

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2016

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or tax year beginning , and ending

Name of foundation THE VIBRANT VILLAGE FOUNDATION		A Employer identification number 27-0745672
Number and street (or P.O. box number if mail is not delivered to street address) 1737 NE ALBERTA STREET	Room/suite 207	B Telephone number 503-206-4859
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97211		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 71,565,943.	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	1,006,873.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	664,005.	664,005.		STATEMENT 1
	4 Dividends and interest from securities	1,302,837.	1,302,837.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-1,692,849.			
	b Gross sales price for all assets on line 6a 31,651,086.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	19,830.	-82,666.		STATEMENT 3	
12 Total. Add lines 1 through 11	1,300,696.	1,884,176.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	15,025.	7,512.		7,513.
	14 Other employee salaries and wages	524,608.	0.		459,032.
	15 Pension plans, employee benefits	48,528.	0.		42,462.
	16a Legal fees STMT 4	3,402.	0.		1,701.
	b Accounting fees STMT 5	4,122.	2,061.		2,061.
	c Other professional fees STMT 6	765,213.	765,213.		0.
	17 Interest				
	18 Taxes STMT 7	117,167.	49,923.		57,466.
	19 Depreciation and depletion	9,593.	0.		
	20 Occupancy	58,747.	0.		32,346.
	21 Travel, conferences, and meetings	55,897.	0.		55,897.
	22 Printing and publications				
	23 Other expenses STMT 8	299,365.	0.		223,150.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,901,667.	824,709.		881,628.
	25 Contributions, gifts, grants paid	2,125,237.			2,125,237.
26 Total expenses and disbursements. Add lines 24 and 25	4,026,904.	824,709.		3,006,865.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-2,726,208.				
b Net investment income (if negative, enter -0-)		1,059,467.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	159,383.	1,342,411.	1,342,411.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations	791,688.		
	b Investments - corporate stock STMT 10	63,559,417.	65,668,581.	65,668,581.
	c Investments - corporate bonds	1,002,236.		
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 11	3,265,483.	3,466,485.	3,466,485.	
14 Land, buildings, and equipment: basis ▶ 84,201.				
Less: accumulated depreciation STMT 9 ▶ 27,454.	39,261.	56,747.	50,452.	
15 Other assets (describe ▶ STATEMENT 12)	35,703.	1,038,014.	1,038,014.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	68,853,171.	71,572,238.	71,565,943.	
Liabilities	17 Accounts payable and accrued expenses		4,647.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	0.	4,647.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds ...	68,853,171.	71,567,591.	
30 Total net assets or fund balances	68,853,171.	71,567,591.		
31 Total liabilities and net assets/fund balances	68,853,171.	71,572,238.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	68,853,171.
2 Enter amount from Part I, line 27a	2	-2,726,208.
3 Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	3	5,443,811.
4 Add lines 1, 2, and 3	4	71,570,774.
5 Decreases not included in line 2 (itemize) ▶ LAND LEASE ADJUSTMENT	5	3,183.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	71,567,591.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED SECURITY			
b	PUBLICLY TRADED SECURITY			
c	CAPITAL GAIN DISTRIBUTIONS			
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	10,806,398.		11,145,008.	-338,610.
b	20,695,879.		22,198,927.	-1,503,048.
c	148,809.			148,809.
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-338,610.
b			-1,503,048.
c			148,809.
d			
e			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	-1,692,849.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2015	3,433,255.	67,819,317.	.050624
2014	3,157,280.	75,763,429.	.041673
2013	2,260,363.	75,496,099.	.029940
2012	1,676,323.	61,833,569.	.027110
2011	1,046,520.	30,950,860.	.033812

2	Total of line 1, column (d)	2	.183159
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.036632
4	Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	67,985,871.
5	Multiply line 4 by line 3	5	2,490,458.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	10,595.
7	Add lines 5 and 6	7	2,501,053.
8	Enter qualifying distributions from Part XII, line 4	8	3,006,865.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	10,595.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	10,595.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	10,595.
6 Credits/Payments:			
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a	76,279.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	76,279.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	65,684.	
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	65,684.	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> <u>OR</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.VIBRANTVILLAGE.COM
14 The books are in care of KENNETH E. DE LASKI Telephone no. 503-206-4859
Located at 1737 NE ALBERTA STREET, SUITE 207, PORTLAND, OR ZIP+4 97211
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here
16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country SEE STATEMENT 13

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?
b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Yes No
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **SEE STATEMENT 15** Yes No
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 14		15,025.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOHN T STEPHENS - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	DIRECTOR OF PROGRAM PARTNERSHIPS 40.00	73,350.	1,657.	0.
LAURA L. KOCH - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	DIRECTOR OF PROGRAM OPERATIONS 40.00	67,346.	1,990.	0.
MARIEME DAFF - 1737 NE ALBERTA ST., STE 207, PORTLAND, OR 97211	PROGRAM MANAGER 40.00	55,993.	729.	0.

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1: VIBRATO CAPITAL, LLC, 1737 NE ALBERTA ST, #207, PORTLAND, OR 97211, PORTFOLIO MANAGEMENT, 94,442.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows 1-4: SEE STATEMENT 16 (224,784), SEE STATEMENT 17 (200,785), SEE STATEMENT 18 (170,997).

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1: N/A. Row 2: (blank). Row 3: All other program-related investments. See instructions.

Total. Add lines 1 through 3 0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	67,471,534.
b	Average of monthly cash balances	1b	1,549,655.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	69,021,189.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	69,021,189.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,035,318.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	67,985,871.
6	Minimum investment return. Enter 5% of line 5	6	3,399,294.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	3,399,294.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	10,595.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	10,595.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,388,699.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,388,699.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,388,699.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	3,006,865.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3,006,865.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	10,595.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,996,270.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				3,388,699.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			823,600.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$ 3,006,865.				
a Applied to 2015, but not more than line 2a			823,600.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2016 distributable amount				2,183,265.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				1,205,434.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2011 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2016, (b) 2015, (c) 2014, (d) 2013, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

KENNETH E. DE LASKI

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
		FOREIGN NGO	BUILD CLEAN WATER SOURCES AND PROVIDE WATER SANITATION & HYGIENE (WASH) EDUCATION IN MALAWI.	90,515.
ADOPT A VILLAGE GUATEMALA 870 ROGUE LEA LANE GRANTS PASS, OR 97526		501C3	PROMOTE SUSAINABLE GARDENING, NUTRITION EDUCATION AND LITERACY TRAINING IN RURAL GUATEMALA.	7,770.
AFRICA BRIDGE P.O. BOX 115 MARYLHURST, OR 97036		501C3	PROMOTE CO-OPS AND SOCIAL SERVICES FOR HOUSEHOLDS WITH VULNERABLE CHILDREN IN TANZANIA.	127,736.
AMMAN IMMAN 914 ROBIN ROAD SILVER SPRING, MD 20901		501C3	PROVIDE CLEAN WATER SOUCES, SCHOOL MATERIALS, AND PROMOTE INCOME OPPORTUNITIES FOR WOMEN IN NIGER.	15,566.
ANDANDO FOUNDATION PO BOX 542 JEFFERSON, OR 97352		501C3	SUPPORT COOPERATIVE GARDENS, SCHOOL INFRASTRUCTURE & MEALS FOR SCHOOL CHILDREN IN CET. SENEGAL.	150,000.
Total			SEE CONTINUATION SHEET(S) ▶ 3a	2,125,237.
b Approved for future payment				
NONE				
Total			3b	0.

