Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

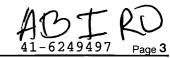
▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	20 19 calendar year, or tax year beginning	anu	enaing			
В	Check if applicab	C Name of organization			D Employer	identifica	ation number
	Addre	GRAY PLANT MOOTY FOUND	ATION				
	Name	Doing business as			7 41-62	24949	7
\vdash	Initial	Number and street (or P.O box if mail is not de	Invered to street address)	Room/suite	+		
-	return Final	500 IDS CENTER, 80 SOU			(612)		3000
	returnلـــ termir						250,553.
	ated Namen	City or town, state or province, country, and			G Gross receipts		
느	lreturn	LITHINGUEODID', LIN 2240	2-3796		H(a) Is this a		
L_	Application pendi	F Name and address of principal officer C111	HERINE BITZAN A	MUNDS	for subor	dinates?	Yes X No
		SAME AS C ABOVE			H(b) Are all subo	rdinates incl	uded? Yes No
1	Tax-ex	····p· • • • • • • • • • • • • • • • • •	◄ (insert no.) 4947(a)(1)	or 🔼 52	/ If "No," a	ttach a li	st (see instructions)
J	Websi	te: ► GPMLAW.COM	1		H(c) Group ex	emption	number 🕨
			ssociation Other	L Yea	of formation: 19	82 M	State of legal domicile MN
		Summary					
		Briefly describe the organization's mission or mos	t significant activities TO M	AKE C	ONTRIBUT	ONS	TO OTHER
Governance	l .	CHARITABLE ORGANIZATIONS					
r ng	2	Check this box If the organization disco	ntinued its operations or dispo	sed of mo	e than 25% of it	s net ass	_
š	3	Number of voting members of the governing body	(Part VI, line 1a)			3	9
	4	Number of independent voting members of the go	verning body (Part VI, line 1b)			4	0
SS	5	Total number of individuals employed in calendar	year 2019 (Part V, line 2a)			5	0
ij	ſ	Total number of volunteers (estimate if necessary)				6	0
Activities &		Total unrelated business revenue from Part VIII et				7a	0.
Ă	′ ′′	Net unrelated business taxable income from Form	980 - 100 1			7b	0.
	<u> </u>	ivet differated business taxable income from Form	17.1		Prior Year	-1/5	Current Year
		0 b	JUL 2 1 2020 SE	\ ⊢	331,	752	250,553.
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	JUL 21 2020 182	\ ⊢	331,	0.	230,333.
Revenue			17	1 ⊢			
ě	10	Investment income (Part VIII, column (A), lines 3, 4	MOEN, UI	∟ د		0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d 8d	c, 90, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		331,		250,553.
	13	Grants and similar amounts paid (Part IX, column	(A), lines 1-3)		232,9	24.	212,405.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A),				0.	0.
ber	h	Total fundraising expenses (Part IX, column (D), lin		0. H			·
ы	1,7	Other expenses (Part IX, column (A), lines 11a 11c		<u> </u>	-	257.	113.
	1	Total expenses Add lines 13-17 (must equal Part	•		233,1		212,518.
					98,5		38,035.
_ 0		Revenue less expenses Subtract line 18 from line	12				
sets or				B	eginning of Currer		End of Year
Sset	20	Total assets (Part X, line 16)		\vdash	228,8		266,871.
Net Ass	21	Total liabilities (Part X, line 26)		┕		0.	0.
		Net assets or fund balances Subtract line 21 from	line 20		228,8	336.	266,871.
	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return					knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of wh	hich prepare	r has any knowled	ge.	<u>. </u>
Sıg	n	Signature of officer			Date		
Hei	re	■ CATHERINE BITZAN AMUND	SEN, TRUSTEE, C	HAIRP	ERSON		
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pai	d			ļ		i self-emptoyed	
	parer	Firm's name			Firm's		1
	Only			,		-··· >	
496	omy	Firm's address			Dhass	20	
					Phone	110	T Van Tar
		RS discuss this return with the preparer shown about					Yes No_
9320	01 01-2	0-20 LHA For Paperwork Reduction Act Note	ce, see the separate instruction	ons.			Form 990 (2019)

