	•
Secti	on C. Type II Supporting Organizations			<u>.</u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		į	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1				
-	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nsuru	cuons	5).
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete time 3 balow. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
_				
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		}
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	-	2b		
ა a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	I	}	
•	trustees of each of the supported organizations? Provide details in Part VI.	За		1
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

			Employer ruenuncation number
	E LUTHERAN CHURCH FOUNDATION	doed Freedo on Othon Circilos Free	93-1172573
Par	Organizations Maintaining Donor Adv		
	Complete if the organization answered		(b) Funds and other accounts
4	Takel acceptance and add acceptance	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year	L	1
5	Did the organization inform all donors and donor		
_	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	·	
		<u> </u>	· · · · · · · · · · Yes [] No
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		- ·
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified in		
d	Number of conservation easements included in	• •	on a
	_		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
_	organization's accounting for conservation easeme		
Pari			
4-	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
þ	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in turtherance of
	public service, provide the following amounts relat		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art		
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1 .		· · · · • • • • • • • • • • • • • • • •
<u>ь</u>	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>

	•
Page	2

Part	Organizations Maintaining	Collections of	Art, Historical 1	reasures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her records, chec	k any of the follow	ving that are a sig	nificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research		e 🗌 Other			
C	☐ Preservation for future generations	S				
4	Provide a description of the organizat XIII.	tion's collections a	and explain how to	hey further the org	ganization's exemp	ot purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather					
Part	IV Escrow and Custodial Arra	angements.				
	Complete if the organization 990, Part X, line 21.	answered "Yes'	' on Form 990, f	Part IV, line 9, or	reported an amo	ount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the following to	able:	l Am	ount
_	Paginning halanca			10		
C	Beginning balance					. ,
d	Additions during the year				· 	
e	Distributions during the year				 	
f On	Ending balance					□ Vas □ Na
2a	Did the organization include an amount in the					
	If "Yes," explain the arrangement in P. Endowment Funds.	art XIII. Check here	e ir the explanation	n nas been provid	ed on Part XIII .	<u> Ll</u>
Par		anawarad "Vas"	, an Earn 000 i	Cost N/ line 10		
	Complete if the organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Throng years book	(e) Four years back
4	Projection of control of con-					
1a	Beginning of year balance	568253		 		
b	Contributions	11615	7500	3720	15000	25600
С	Net investment earnings, gains, and					
	losses	89138				
d	Grants or scholarships	38129	101965	42912	11222260	4073
е	Other expenditures for facilities and					
_	programs					
f	Administrative expenses			<u> </u>		
g	End of year balance	630877				653115
2	Provide the estimated percentage of t		d balance (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowme	nt ▶	3%			
b _.	Permanent endowment					
C	Temporarily restricted endowment ►					
	The percentages on lines 2a, 2b, and					
3a	Are there endowment funds not in the	e possession of th	e organization the	at are held and ac	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related o	•	•			3b 🗸
4	Describe in Part XIII the intended uses		on's endowment f	unds.		
Part					-	
	Complete if the organization	answered "Yes"	" on Form 990, I	Part IV, line 11a.	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or ot (investm	1 ' '		Accumulated epreciation	(d) Book value
1a	Land					
ь	Buildings					
С	Leasehold improvements					
d	Equipment			<u> </u>		
e	Other					
	Add lines to through to (Column (d)		OO Port V column	- (D) line 10e)		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number GRACE LUTHERAN CHURCH FOUNDATION** 93-1172573 01. FORM 990 GOVERNING BODY REVIEW (PART VI, LINE 11) FORM 990 IS MADE AVAILABLE AT A MEETING AND DISTRIBUTED VIA ELECTRONIC MEANS. 02. CONFLICT OF INTEREST POLICY (PART VI, LINE 12) THE CONFLICT OF INTEREST POLICY IS REVIEWED AT THE MEETING WHERE OFFICERS ARE ELECTED. 03. GOVERNING DOCUMENTS, ETC, AVAILABLE TO THE PUBLIC (PART VI, LINE 19) THE GOVERNING BODY DOCUMENTS ARE AVAILABLE UPON REQUEST. THE REQUEST SHOULD BE GIVEN TO A BOARD MEMBER. 04. STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS (PART III 4d OTHER PROGRAM SERVICES) GRACE CENTER FOR ADULT DAY SERVICES \$1164. ENDOWMENT DISTRIBUTION. FIRST PRESBYTERIAN CHURCH OF CORVALLIS, WELCOMING IMMIGRANTS TO OREGON PROGRAM, \$4800 FOR ASSISTANCE TO **IMMIGRANT FAMILY.**