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ARTICHOKE MUSIC 3130 SE HAWTHORNE BLVD PORTLAND, OR 97214		501C3	PROVIDE MUSIC EDUCATION FOR MIDDLE SCHOOL STUDENTS IN PORTLAND, OREGON.	16,149.
BEGA KWA BEGA PO BOX 5731, 28009 KAMPALA, UGANDA 28009		FOREIGN NGO	SUPPORT AGRICULTURAL AND BUSINESS TRAINING, NUTRITION PROGRAMS AND MOBILE HEALTH CLINICS IN UGANDA.	47,426.
CALDERA 224 NW 13TH AVE, SUITE 304 PORTLAND, OR 97209		501C3	PROVIDE ARTS EDUCATION FOR YOUTH IN PORTLAND, OREGON.	12,500.
COMMUNITY ACTION FOR DEVELOP'T PO BOX 85 BANGEM BANGEM, SOUTH WEST REGION 237, CAMEROON		FOREIGN NGO	TRAIN FARMERS IN AGRICULTURAL AND LIVESTOCK PRODUCTION, AND MARKET ACCESS IN NORTHERN CAMEROON.	29,433.
CREATE! 132 EAST BROADWAY SUITE 416 EUGENE, OR 97401		501C3	PROMOTE WOMEN'S GARDEN AND SAVING GROUPS, REFORESTATION, AND IMPROVED COOK STOVES IN CENTRAL SENEGAL	153,711.
DESEA PERU SECTOR LIMACPAMPA LAMAY, CUSCO, PERU		FOREIGN NGO	INSTALL BIOSAND WATER FILTERS IN HOMES, TRAIN COMMUNITY HEALTH WORKERS IN THE HIGHLANDS OF PERU.	60,000.
ENVIRONMENTAL CONSERVATION AND AGRICULTURAL ENHANCEMENT UGANDA PO BOX 31833 KAMPALA, UGANDA		FOREIGN NGO	SUPPORT LIVESTOCK CO-OPS, AND PROVIDE GIRLS WITH SCHOOL MATERIALS & VOCATIONAL TRAINING IN UGANDA.	24,605.
EGBOK MISSION 226 NORTH CLINTON STREET CHICAGO, IL 60661		501C3	PROVIDE VOCATIONAL TRAINING FOR UNDERPRIVILEGED YOUTH IN THE HOSPITALITY INDUSTRY IN CAMBODIA.	5,000.
ETTA PROJECTS 13624 VINTAGE DR. SW PORT ORCHARD, WA 98367		501C3	CONSTRUCT LATRINES AND PROVIDE SANITATION AND HYGIENE SERVICES FOR RURAL COMMUNITIES IN BOLIVIA.	1,968.
THE GARDENS' EDGE P.O. BOX 7758 ALBUQUERQUE, NM 87194		501C3	DEVELOP FAMILY GARDENS COOKING/ NUTRITION CLASSES & MALNUTRITION SCREENINGS IN GUATEMALA	43,361.
Total from continuation sheets				1,733,650.

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GLOBAL HOPE MOBILIZATION P/BAG 144 LILONGWE, MALAWI 265		FOREIGN NGO	PROVIDE CLEAN WATER, WASH EDUCATION, WOMEN'S SELF-HELP GROUPS, & SCHOOL INFRAST IN MALAWI.	102,228.
HAITI CHILDREN 1101 VILLAGE RD STE LL4D CARBONDALE, CO 81623		501C3	SUPPORT A K-12 SCHOOL IN PORT-AU-PRINCE, AND PROVIDE MEALS FOR VULNURABLE FOLKS IN NORTHERN HAITI.	276,185.
HAITI COMMUNITY SUPPORT 2927 NE 89TH AVE PORTLAND, OR 97220		501C3	EMERGENCY RELIEF FOR HAITI TO REBUILD A CLINIC, PROVIDE MEDICAL SUPPLIES, AND REPLANT TREES/CROPS.	15,000.
JHAI COFFEE 5621 SW BRADFORD ST. SEATTLE, WA 98116		501C3	TRAIN COFFEE FARMERS, IMPROVE PROCESSING FACILITIES AND PROVIDE WASH SUPPORT TO SCHOOLS IN LAOS.	75,100.
KAIROS PDX PO BOX 12190 PORTLAND, OR 97212		501C3	SUPPORT A PUBLIC CHARTER SCHOOL THAT PROVIDES CULTURALLY COMPETENT EDUCATION FOR LOW-INCOME YOUTH.	25,000.
KAREN RASMUSSEN 3A PRIV. DE LA NORIA NO. 204 OAXACA, MEXICO 68000		CONTRACTOR	TRAIN COFFEE FARMERS ON IMPROVED AGRICULTURAL TECHNIQUES & MARKETING IN OAXACA, MEXICO.	31,607.
LOCAL INITIATIVES IN DEVELOPMENT AGENCY CORNER MERSEY/OXFORD ROAD, HIS, PRIVATE BOX 2799 GWERU, ZIMBABWE, ZIMBABWE 263		FOREIGN NGO	BUILD CLEAN WATER SOURCES, PROMOTE COMMUNITY GARDENS AND IMPROVED CROP STORAGE PRACTICES IN ZIMBABWE	120,594.
MAP INTERNATIONAL 4700 GLYNCO PKWY BRUNSWICK, GA 31525		501C3	REPAIR SCHOOL FACILITIES, PROMOTE GARDENS, & SUPPORT VILLAGE GOVERNANCE IN COTE D'IVOIRE.	35,392.
MERCY CORPS 45 SW ANKENY ST. PORTLAND, OR 97204		501C3	PROVIDE EMERGENCY RELIEF IN HAITI FOLLOWING HURRICANE MATHEW.	10,000.
MT. SCOTT LEARNING CENTER 6148 SE HOLGATE BLVD. PORTLAND, OR 97206		501C3	PROVIDE EDUCATION AND CAREER COUNSELING FOR HIGH SCHOOL YOUTH IN PORTLAND, OREGON.	12,500.
Total from continuation sheets				