Form	1990 (2019) GRAY PLANT MOOTY FOUNDATION	41-6249497 Pag	e 2
	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		\supseteq
1	Briefly describe the organization's mission MAKE GRANTS TO CHARITABLE ORGANIZATIONS		
			—
			—
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O	☐Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes ட	NO
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 212,518 · including grants of \$ 212,405 ·) (Revenue	e \$)
-	GRANTS TO COMMUNITY CHARITABLE ORGANIZATIONS		_ '
			_
			—
			
44	(Code) (Expenses \$ including grants of \$) (Revenu		
4b	(Code) (Expenses \$	a a	- '
			—
			—
			_
			_
			_
			_
4c	(Code) (Expenses \$) (Revenu	e \$	_)
			—
			—
			—
		·	—
			
	Yes		_
			_
4d	Other program services (Describe on Schedule O)		_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 212,518.		

Form **990** (2019)



Form 990 (2019) GRAY PLANT MOOTY FOUNDATION
Part IV 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		х
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		х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		_	
_	or in guasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If "Yes," complete Schedule D,			•
	Part VI	11a		X
b	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		х
С	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		х
ч	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		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.5
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		х
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		х
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_17		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	Х	

Form 990 (2019) GRAY PLANT MOOTY FOUNDATION
Part IV Checklist of Required Schedules (continued)

_			Yes	No
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	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
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			٠,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ì		ļ
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b ⁹ /f			
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		 	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	-	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338	<u> </u>	
D	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?	l		<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36	L_	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			$\lceil - \rceil$
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			-
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		V	<u> </u>
٠. د	Enter the number reported in Box 3 of Form 1096. Enter :0: if not applicable		Yes	No_
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a U 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		
93200	4 01-20-20		990	(2019)

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a 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 account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). THE X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с 7d d If "Yes." indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h ž p 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 Sponsoring organizations maintaining donor advised funds. 9 9a a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities... 10b Section 501(c)(12) organizations. Enter 11 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

GRAY PLANT MOOTY FOUNDATION 41-6249497 Part VI 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Lizz X a The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b 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," describe 12c in Schedule O how this was done Did the organization have a written whistleblower policy? 13 14 = Did the organization have a written document retention and destruction policy? 14 Ž 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? 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Another's website Upon request Other (explain on Schedule O) ∴ Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records CATHERINE BITZAN AMUNDSEN, TRUSTEE-CHAIRPERSON - (612) 632-3000