Part XV Supplementary Information**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NAGENAHIRU FOUNDATION 4/11, PATABENDIMULLA AMBALANGODA, GALLE DISTRICT, SRI LANKA 80300		FOREIGN NGO	SUPPORT ORGANIC CINNAMON FARMERS & BUILD SANITATION- HYGIENE FACILITIES FOR FARMERS IN SRI LANKA.	40,791.
NAZARENE COMPASSIONATE MINISTRIES OF LANKA 17001 PRAIRIE STAR PKWY # 100 LENEXA, KS 66220		501C3	BUILD CLEAN WATER INFRASTRUCTURE AND SANITATION-HYGIENE FACILITIES FOR RURAL FAMILIES IN SRI LANKA.	78,489.
NOOMAYIANAT COMMUNITY DEVELOPMENT ORG PO BOX 155 -00209 LOITOKITOK, KENYA		FOREIGN NGO	TRAIN MAASAI WOMEN ON AGRICULTURAL METHODS, SOIL CONSERVATION, BUSINESS & MARKET ACCESS IN KENYA	53,566.
NTENGWE 169 COURTEY SELOUS CRESCENT VICTORIA FALLS, MATABELELAND NORTH, ZIMBABWE		FOREIGN NGO	PROVIDE CLEAN WATER SOURCES & MANAGEMENT TRAINING, & WASH EDUCATION TO REGIONS IN ZIMBABWE.	39,424.
PUMP AID 90-92 GREAT PORTLAND STREET LONDON, UNITED KINGDOM W1W 7NT		FOREIGN NGO	BUILD CLEAN WATER SOURCES AND IMPROVED SANITATION FACILITIES IN MALAWI.	77,413.
SECARD NEPAL GPO BOX NO: 2465, SUNDHARA KATHMANDU KATHMANDU, NEPAL		FOREIGN NGO	TRAIN FARMERS IN ORGANIC AGRICULTURAL AND MARKET LINKAGES IN NEPAL.	46,530.
SIKANDA PRIVADA BARRIO NUEVO 117, LOMAS DE LA CASCADA 117 OAXACA DE JUAREZ, OAXACA, OAXACA, MEXICO		FOREIGN NGO	SUPPORT HOME & SCHOOL GARDENS & PROMOTE YOUTH INVOLVEMENT IN ZAACHILA, MEXICO.	8,695.
SONJE AYITI ORGANIZATION, INC 4171 ROARING RUN RD GOODE, VA 24556		501C3	SUPPORT COMMUNITY RESTAURANTS SERVING VULNERABLE RESIDENTS, & A MICRO-CREDIT/ BUSINESS IN HAITI.	175,393.
SURFAID 530 SECOND STREET ENCINITAS, CA 92024		501C3	PROVIDE CLEAN WATER SOURCES AND TRAIN COMMUNITY HEALTH WORKERS IN INDONESIA.	19,979.
THE CHILDREN'S BOOK BANK 2680 SW RAVENSVIEW DR PORTLAND, OR 97201		501C3	PROMOTE READING AND PROVIDE BOOKS FOR LOW-INCOME FAMILIES TO TAKE HOME IN PORTLAND, OREGON.	8,500.
Total from continuation sheets				

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

THE VIBRANT VILLAGE FOUNDATION

Employer identification number

27-0745672

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization THE VIBRANT VILLAGE FOUNDATION	Employer identification number 27-0745672
---------------------------------------------------------------	-----------------------------------------------------

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KENNETH DELASKI 2425 NE ALAMEDA STREET PORTLAND, OR 97212	\$ 1,003,728.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE VIBRANT VILLAGE FOUNDATION	Employer identification number 27-0745672
-------------------------------------------------------------------	---------------------------------------------------------

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	SHARES OF VARIOUS PUBLICLY TRADED COMPANIES _____ _____ _____	\$ 1,003,728.	12/22/16
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE VIBRANT VILLAGE FOUNDATION	Employer identification number 27-0745672
-------------------------------------------------------------------	---------------------------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

FORM 990-PF

2016

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **THE VIBRANT VILLAGE FOUNDATION** Employer identification number **27-0745672**

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	10,595.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty	3	10,595.
4	Enter the tax shown on the corporation's 2015 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	18,943.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	10,595.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/16	06/15/16	09/15/16	12/15/16
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column.	10	2,649.	2,649.	2,648.	2,649.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	76,279.			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12		73,630.	70,981.	68,333.
13 Add lines 11 and 12	13		73,630.	70,981.	68,333.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	76,279.	73,630.	70,981.	68,333.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	73,630.	70,981.	68,333.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <i>(C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.)</i> See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST FROM INVESTMENTS	664,005.	664,005.	
TOTAL TO PART I, LINE 3	664,005.	664,005.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS FROM INVESTMENTS	1,302,837.	0.	1,302,837.	1,302,837.	
TO PART I, LINE 4	1,302,837.	0.	1,302,837.	1,302,837.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME	-82,666.	-82,666.	
LINN ENERGY	46,998.	0.	
SILVERVIEW CLO II LP	4,205.	0.	
AJO EMERGING MARKETS	7,972.	0.	
ANGELES EQUITY PARTNERS	20,328.	0.	
OAKTREE ENHANCED INCOME FUND III	22,993.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	19,830.	-82,666.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	3,402.	0.		1,701.
TO FM 990-PF, PG 1, LN 16A	3,402.	0.		1,701.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	4,122.	2,061.		2,061.
TO FORM 990-PF, PG 1, LN 16B	4,122.	2,061.		2,061.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	765,213.	765,213.		0.
TO FORM 990-PF, PG 1, LN 16C	765,213.	765,213.		0.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAXES	25.	0.		0.
FOREIGN TAXES	49,923.	49,923.		0.
CITY AND COUNTY	47.	0.		47.
STATE TAX	1,550.	0.		0.
PAYROLL TAXES	65,622.	0.		57,419.
TO FORM 990-PF, PG 1, LN 18	117,167.	49,923.		57,466.

FORM 990-PF

OTHER EXPENSES

STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	3,785.	0.		0.
WEB AND COMMUNICATION	5,698.	0.		3,248.
OFFICE EXPENSES	72,327.	0.		41,227.
OTHER DIRECT IMPLEMENTATION EXPENSE - ECUADOR	78,877.	0.		78,877.
OTHER DIRECT IMPLEMENTATION EXPENSE - KENYA	61,012.	0.		61,012.
DUES AND SUBSCRIPTION	750.	0.		428.
OTHER DIRECT IMPLEMENTATION EXPENSE - GHANA	90,785.	0.		90,785.
PAYROLL SERVICE	3,564.	0.		3,118.
CONSULTING	13,610.	0.		1,610.
SOFTWARE FEES	3,433.	0.		0.
BANK FEES	22,679.	0.		0.
PAYMENTS TO AFILIATES TIMING DIFFERENCE	-57,155.	0.		-57,155.
TO FORM 990-PF, PG 1, LN 23	299,365.	0.		223,150.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
COMPUTER EQUIPMENT	2,191.	2,191.	0.	0.
FURNITURE & EQUIPMENT	31,675.	28,141.	3,534.	3,534.
ARTWORK AND SIGNS	1,278.	1,136.	142.	142.
COPIER	2,820.	1,692.	1,128.	1,128.
APPLE DESKTOP COMPUTER	1,468.	882.	586.	586.
DELL LAPTOP COMPUTER	999.	450.	549.	549.
APPLE LAPTOP COMPUTER	1,399.	770.	629.	629.
GHANA MOTOR VEHICLES	3,053.	1,527.	1,526.	1,526.
GHANA COMPUTERS	1,319.	660.	659.	659.
KENYA COMPUTERS (10)	3,199.	1,333.	1,866.	1,866.
KENYA VEHICLE	10,250.	5,638.	4,612.	4,612.
GHANA OFFICE BUILDING IN PROCESS	8,065.	0.	8,065.	8,065.
CONFERENCE ROOM SCREEN	958.	251.	707.	707.
BASE DOCKING STATION FOR CONFERENCE ROOM	2,695.	706.	1,989.	1,989.
CONFERENCE ROOM PHONE SYSTEM	790.	207.	583.	583.
GHANA OFFICE BUILDING IN PROCESS	1,647.	0.	1,647.	1,647.
GHANA COMPUTERS	942.	282.	660.	660.
GHANA VEHICLE	23,967.	2,397.	21,570.	21,570.
TO 990-PF, PART II, LN 14	98,715.	48,263.	50,452.	50,452.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AERCAPHOLDINGS (N00985106) - 25,000 SHARES	1,040,250.	1,040,250.
ALASKA AIR GROUP INC (5,000 SHARES)	443,650.	443,650.
ANGELES EQUITY PARTNERS I	268,803.	268,803.
APPLE INC (APPL) - 20,000 SHARES	2,316,400.	2,316,400.
AQR DELTA TA XN FUND (9922VC998) - 7,500,000 SHARES	8,134,058.	8,134,058.
ARES CAP CORP (04010L103) - 33,370 SHARES	550,271.	550,271.
BARING INTERNATIONAL SMALL CAP EQUITY FUND	1,964,597.	1,964,597.
CMMT PARTNERS LP	732,522.	732,522.
DELTA AIR LINES INC - 8,000 SHARES	393,520.	393,520.
FIERA INTERNATIONAL EQUITY CAPITAL (9923E6998) - 5,000,000 SHARES	8,579,355.	8,579,355.
GENERAL ELECTRIC CO (2 SHARES)	63.	63.
GLOBAL OPPORTUNISTIC FIXED INCOME	7,563,377.	7,563,377.
LEIDOS HLDGS INC (1 SHARE)	51.	51.
MFB NORTHERN FUNDS US GOVT SELECT MONEYMKT FD (665162822)	1,087,943.	1,087,943.
MFO MORGAN STANLEY INSTL FD INC (303,423 SHARES)	5,303,718.	5,303,718.
MFO VANGUARD BD INDEX (244,500 SHARES)	2,748,179.	2,748,179.
MORRISON STREET DEBT OPPORTUNITIES FUND (9924FL992) - 160,000 SHARES	2,444,192.	2,444,192.
OAKTREE ENHANCED INCOME FUND III	1,465,530.	1,465,530.
POST TRADITIONAL HIGH YIELD FUND	3,150,683.	3,150,683.
RUSSELL 1000 INDEX (COB89989E9)	6,249,170.	6,249,170.
SANDS CAPITAL EMERGING MARKETS (9922G8994) - 5,000,000 SHARES	3,749,117.	3,749,117.
SANDS CAPITAL PRIVATE GROWTH FUND II L.P	881,948.	881,948.
SYNCHRONY FINL COM (4 SHARES)	145.	145.
TCP DIRECT LENDING FUND VIII-L	636,422.	636,422.
TENNENBAUM SPECIAL SITUATIONS (9924UL995) - 198,272.40 SHARES	441,318.	441,318.
VERIZON COMMUNICATIONS INCORPORATED (VZ) - 10,000 SHARES	533,800.	533,800.
AJO EMERGING MARKETS ALL0CAP OFFSHORE FUND	3,989,499.	3,989,499.
CRAF3 LOAN - LIVING CULLY PLAZA	1,000,000.	1,000,000.
TOTAL TO FORM 990-PF, PART II, LINE 10B	65,668,581.	65,668,581.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MFB NORTHERN FUNDS US GOVT SELECT MONEYMKT FD (665162822)	FMV	3,466,485.	3,466,485.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,466,485.	3,466,485.

FORM 990-PF

OTHER ASSETS

STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ORGANIZATION COST	3,444.	0.	0.
OTHER ASSETS - GHANA	32,259.	29,929.	29,929.
OTHER ASSETS - KENYA	0.	8,085.	8,085.
OTHER ASSETS - HQ	0.	1,000,000.	1,000,000.
TO FORM 990-PF, PART II, LINE 15	35,703.	1,038,014.	1,038,014.

FORM 990-PF

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 13

NAME OF COUNTRY

GHANA
ECUADOR
KENYA

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KENNETH E. DE LASKI 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	PRESIDENT, DIRECTOR 20.00	0.	0.	0.
SARAH GORACKE 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	SECRETARY, DIRECTOR 2.00	0.	0.	0.
SANG AHN 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	TREASURER, DIRECTOR 2.00	15,025.	0.	0.
KATHLEEN DE LASKI GRUBB 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	DIRECTOR 2.00	0.	0.	0.
JEREMY BARNICLE 1737 NE ALBERTA ST., #207 PORTLAND, OR 97211	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		15,025.	0.	0.

FORM 990-PF

EXPENDITURE RESPONSIBILITY STATEMENT
PART VII-B, LINE 5C

STATEMENT 15

GRANTEE'S NAME

ACTION FOR ENVIRONMENTAL SUSTAINABILITY AFES

GRANTEE'S ADDRESS

PO BOX 3415
BLNTYRE, MALAWI

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
165,496.	06/01/16	90,515.

PURPOSE OF GRANT

GRANT FUNDS SUPPORT THE CONSTRUCTION OF A GRAVITY FED IRRIGATION SCHEME TO SUPPORT FARMERS IN IRRIGATING GARDENS AND FIELDS TO INCREASE FOOD SECURITY WITH AN EMPHASIS ON ORGANIC AGRICULTURE.

DATES OF REPORTS BY GRANTEE

2/17/17

GRANTEE'S NAME

BEGA KWA BEGA

GRANTEE'S ADDRESS

P.O. BOX 28009
KAMPALA, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
107,918.	08/01/15	47,426.

PURPOSE OF GRANT

BEGA KWA BEGA PROMOTES ECONOMIC WELLBEING BY PROVIDING ACCESS TO CLEAN WATER, FARMER TRAINING, AGRICULTURE TRAINING FOR TEACHERS, BUSINESS SKILL DEVELOPMENT, AND A MOBILE HEALTH CLINIC TO SERVE THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

2/23/17

GRANTEE'S NAME

COMMUNITY ACTION FOR DEVELOPMENT (CAD)

GRANTEE'S ADDRESS

PO BOX 85 BANGEM
BANGEM SOUTH WEST REGION, CAMEROON, 237

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
145,858.	10/01/14	35,321.

PURPOSE OF GRANT

THIS PROGRAM PROVIDES TRAINING FOR FARMER GROUPS IN AGRICULTURAL PRACTICES FOR SUBSISTENCE CROPS AND CASH CROPS, LIVESTOCK RAISING, AND MARKETING OF PRODUCE AND PRODUCTS.