55402-3796

80 S 8TH STREET, SUITE 500, MINNEAPOLIS, MN

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

Check if Schedule O contains a response or note to any line in this Part VII

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

 See instructions for the order in which to list the persons above

X Check this box if neither the organization n	or any related	orga	anıza	ation	n coi	mpe	nsat	ted any current officer, of	director, or trustee	
(A)	(B)	I		(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	nore	l than	one	Reportable	Reportable	Estimated
	hours per	pox	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	┝	cer an	13 8 6	I	T	166)	from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	ite			sated		(W-2/1099-MISC)	(***271033***********************************	organization
	organizations	ndividual trustee or director	Institutional trustee		e X	mper	ŀ	(** 2, 1000 111100)		and related
	below	idual	i oin		Key employee	est co	<u>ا</u>			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) CATHERINE BITZAN AMUNDSEN	1.00									
TRUSTEE, CHAIRPERSON		Х						0.	0.	0.
(2) ERICA L. TOKAR	0.30									
TRUSTEE		Х						0.	0.	0.
(3) WADE T. ANDERSON	0.30									
TRUSTEE		Х			<u></u>	<u>L</u>	<u> </u>	0.	0.	0.
(4) JOHN R. GREEN	0.30							_	_	_
TRUSTEE		Х						0.	0.	0.
(5) JULIA S. OFFENHAUSER	0.30	Į						_	_	_
TRUSTEE		Х						0.	0.	0.
(6) GREG A. LARSON	0.30							_	_	_
TRUSTEE		Х			L	<u> </u>	L_	0.	0.	0.
(7) SARAH DUNIWAY	0.30			ļ		ļ	ļ		_	
TRUSTÉE		Х		_				0.	0.	0.
(8) EDWARD J. FLEMING	0.30									
TRUSTEE		Х			<u> </u>	<u> </u>	_	0.	0.	0.
(9) ANDREW DALY	0.30					1				
TRUSTEE			_		<u> </u>	_		0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st C			Т	·	
(A)	(B)			•	C)			(D)	(E)	l	(F)	
Name and title	Average		not c		more	than		Reportable	Reportable		Estimat	
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	ŀ	amount	
	week	-	I	lo a o	T	T	T	from	from related	ŀ	othe	
	(list any	ec So				ļ		the	organization		compens	
	hours for related	ē	بو			ated		organization	(W-2/1099-MIS	SC)	from th	
	organizations	뽏	l g		۵.	E E		(W-2/1099-MISC)			organiza and rela	
	below	nal tr	lonal		ploye	ទ្រីខ្ល				-	organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	o, gariiza	
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			<u> </u>		L	<u> </u>	L	0.		0.		0.
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)			_				<u> </u>					<u> </u>
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wi	no r	eceived more than \$100	,000 of reportab	le		0
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director trust	امم	برما	amn	love	- ^	r hic	shest compensated emr	vlovee on	ſ		
line 1a? If "Yes," complete Schedule J for s			ney i	sinp	ioye	, C, O		gnest compensated emp	noyee on	ŀ	3 -	X
							d 0+	har annuagation from	the erecuration	ŀ	- 	 **
4 For any individual listed on line 1a, is the si									the organization	ŀ		X
and related organizations greater than \$15									dual for convec	ŀ	4	1
5 Did any person listed on line 1a receive or							reiat	ed organization or indiv	idual for services	ŀ		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Schedui	e J 1	ioi si	ucn	pers	SOIT					5	1 23
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensa	ation from	
the organization Report compensation for												
(A)	at at a const		~	_				(B)		_	(C)	
Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		ompensation	וונ
					-	-	\dashv					
							ᅥ					
2 Total number of independent contractors (ot li	mıte	d to		_	stec	d above) who received n	nore than			
\$100,000 of compensation from the organi	zation >				- (0					Form 990	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (B) Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a b Membership dues 1b 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and Other 250,553. similar amounts not included above g Noncash contributions included in lines 1a-1f | 1g |\$ 250,553. h Total. Add lines 1a-1f **Business Code** f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents 6a 6b **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue e Total. Add lines 11a-11d 250,553. Total revenue. See instructions

Section 5	501(c)(3) and 501(c)(4)	organizations must	complete all columns	All other organizations re	nust complete column (A)

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, 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	212,405.	212,405.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				F.A. M. M. M.
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			ATT TOPE	KING MET KYME
5	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)				<u> </u>
7	Other salaries and wages	_ _ -			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				<u></u>
9	Other employee benefits	, ···			
10 11	Payroll taxes Fees for services (nonemployees)				
	Management				
a b	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17		TO THE STATE OF		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	25.	25.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties		-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	,	-		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
a	BANK FEES	88.	88.	-	
b					
C					
d	All other expanses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	212,518.	212,518.	0.	0.
25 26	Joint costs. Complete this line only if the organization	212,310.	227,310.		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non interest bearing 228,836. 266,871. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 228,836. 266,871. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 228,836 266,871 27 Net assets without donor restrictions Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 228,836. 266,871. 32 32 Total net assets or fund balances 228,836. 266,871. Total liabilities and net assets/fund balances

Form	990 (2019) GRAY PLANT MOOTY FOUNDATION	41-624	<u> 1497</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5	
3	Revenue less expenses Subtract line 2 from line 1	3			35.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22	8,8	<u> 36.</u>
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	26	6,8	71.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other],		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O			لبيدا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			-
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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 oversight of the	ie audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci			<u> </u>	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	_		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b_	000	(2019)
			Form	99U /	ンロコロト

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury 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.

ZU 19

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GRAY PLANT MOOTY FOUNDATION

Employer identification number 41-6249497

Part 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) 1 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)) 3 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, 4 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 | X | 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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 J 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 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) 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2019 GRAY PLANT MOOTY FOUNDATION 41-62494