DATES OF REPORTS BY GRANTEE

1/31/17

GRANTEE'S NAME

DESEA PERU

GRANTEE'S ADDRESS

SECTOR LIMACPAMPA
LAMAY, PERU

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
60,000.	01/01/17	60,000.

PURPOSE OF GRANT

DESEA WORKS IN MICROCUENCA CCARAMPA COMMUNITIES TO IMPROVE COMMUNITY HEALTH BY TRAINING HEALTH WORKERS TO BETTER SERVE ISOLATED COMMUNITIES IN THE HIGHLANDS, AND INSTALLING BIOSAND FILTERS TO PROVIDE ACCESS TO CLEAN DRINKING WATER.

DATES OF REPORTS BY GRANTEE

2/24/17

GRANTEE'S NAME

ENVIROMENTAL CONSERVATION AND AGRICULTURAL ENHANCEMENT UGANDA

GRANTEE'S ADDRESS

PO BOX 31833 CLOCK TOWER
KAMPALA, UGANDA

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
83,450.	10/01/14	24,604.

PURPOSE OF GRANT

THIS PROGRAM SUPPORTS ORPHANS AND VULNERABLE FAMILIES THROUGH AGRICULTURAL AND LIVESTOCK COOPERATIVE MEMBERSHIP, EDUCATIONAL SUPPORT AND VOCATIONAL TRAINING FOR TEENAGE GIRLS, AND A SOCIAL SERVICE NETWORK OF COMMUNITY MEMBERS.

DATES OF REPORTS BY GRANTEE

2/9/16

GRANTEE'S NAME

GLOBAL HOPE MOBILIZATION

GRANTEE'S ADDRESS

P/BAG 144 LILONGWE
MALAWI, MALAWI, 00265

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
211,404.	01/15/15	102,228.

PURPOSE OF GRANT

GRANT FUNDS SUPPORT INFRASTRUCTURE IMPROVEMENTS AT A COMMUNITY SCHOOL, COMMUNITY HEALTH TALKS, AND WOMEN'S SELF-HELP GROUPS TO PROVIDE LIVELIHOOD OPPORTUNITIES AND BUSINESS SKILLS.

DATES OF REPORTS BY GRANTEE

11/18/16

GRANTEE'S NAME

LOCAL INITIATIVES IN DEVELOPMENT LID

GRANTEE'S ADDRESS

CORNER MERSEY/OXFORD ROAD, HIS, PRIVATE BOX 2799
GWERU, ZIMBABWE, 263

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
344,891.	05/04/15	120,594.

PURPOSE OF GRANT

PROVIDE ORGANIC FARMING TRAINING, CERTIFICATION AND INPUTS TO SMALLHOLDER FARMERS IN CHITORA, ZIMBABWE. CONSTRUCT WATER HARVESTING DAMS; DRILL SOLAR POWERED BOREHOLES; AND PRODUCE STORAGE FACILITY. SUPPORT TWO PRIMARY SCHOOLS IN THE CHITORA COMMUNITY, SHURUGWI DISTRICT, THROUGH IMPROVING EDUCATIONAL SUPPORT SERVICES, INFRASTRUCTURE, ACCESS TO CLEAN WATER, SANITATION SERVICES AND NUTRITION.

DATES OF REPORTS BY GRANTEE

1/31/17

GRANTEE'S NAME

NAGENAHIRU FOUNDATION

GRANTEE'S ADDRESS

4/11, PATABENDIMULLA AMBALANGODA
GALLE DISTRICT, SRI LANKA, 80300

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
85,000.	05/01/15	40,791.

PURPOSE OF GRANT

NAGENAHIRU PROVIDES AGRICULTURAL DEVELOPMENT TO SMALLHOLDER CINNAMON FARMERS IN SOUTHERN SRI LANKA. THE GRANT ALSO FUNDS SANITATION AND HYGIENE INFRASTRUCTURE IMPROVEMENT AND HOUSEHOLD GARDEN DEVELOPMENT.

DATES OF REPORTS BY GRANTEE

2/23/17

GRANTEE'S NAME

NOOMAYIANAT COMMUNITY DEVELOPMENT ORG

GRANTEE'S ADDRESS

PO BOX 155 LOITOKTOK
KAJIADO, KENYA, 00209

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
105,000.	10/01/16	53,566.

PURPOSE OF GRANT

THIS PROGRAM SUPPORTS PASTORALISTS AND THEIR FAMILIES THROUGH IMPROVED LIVELIHOOD OPTIONS BY DIVERSIFYING ECONOMIC ACTIVITIES, IMPROVING CROP HUSBANDRY AND ACCESS TO MARKET SYSTEMS. WOMEN ARE ALSO SUPPORTED THROUGH A VILLAGE SAVINGS AND LOAN VSLA PROGRAM.

DATES OF REPORTS BY GRANTEE

2/28/17

GRANTEE'S NAME

NTENGWE FOR COMMUNITY DEVELOPMENT

GRANTEE'S ADDRESS

169 COURTNEY SELOUS CRESCENT
VICTORIA FALLS, MATABELELAND NORTH, ZIMBABWE

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
54,000.	10/01/15	39,424.

PURPOSE OF GRANT

CONSTRUCT A SAND ABSTRACTION WATER SOURCE AND A FORM WATER MANAGEMENT COMMITTEE. THE PROGRAM ALSO INCLUDES HEALTH AND HYGIENE EDUCATION TO PREVENT CONTAMINATION OF THE NEW WATER SOURCE AND IMPROVE HEALTH OUTCOMES FOR THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

10/30/16

GRANTEE'S NAME

SECARD NEPAL

GRANTEE'S ADDRESS

GPO BOX NO: 2465 SUNDHARA KATHMANDU
BAGMATI, NEPAL, 44600

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
282,849.	10/01/13	46,557.

PURPOSE OF GRANT

THIS PROGRAM SEEKS TO IMPROVE LIVELIHOODS AND NUTRITION FOR RURAL HOUSEHOLDS IN NEPAL THROUGH ORGANIC AGRICULTURE TECHNIQUE INSTRUCTION, COMMERCIAL FRUIT PRODUCTION, AND PRODUCTION OF HIGH VALUE COMMODITIES. THE PROGRAM ALSO INCLUDES THE CONSTRUCTION OF AN IRRIGATION SYSTEM AND TRAINING IN HOME GARDENING FOR FARMERS.

DATES OF REPORTS BY GRANTEE

12/19/16

GRANTEE'S NAME

SIKANDA - SOLIDARIDAD INTERNACIONAL KANDA

GRANTEE'S ADDRESS

PRIVADA BARRIO NUEVO 117, LOMAS DE LA CASCADA 117, OAXACA DE JUAREZ
OAXACA, MEXICO

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
41,592.	04/15/15	8,695.