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	366,658.	387,413.	320,185.	331,752.	250,553.	1656561.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	366,658.	387,413.	320,185.	331,752.	250,553.	1656561.
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,				经验的基本 的		20 040
	column (f)		nazera e			+ 4. 0/E . Mar.	39,240.
	Public support. Subtract line 5 from line 4		EL AFFANTALISM	ALCHANI ELE	是下二十十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	表別的原始	1617321.
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in)	(a) 2015 366, 658.	(b) 2016 387, 413.	(c) 2017 320, 185.	(d) 2018 331,752.	(e) 2019 250, 553.	(f) Total 1656561.
	Amounts from line 4	300,030.	307,413.	320,165.	331,732.	230,333.	1020201.
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		:				
40	business is regularly carried on	<u> </u>					
10	Other income Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI) Total support. Add lines 7 through 10				WEEKS SERVED		1656561.
	Gross receipts from related activities		LASTITUDE LOS PRESENTANTOS PRESENTANTOS		ABLEMATERATE SE	12	
	First five years. If the Form 990 is fo	·	•	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and stop	=	, mot, second, um	a, rourti, or marte	in your as a seeme	11 00 1(0)(0)	
Sec	tion C. Computation of Publ		rcentage			·	
14	Public support percentage for 2019 (line 6. column (f) d	ivided by line 11, o	column (f))		14	97.63 %
	Public support percentage from 2018			(//		15	98.71 %
	33 1/3% support test - 2019. If the			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies	•					$\triangleright X$
b	33 1/3% support test - 2018. If the		=		line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	-					ightharpoons
17a	10% -facts-and-circumstances tes	-			e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					_	ightharpoons
b	10% -facts-and-circumstances tes	-			-	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		-		-		s >
						dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019 GRAY PLANT MOOTY FOUNDATION Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				/		
	or expended on its behalf						
5	The value of services or facilities				/		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		_				
7 a	Amounts included on lines 1, 2, and				1		
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ł					
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			/			<u></u>
Se	ction B. Total Support		/	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016/	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income	/	7				
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
40	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)			 -			
	Total support. (Add lines 9, 10c, 11, and 12)			L	<u> </u>	50.44.1/01	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	is Support Do					
				(6)	-	45	
	Public support percentage for 2019 (column (t))		15	<u>%</u>
	Public support/percentage from 2018 ction D. Computation of Inve					16	
				no 12 column (f)		17	
	Investment income percentage for 20	•		rie 13, column (i))		18	<u>%</u> %
	Investment income percentage from 33 1/3% support tests - 2019. If the			on line 14 and line	a 15 is more than 3		
198	more than 33 1/3%, check this box a	-					, 13 110t
L	33 1/3% support tests - 2018. If the						and .
/	line 18 is not more than 33 1/3%, che	•					▶ □
S	Private foundation. If the organization		· ·	•	- · · · · ·	=	
<u>. U /</u>	i invate iounidation, ii tile organizatio	AL GIO HOL CITECK &	207 OF BIG 14, 19	a, or 130, check th	DON BING SEE ITS		

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 Supporting Organizations

- 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.
- 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)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- c 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
- 4a 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
- 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
- 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
- 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)
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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)
- 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.
- 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.
- c 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.
- 10a 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
- **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)

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3b

trustees of each of the supported organizations? Provide details in Part VI.