PURPOSE OF GRANT

THE PROGRAM WORKS TO IMPROVE THE NUTRITION AND HEALTH FOR FAMILIES LIVING IN A PERI-URBAN SETTING AROUND THE MUNICIPAL LANDFILL IN OAXACA, MEXICO. SIKANDA PROVIDES EDUCATION IN COMPOSTING, ORGANIC GARDENING, NUTRITION AND WASTE MANAGEMENT.

DATES OF REPORTS BY GRANTEE

10/10/16

GRANTEE'S NAME

SURFAID

GRANTEE'S ADDRESS

530 SECOND STREET ENCINITAS
ENCINITAS, CA 92024

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
29,974.	04/01/14	19,979.

PURPOSE OF GRANT

GRANT FUNDS SUPPORT MATERNAL AND CHILD HEALTH PROGRAMMING TO INCREASE ACCESS TO PRENATAL AND ANTENATAL CARE. THE PROGRAM ALSO PROVIDES NUTRITIONAL SUPPORT FOR COMMUNITIES.

DATES OF REPORTS BY GRANTEE

8/5/16

GRANTEE'S NAME

VN HELP

GRANTEE'S ADDRESS

500 E CALAVERAS BLVD SUITE 235 MILPITAS
MILPITAS, CA 95035

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
100,000.	12/01/14	50,000.

PURPOSE OF GRANT

THE PROGRAM SUPPORTS COMMUNITIES IN ACCESSING CLEAN WATER AND GOOD HYGIENE.

DATES OF REPORTS BY GRANTEE

4/18/16

GRANTEE'S NAME

ISSOUF BAYARD (CONTRACTOR)

GRANTEE'S ADDRESS

BP 2131
NIAMEY, NIGER

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
16,000.	01/01/16	16,000.

PURPOSE OF GRANT

EVALUATE THE WORK OF AMMAN IMMAN, A US 501C3 NON PROFIT ORGANIZATION WORKING TO IMPROVE ACCESS TO POTABLE WATER AND HEALTH CARE FOR COMMUNITIES IN NIGER.

DATES OF REPORTS BY GRANTEE

6/30/16

GRANTEE'S NAME

KAREN RASMUSSEN

GRANTEE'S ADDRESS

3A PRIV. DE LA NORIA NO. 204
OAXACA, MEXICO, 68000

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
31,607.	01/01/16	31,607.

PURPOSE OF GRANT

THE PROJECT PROVIDES SUPPORT TO COFFEE GROWERS IN THE INDEIGNEOUS AND MARGINALIZED REGION OF MIXTECA ALTA IN OAXACA STATE, MEXICO. THE PROGRAMMING PROVIDES EXPERTISE AND TRAINING IN THE GROWING AND HARVESTING OF SPECIALITY COFFEE. THE PROGRAM ALSO PROVIDED INSTRUCTION AND SUPPORT TO THREE SCHOOLS TO ESTABLISH COFFEE PLANTS AND SMALL GARDENS TO SUPPORT SCHOOL EXPENSES. FUNDING IN 2016 ALSO HELPED PURCHASE PROFESSIONAL COFFEE PROCESSING EQUIPMENT FOR THE YUKU KAFE TEAM.

DATES OF REPORTS BY GRANTEE

12/21/16

GRANTEE'S NAME

TYSON ADAMS

GRANTEE'S ADDRESS

5621 SW BRADFORD ST.
SEATTLE, WA 98116

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
9,253.	01/01/16	9,253.

PURPOSE OF GRANT

MANAGER OF PROGRAMMING IN LAOS TO IMPROVE COFFEE PRODUCTION AND MARKET ACCESS. ADDITIONAL PROGRAMMING AROUND HEALTH, HYGIENE AND WATER ACCESS IN SCHOOLS.

DATES OF REPORTS BY GRANTEE

11/17/16

GRANTEE'S NAME

PUMP AID

GRANTEE'S ADDRESS

90-92 GREAT PORTLAND ST LONDON
LONDON, UNITED KINGDOM

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
209,000.	10/01/16	47,332.

PURPOSE OF GRANT

THIS PROGRAM PROVIDES ACCESS TO CLEAN WATER AND IMPROVED SANITION THROUGH CONSTRUCTION OF NEW WATER POINTS AND THE IMPLEMENTATION OF COMMUNITY-LED TOTAL SANITATION INITIATIVES TO ENCOURAGE HOUSEHOLDS TO END OPEN DEFECATION AND CONSTRUCT HOUSEHOLD LATRINES.

DATES OF REPORTS BY GRANTEE

3/10/17

GRANTEE'S NAME

PUMP AID

GRANTEE'S ADDRESS

90-92 GREAT PORTLAND ST LONDON
LONDON, UNITED KINGDOM

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
100,000.	10/01/14	30,081.

PURPOSE OF GRANT

THIS PROGRAM PROVIDES ACCESS TO CLEAN WATER AND IMPROVED SANITION THROUGH CONSTRUCTION OF NEW WATER POINTS AND THE IMPLEMENTATION OF COMMUNITY-LED TOTAL SANITATION INITIATIVES TO ENCOURAGE HOUSEHOLDS TO END OPEN DEFECATION AND CONSTRUCT HOUSEHOLD LATRINES.

DATES OF REPORTS BY GRANTEE

3/10/17

GRANTEE'S NAME

NTENGWE FOR COMMUNITY DEVELOPMENT

GRANTEE'S ADDRESS

169 COURTNEY SELOUS CRESCENT
VICTORIA FALLS, MATABELELAND NORTH, ZIMBABWE

<u>GRANT AMOUNT</u>	<u>DATE OF GRANT</u>	<u>AMOUNT EXPENDED</u>
64,920.	10/01/16	0.

PURPOSE OF GRANT

CONSTRUCT A SAND ABSTRACTION WATER SOURCE AND A FORM WATER MANAGEMENT COMMITTEE. THE PROGRAM ALSO INCLUDES HEALTH AND HYGIENE EDUCATION TO PREVENT CONTAMINATION OF THE NEW WATER SOURCE AND IMPROVE HEALTH OUTCOMES FOR THE COMMUNITY.

DATES OF REPORTS BY GRANTEE

10/30/16

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

VIBRANT VILLAGE ECUADOR WORKS WITHIN MULTIPLE COMMUNITIES IN THE NORTHERN HIGHLANDS. OUR OBJECTIVE IS TO ENHANCE AGRICULTURAL PRODUCTIVITY AND INCREASE FAMILIES' INTAKE OF NUTRITIOUS FOODS. BIO-INTENSIVE GARDENING IS EXTENDED ACROSS THE COMMUNITIES BY KNOWLEDGEABLE STAFF. FAMILIES RECEIVE TRAINING IN PLANTING, HARVESTING AND SEED PRESERVATION FOR THEIR BACKYARD/KITCHEN GARDENS. THIS PROGRAM ALSO INCLUDES A LARGE SENIOR CENTER, ARTS EDUCATION FOR AT-RISK YOUTH, AND IRRIGATION PROJECTS TO SUPPORT THE LARGER COMMUNITY.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