b 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

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in F	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2	,	
3	Other gross income (see instructions)	_ 3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt-use assets (see	建筑		
	instructions for short tax year or assets held for part of year)	(4)		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		-
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	\$\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
	factors (explain in detail in Part VI)	经验		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	新疆的图图 (1) 2000	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		· · · · · · · · · · · · · · · · · · ·
5	Income tax imposed in prior year	5	2000 7 10 200 LO TENTO 10 10 10 10 10 10 10 10 10 10 10 10 10	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		The second of th	enization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			1
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019	3次三张三次 第 10条第438		
а	From 2014	成本以下 。1945年2月16年1日	學是對於特別的一個	ALL REPORTED AND ALL PROPERTY.
b	From 2015	第六年(548) 200 100		
С	From 2016			
d	From 2017	强气和公司 表面,其实引	蒙古建作和能深经1922	
е	From 2018		道的多数。如此是	AND THE TELEVISION OF THE STATE OF
f	Total of lines 3a through e		数次的外来的工程的证据	对"不是一个"的"一个"的"一个"。 第一个
g	Applied to underdistributions of prior years	Machine British		
h	Applied to 2019 distributable amount		74	00 B 2022 2011 20 20 20 20 20 20 20 20 20 20 20 20
i	Carryover from 2014 not applied (see instructions)			
J	Remainder Subtract lines 3g, 3h, and 3i from 3f	Signal and the same of the same and the same		
4	Distributions for 2019 from Section D,			
	line 7\$		DOMESTIC AND THE STATE OF THE S	
	Applied to underdistributions of prior years		green. His to propose region or green between miles and another propose from Contrato States.	
	Applied to 2019 distributable amount	MAN JAMA MANG GRANGE		Discontrational en ellegate en ellegate
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	Trop 1 - 1971 - 1 Profesion No. 1971 - 1971 - 1972		
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	THE PERSONAL PROPERTY AND THE	Inchessa and Colored	
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	34 (34 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	Particular designation designa	
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2015			
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Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 172. Part III, line 172. Part III, line 172. Part III, line 172. Part III, line 173. Part III, line 174. Part III, line 174	Schedule A	(Form 990 or 990 EZ) 2019 GRAY	PLANT MOOT	FOUNDATION	41-6249497 Page 8
See anstructions	Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8, and Pa	Provide the explanation Provide the explanation Provided the Provided Transition Provi	ns required by Part II, line 10, Pai 9c, 11a, 11b, and 11c, Part IV, Se lines 1c, 2a, 2b, 3a, and 3b, Part \	t II, line 17a or 17b, Part III, line 12, ction B, lines 1 and 2, Part IV, Section C, V, line 1, Part V, Section B, line 1e, Part V,
		(See instructions)			
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Inspection

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Employer identification number 41-6249497 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection FOUNDATION GRAY PLANT MOOTY General Information on Grants and Assistance Name of the organization Part

criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	itoring the use of grant	funds in the United	d States			
a	Domestic Organ	izations and Domestic	c Governments. C	omplete if the orga	ınızatıon answered "Y	'es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II car	be duplicated if addit	ional space is need	Jed			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FUND FOR LEGAL AID SOCIETY 430 FIRST AVENUE NORTH, SUITE 300 MINNEAPOLIS, MN 55401		501(C)(3)	33,500.	0.			LAW DAY DINNER; ONE HOUR OF SHARING
GUTHRIE THEATER 818 SOUTH 2ND ST MINNEAPOLIS, MN 55415	:	501(C)(3)	9,520.	0.			GENERAL OPERATING
UNITED WAY OF CENTRAL MINNESOTA 3001 CLEARWATER ROAD, SUITE 201 ST, CLOUD, MN 56301		501(c)(3)	22,079.	0.			2019 LEADERS IN GIVING, COMMUNITY CAMPAIGN PLEDGE
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, SUITE 500 MINNEAPOLIS, MN 55455		501(C)(3)	17,000.	0.			SCHOLARSHIP FUND, GENERATIONS CAMPAIGN FOR THE LAW SCHOOL
ST. CLOUD AREA FAMILY YMCA 1530 NORTHWAY DRIVE ST. CLOUD, MN 56303		501(C)(3)	6,000.	0.			YMCA COMMUNITY AND AQUATIC CENTER
JEWISH FEDERATION OF GREATER WASHINGTON - 6101 EXECUTIVE BLVD #100 - NORTH BETHESDA, MD 20852		501(C)(3)	.000,2	0			SIGNATURE ANNUAL EVENT
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	and government o is listed in the line	rganizatior s listed in th 1 table	ie line 1 table				A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2019

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Schedule I (Form 990) GRAY PLANT MOUTY FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	T. MOUT'Y F	GRAY FLANT MOUTY FOUNDATION shants and Organ	nizations in the Ur	nited States (Sche	edule I (Form 990), Pa		41-624343/ Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LRAP MINNESOTA 600 NICOLLET MALL #380 MINNEAPOLIS, MN 55402		501(c)(3)	5,000.	0.0			GENERAL OPERATING
VOLUNTEER LAWYERS NETWORK 600 NICOLLET MALL #390A MINNEAPOLIS, MN 55402		501(C)(3)	5,720.	0.			ANNUAL RIVERFRONT CELEBRATION; GENERAL OPERATING
							Schedule I (Form 990)

Schedule	schedule I (Form 990) (2019)	GRAY PLANT MOOTY FOUNDATION	FOUNDATION	4T-6249497
Part III	Grants and Other Assis	stance to Domestic Individuals. C	oomestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	
	Part III can be duplicated	d if additional space is needed		

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2019)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

GRAY PLANT MOOTY FOUNDATION	41-6249497
FORM 990, PART VI, SECTION A, LINE 2:	
ALL TRUSTEES ARE EMPLOYEES OF GRAY, PLANT, MOOTY, MOOTY & I	BENNETT, P.A. AND
SEVERAL TRUSTEES ARE SHAREHOLDERS OF GRAY, PLANT, MOOTY, MO	OOTY & BENNETT,
P.A.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE FOUNDATION WAS ESTABLISHED BY THE LAW FIRM OF GRAY, PLA	ANT, MOOTY, MOOTY
& BENNETT, P.A. ("GPM"), WHICH IS IDENTIFIED AS THE DONOR	IN THE TRUST
AGREEMENT. IN THAT CAPACITY, GPM AS DONOR HAS THE AUTHORITY	Y TO APPOINT,
REMOVE, AND FILL VACANCIES ON THE FOUNDATION'S BOARD OF TRU	JSTEES PURSUANT
TO SECTION 8 OF THE TRUST AGREEMENT. GPM EXERCISES THIS AUT	THORITY THROUGH
ITS BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE TRUST AGREEMENT PROVIDES THAT GPM AS DONOR HAS CERTAIN	RESERVED POWERS
WITH RESPECT TO THE FOUNDATION, INCLUDING APPOINTMENT OF THE	HE CHAIR AND SOLE
AUTHORITY TO AMEND THE TRUST AGREEMENT.	·
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED AND REVIEWED BY SEVERAL TRUSTEES PRIOR	R TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:	,. ·· -
THE FOUNDATION DOES NOT HAVE ANY PAID STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT AVAILA	ABLE TO THE

Schedule O (Form 990 or	990-EZ) (20	19)						Page 2
Name of the organization			MOOTY	FOUNDATIO	N	·	Employer iden	tification number 19497
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete of the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

GRAY PLANT MOOTY FOUNDATION

2019	Open to Public
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OMB No 1545-0047

Employer identification number 41-6249497

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Ξ End-of-year assets <u>e</u> Total income 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity PartII Part

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2019 Š entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization

41-6249497

Page 2

Schedule R (Form 990) 2019 GRAY PLANT MOOTY FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

Schedule R (Form 990) 2019 General or Percentage managing ownership partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (i) Section 512(b)(13) controlled entity? × 3 Percentage ownership Yes Ξ Code V-UBI amount in box 20 of Schedule K1 (Form 1065) Share of end of year assets Yes No Disproportionate allocations? Ξ Share of total income (g)
Share of
end-of-year
assets Type of entity (C corp, S corp, or trust) e Share of total income CORP Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্র <u>e</u> Legal domicile (state or foreign country) M છ (d)
| Direct controlling | entity Primary activity 9 (c)
Legal
domicile
(state or
foreign LAW FIRM Primary activity GRAY, PLANT, MOOTY, MOOTY & BENNETT, P.A. 41-1411978, 500 IDS CENTER, 80 S. 8TH Name, address, and EIN of related organization STREET, MINNEAPOLIS, MN 55402 Name, address, and EIN of related organization 932162 09-10-19 Part IV

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

					,
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	elated organizations listed	in Parts II:1V?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				Ta X	
b Gift, grant, or capital contribution to related organization(s)				tb X	i
c Gift, grant, or capital contribution from related organization(s)				1c X	
				1d	
				×	
e Loans of toan guarantees by refated organization(s)					. ~~
				1	,
 Dividends from related organization(s) 				¥	
g Sale of assets to related organization(s)				1g X	
Exchange of assets with related organization(s)				- X	
באסומים ישלי כן מניסינים איתון יכומיכים כו שמייו במיים יויים ייים ייים ייים ייים ייים ייים				ļ	
J Lease of facilities, equipment, or other assets to related organization(s)				¢ F	
k Lease of facilities, equipment, or other assets from related organization(s)				*	
	anization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			ŧ.	
n Sharing of facilities equipment mailing lists or other assets with related organization(s)	(s)				
	(c)				
o Sharing of paid employees with related organization(s)				1	1 ***
 Reimbursement paid to related organization(s) for expenses 				م: م	
 Reimbursement paid by related organization(s) for expenses 				19 X	
				1	_
 Other transfer of cash or property to related organization(s) 				‡	
s Other transfer of cash or property from related organization(s)				1s X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	vho must complete t	his line, including covered	relationships and transaction thresholds		
(e)	(q)	(၁)	(p)		ı
Name of related organization	I ransaction type (a-s)	Amount involved	Method of determining amount involved	nvolved	
(1)					
(2)					
(5)					
					,
(5)					
(9)	7 7				1.
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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (a) (b) (b) (c) (d) (e) (f) (f) (f) (h) (i) (l) (k)	Legal domicile Predominant income parties ser (related, unrelated, excluded from tax under excluded from tax under country) Predominant income parties of share of control in box 20 managing own sections 512-514) Sections 512-514) Areali Share of Share of share of income assets yes Income assets of Schedule K-1 partner?				
(b) (c) (c)	ctivity Legal domicile (state or foreign country)		,		