224,784.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY TWO

VIBRANT VILLAGE KENYA WORKS IN THE LAKE VICTORIA REGION OF WESTERN KENYA. THIS PROGRAM FOCUSES ON FARM INPUT CREDIT, ADVANCED TEACHER TRAINING, TUTORING PROGRAMS FOR PRIMARY SCHOOL STUDENTS, A FARM COOPERATIVE, ADULT EDUCATION. THE FARM INPUT PROGRAM REACHED ALMOST 1500 PEOPLE, INCREASING THEIR YIELDS AND PROFITS. THE TEACHER TRAINING REACHED 26 TEACHERS IMPACTING OVER 300 PUPILS. THE TUTORING PROGRAM TARGETED 550 UNDER-PERFORMING PRIMARY SCHOOL STUDENTS, AND WAS CONDUCTED BY 89 HIGH SCHOOL STUDENTS WHO GAINED LEADERSHIP SKILLS. THE AGRICULTURAL COOPERATIVE HAS 70 MEMBERS AND IS ON ITS WAY TO BECOMING SELF-SUSTAINING. THE ADULT EDUCATION COMPONENT FOCUSES ON LITERACY AND NUMERACY, IN ADDITION TO BASIC COMPUTER CLASSES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

200,785.

ACTIVITY THREE

VIBRANT VILLAGE GHANA WORKS IN THE UPPER WEST REGION OF GHANA TO ADDRESS KEY ISSUES OF WATER ACCESS, SANITATION AND HYGIENE, AND ACCESS TO GARDENS. WE WORK TO CONSTRUCT AND REPAIR BOREHOLES, PROVIDING 12,833 (CUMULATIVE) PEOPLE WITH ACCESS TO CLEAN WATER. WE TRAINED COMMUNITIES AND HOUSEHOLDS IN HAND WASHING AND SANITATION PRACTICES. THIS EDUCATION WAS ALSO EXTENDED TO 24 SCHOOLS. WE EXPANDED OUR DRY-SEASON GARDENS TO INCLUDE 4 COMMUNITY GARDENS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

170,997.

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
LINN ENERGY	211110	42,021.	14	4,977.	
SILVERVIEW CLO II LP	211110	4,205.			
AJO EMERGING MARKETS	211110		14	7,972.	
ANGELES EQUITY PARTNERS	211110	20,328.			
OAKTREE ENHANCED INCOME FUND III	211110	22,993.			
TOTAL TO FORM 990-PF, PG 12, LN 11		89,547.		12,949.	

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	12/27/11	200DB	5.00	MC	17	2,191.			2,191.				0.	
2	FURNITURE & EQUIPMENT	07/01/12	200DB	7.00	HY	17	31,675.			15,838.	15,837.	10,890.		1,413.	12,303.
3	ARTWORK AND SIGNS	07/01/12	200DB	7.00	HY	17	1,278.			639.	639.	440.		57.	497.
11	COPIER	07/11/12	SL	5.00		16	2,820.				2,820.	1,128.		564.	1,692.
12	APPLE DESKTOP COMPUTER	09/06/13	SL	5.00		16	1,468.				1,468.	588.		294.	882.
13	DELL LAPTOP COMPUTER	10/06/14	SL	5.00		16	999.				999.	250.		200.	450.
14	APPLE LAPTOP COMPUTER	03/19/14	SL	5.00		16	1,399.				1,399.	490.		280.	770.
15	GHANA MOTOR VEHICLES	07/01/14	SL	5.00		16	3,053.				3,053.	916.		611.	1,527.
16	GHANA COMPUTERS	07/01/14	SL	5.00		16	1,319.				1,319.	396.		264.	660.
17	KENYA COMPUTERS (10)	11/24/14	SL	5.00		16	3,199.				3,199.	693.		640.	1,333.
18	KENYA VEHICLE	03/21/14	SL	5.00		16	10,250.				10,250.	3,588.		2,050.	5,638.
19	GHANA OFFICE BUILDING IN PROCESS		L				8,065.				8,065.			0.	
27	CONFERENCE ROOM SCREEN	03/13/15	SL	7.00		16	958.				958.	114.		137.	251.
28	BASE DOCKING STATION FOR CONFERENCE ROOM	03/13/15	SL	7.00		16	2,695.				2,695.	321.		385.	706.
29	CONFERENCE ROOM PHONE SYSTEM	03/13/15	SL	7.00		16	790.				790.	94.		113.	207.
30	GHANA OFFICE BUILDING IN PROCESS		L				1,647.				1,647.			0.	
31	GHANA COMPUTERS	07/01/15	SL	5.00		16	942.				942.	94.		188.	282.
33	GHANA VEHICLE	07/01/16	SL	5.00		16	23,967.				23,967.			2,397.	2,397.

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990-PF PG 1 TOTAL OTHER						98,715.			18,668.	80,047.	20,002.		9,593.	29,595.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						65,036.			18,668.	46,368.	20,002.			27,198.
	ACQUISITIONS						33,679.			0.	33,679.	0.			2,397.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						98,715.			18,668.	80,047.	20,002.			29,595.
	ENDING ACCUM DEPR											48,263.			
	ENDING BOOK VALUE											50,452.			

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

2016

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2016 or other tax year beginning _____, and ending _____

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

THE VIBRANT VILLAGE FOUNDATION

27-0745672

Number, street, and room or suite no. If a P.O. box, see instructions.

1737 NE ALBERTA STREET, NO. 207

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

PORTLAND, OR 97211

211110

C Book value of all assets at end of year 71,572,238.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. SEE STATEMENT 20

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of KENNETH E. DE LASKI Telephone number 503-206-4859

Part I Unrelated Trade or Business Income

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), and Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net, and a description column. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	0.
45a	Payments: A 2015 overpayment credited to 2016	45a	
b	2016 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here SEE STATEMENT 24	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ **PRESIDENT** Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **SANG AHN** Preparer's signature: _____ Date: **11/15/17** Check if self-employed PTIN: **P00540880**
 Firm's name: **MCDONALD JACOBS, P.C.** Firm's EIN: **93-0900579**
 Firm's address: **520 SW YAMHILL ST., STE 500 PORTLAND, OR 97204** Phone no.: **(503) 227-0581**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

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

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 20

HOLDS INTEREST IN PUBLICLY TRADED PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 21

DESCRIPTION	AMOUNT
LINN ENERGY	42,021.
TENNENBAUM	4,205.
ANGELES EQUITY PARTNERS L.P	20,328.
OAKTREE ENHANCED INCOME FUND III	22,983.
SILVERVIEW CLO II LP	9,828.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	99,365.

FORM 990-T OTHER DEDUCTIONS STATEMENT 22

DESCRIPTION	AMOUNT
AMORTIZATION	27,863.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	27,863.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 23

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	285,491.	122,026.	163,465.	163,465.
12/31/14	196,157.	0.	196,157.	196,157.
NOL CARRYOVER AVAILABLE THIS YEAR			359,622.	359,622.