b 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

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov 20, 1970 (explain in F	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	mplete	Sections A through E	
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u> </u>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			*
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non exempt-use assets (see			是者: 坚治、经验是
	instructions for short tax year or assets held for part of year)	100		
а	Average monthly value of securities	1a		·-
b	Average monthly cash balances	1b		
	Fair market value of other non exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	it has		War with the control of the control
	factors (explain in detail in Part VI)		多多。这个可以知识的	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	ELIFA SESSELLIER AND ST	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	产业。建筑的有限的工作	
4	Enter greater of line 2 or line 3	4	交通标准系统数据	
5	Income tax imposed in prior year	5	公旗。整理的建筑	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	可想到了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting orga	anization (see
	inctrictions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemple					
	organizations, in excess of income from activity	<u> </u>				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which t					
	(provide details in Part VI) See instructions					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount	т	4			
Secti	ion E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6	PERSONAL PROPERTY.				
2	Underdistributions, if any, for years prior to 2019 (reason-		A STATE OF THE PROPERTY OF THE			
	able cause required- explain in Part VI) See instructions					
3	Excess distributions carryover, if any, to 2019		多數學是對於	THE WORLD SEED OF THE PERSON WHEN		
а	From 2014			Partie State		
b	From 2015	禁機能認識。	·温尔特·维尔德尔特·埃拉	的表示的是不是不是		
С	From 2016	到960年出版的1960年	MANAGE PROPERTY.	2.55名1967年1967年1968年1		
d	From 2017	31.000000000000000000000000000000000000	建筑地域和地域	经验的现在分词		
е	From 2018					
f	Total of lines 3a through e		學是是是是是			
g	Applied to underdistributions of prior years	為唐明·思德·思德		表层企业的公公公司		
h	Applied to 2019 distributable amount	新疆科斯特斯斯	LONG CONTRACTOR			
i_	Carryover from 2014 not applied (see instructions)			STATES SEEDING		
	Remainder Subtract lines 3g, 3h, and 3i from 3f	ALL WALLESTON, pp. 999, 20 PF PLOTER 1984				
4	Distributions for 2019 from Section D,					
	line 7 \$	Service and the service and th				
	Applied to underdistributions of prior years		er and the second secon			
	Applied to 2019 distributable amount	PERTAPETALE		Total American Lindowski a Lindowski - Zegovinia wojest zanowski		
<u> </u>	Remainder Subtract lines 4a and 4b from 4	and the control of the second				
5	Remaining underdistributions for years prior to 2019, if		_=			
	any Subtract lines 3g and 4a from line 2 For result greater					
	than zero, explain in Part VI. See instructions		December 12 Could a second the second of			
6	Remaining underdistributions for 2019 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI See instructions		BOUNDAY, AND THE SERVICE AND T	er ingerpresingen en er besterne.		
7	Excess distributions carryover to 2020. Add lines 3					
	and 4c					
	Breakdown of line 7	ENERGY STATES	RESTRICTION OF THE PROPERTY OF			
<u>a</u>			AND			
	Excess from 2017		EREPTAINEDATE PARTIE DE LA COMPANY DE LA COM	Control of the Contro		

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

Schedule A	(Form 990 or 990 EZ) 2019 GRAY PLANT MOOTY FOUNDATION	41-6249497 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Par Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V. Section B, line 1e, Part V.
	(See instructions)	
		·
		<u> </u>
		a.
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