FORM 990-T

NAME OF FOREIGN COUNTRY IN WHICH
ORGANIZATION HAS FINANCIAL INTEREST

STATEMENT 24

NAME OF COUNTRY

GHANA
ECUADOR
KENYA

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-T PAGE 1

990-T

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
5	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/08		60M		HY43	53,051.				53,051.	53,051.		0.	53,051.
6	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/09		60M		HY43	27,346.				27,346.	27,346.		0.	27,346.
7	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/10		60M		HY43	14,914.				14,914.	14,914.		0.	14,914.
8	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/11		60M		HY43	22,013.				22,013.	19,813.		1,468.	21,281.
9	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/12		60M		HY43	46,964.				46,964.	32,875.		3,131.	36,006.
10	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/13		60M		HY43	116,089.				116,089.	58,045.		7,739.	65,784.
20	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/14		60M		HY43	133,308.				133,308.	39,993.		8,887.	48,880.
26	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	07/01/15		60M		HY43	71,215.				71,215.	7,122.		4,748.	11,870.
32	(D) INTANGIBLE DRILLING COSTS LINN ENERGY	01/01/16		60M		HY42	37,798.				37,798.			1,890.	1,890.
	* TOTAL 990-T PG 1 DEPR & AMORT						522,698.				522,698.	253,159.		27,863.	281,022.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						484,900.		0.	0.	484,900.	253,159.			279,132.
	ACQUISITIONS						37,798.		0.	0.	37,798.	0.			1,890.
	DISPOSITIONS						522,698.		0.	0.	522,698.	253,159.			281,022.
	ENDING BALANCE						0.		0.	0.	0.	0.			0.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property) 990-T

OMB No. 1545-0172

2016
Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return THE VIBRANT VILLAGE FOUNDATION	Business or activity to which this form relates FORM 990-T PAGE 1	Identifying number 27-0745672
------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No										
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
INTANGIBLE DRILLING COSTS					
LINN ENERGY	010116	37,798.		60M	1,890.
43 Amortization of costs that began before your 2016 tax year				43	25,973.
44 Total. Add amounts in column (f). See the instructions for where to report				44	27,863.

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions) (continued)

7a Name of financial institution in which account is maintained NATIONAL INVESTMENT BANK	b Global Intermediary Identification Number (GIIN) (Optional)
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. PO BOX 365	
9 City or town, state or province, and country (including postal code) WA GHANA	

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset	2 Identifying number or other designation
3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.	
a Date asset acquired during tax year, if applicable _____	
b Date asset disposed of during tax year, if applicable _____	
c <input type="checkbox"/> Check if asset jointly owned with spouse	
d <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	

4 Maximum value of asset during tax year (check box that applies)

a \$0 - \$50,000 **b** \$50,001 - \$100,000 **c** \$100,001 - \$150,000 **d** \$150,001 - \$200,000

e If more than \$200,000, list value _____ \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
-----------------------------------------------------------	---------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity _____ **b** GIIN (Optional) _____

c Type of foreign entity **(1)** Partnership **(2)** Corporation **(3)** Trust **(4)** Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty _____

Check if information is for Issuer Counterparty

b Type of issuer or counterparty

(1) Individual **(2)** Partnership **(3)** Corporation **(4)** Trust **(5)** Estate

c Check if issuer or counterparty is a U.S. person Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account Deposit Custodial 2 Account number or other designation
11600013122-5

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 5,272.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: U.S., DOLLAR
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: CODESARROLLO
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
CALLE LADRON DE GUEVARA Y BARCELONA ESQ.

9 City or town, province or state, and country (including postal code)
QUITO
ECUADOR

1 Type of account Deposit Custodial 2 Account number or other designation
1160300109-8

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 17,525.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: U.S., DOLLAR
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: CODESARROLLO
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
CALLE LADRON DE GUEVARA Y BARCELONA ESQ.

9 City or town, province or state, and country (including postal code)
QUITO
ECUADOR

1 Type of account Deposit Custodial 2 Account number or other designation
60000787182-0

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 59,854.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: GHANA, CEDI
(2) Foreign currency exchange rate used to convert to U.S. dollars: 4.220000000
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service
US TREASURY FMS

7a Name of financial institution in which account is maintained: SOCIETE GENERALE
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
PO BOX 13119

9 City or town, province or state, and country (including postal code)
WA
GHANA

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account Deposit Custodial 2 Account number or other designation
00701075621210

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 60,835.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: **KENYA, SHILLING**
(2) Foreign currency exchange rate used to convert to U.S. dollars: **102.45000000**
(3) Source of exchange rate used if not from U.S.: **US TREASURY FMS**
Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: **I & M BANK**
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
PO BOX 424-40100

9 City or town, province or state, and country (including postal code)
**NAIROBI
KENYA**

1 Type of account Deposit Custodial 2 Account number or other designation
726685849

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 758.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: **KENYA, SHILLING**
(2) Foreign currency exchange rate used to convert to U.S. dollars: **102.45000000**
(3) Source of exchange rate used if not from U.S.: **US TREASURY FMS**
Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: **SAFARICOM**
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
PO BOX 66827-00800

9 City or town, province or state, and country (including postal code)
**NAIROBI
KENYA**

1 Type of account Deposit Custodial 2 Account number or other designation
2100113282

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 54,887.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: **U.S., DOLLAR**
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: **Treasury Department's Bureau of the Fiscal Service**

7a Name of financial institution in which account is maintained: **BANCO PICHINCHA**
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
CALLE FLORES Y AYACUCHO

9 City or town, province or state, and country (including postal code)
**PIMAMPIRO
ECUADOR**

Part V Foreign Deposit and Custodial Accounts (see instructions)

1 Type of account Deposit Custodial 2 Account number or other designation
00701075621211

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ 52,649.

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained: U.S., DOLLAR
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained: I & M BANK
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
PO BOX 424-40100

9 City or town, province or state, and country (including postal code)
NAIROBI
KENYA

1 Type of account Deposit Custodial 2 Account number or other designation

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

1 Type of account Deposit Custodial 2 Account number or other designation

3 Check all that apply a Account opened during tax year b Account closed during tax year
c Account jointly owned with spouse d No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(1) Foreign currency in which account is maintained
(2) Foreign currency exchange rate used to convert to U.S. dollars
(3) Source of exchange rate used if not from U.S.: Treasury Department's Bureau of the Fiscal Service

7a Name of financial institution in which account is maintained
b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, province or state, and country (including postal code)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE VIBRANT VILLAGE FOUNDATION	Employer identification number (EIN) or 27-0745672
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1737 NE ALBERTA STREET, NO. 207	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97211	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KENNETH E. DE LASKI

• The books are in the care of ▶ **1737 NE ALBERTA STREET, SUITE 207 - PORTLAND, OR 97211**
Telephone No. ▶ **503-206-4859** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	76,279.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE VIBRANT VILLAGE FOUNDATION	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">27-0745672</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. 1737 NE ALBERTA STREET, NO. 207	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97211	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KENNETH E. DE LASKI

• The books are in the care of ▶ **1737 NE ALBERTA STREET, SUITE 207 - PORTLAND, OR 97211**
 Telephone No. ▶ **503-206-4859** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.