Form

CT-12

For Oregon Charities

Charitable Activities Section Oregon Department of Justice

100 SW Market Street Portland, OR 97201-5702 Email: charitable.activities@doj.state.or.us FAX

Website: http://www.doj.state.or.us

VOICE (971) 673-1880 TTY (800) 735-2900

(971) 673-1882

For Accounting Periods Beginning in:

Sec	tion I. General Informat	ion		,					
1.					ms and Correct I ne or accounting peri				
	Registration #: 11198		Registration #:						
	KBOO Foundation, The		Organization N	lame:					
	20 SE 8 th Avenue		Address:						
	Portland, OR 97214		City, State, Zip	:					
	Phone: (503) 231-8032 Fax:		Phone: Email:		Fax:	Amended Report?			
	Period Beginning: 10/010/15 Period E.	nding: 09/30/16	Period Beginni	ing: / /	Period Ending:	/ /			
2.	Did a certified public accountant audit yo accompanying notes, schedules, or othe	ur financial records? - l r documents suppleme	f yes, attach a copy of t nting the report or finan	he auditor's report, f cial statements.	inancial statements,	Yes No			
3.	Is the organization a party to a contract in Oregon? If yes, write the name of the fund-raising			g machine or telepho	one fund-raising in	Yes No			
4.	Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions.								
5.	During this reporting period, did the orga organization receive a determination letter copy of the amended document or letter.	er from the Internal Rev	cles of incorporation, byl venue Service relating to	laws, or trust docum- o its tax-exempt state	ents, OR did the us? If yes, attach a	Yes No			
6.	Is the organization ceasing operations a	nd is this the final repor	t? (If yes, see instruction	ons on how to close	your registration.)	Yes No			
7.	Provide contact information for the person	on responsible for retain	ning the organization's r	ecords.					
	Name	Position	Phone	Mailing	g Address & Email Ad	ddress			
	Michael Wells	Treasurer	(503) 231-8032		Same as above				
8.	List of Officers, Directors, Trustees and not receive compensation. Attach addit the phrase "See IRS Form" may be enter	onal sheets if necessar	y. If an attached IRS for	orm includes substar	ntially the same comp	ensation information,			
	(A) Name, m	ailing address, daytime and email address	phone number		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)			
	Name: See Form 990 Part VII S	Section A							
	Phone:					п			
9	Email: Name:								
	Address:								
	Phone: ()				5),				
	Email:								
	Name:								
	Address:								
	Phone: ()								
	Email:								

Confirmation of Extension Request

Please print and retain a copy of the "Confirmation of Extension Request" for your records. A printout of the confirmation serves as proof that your request was submitted on time in the event questions arise about the date your extension request was filed. You will not receive a subsequent email confirming receipt of your extension request.

Organization: KBOO Foundation, The

Registration Number: 11198

New Due Date Requested: Tuesday, August 15, 2017

Requestor Name: Kris Oliveira

Requestor Email: wendy@kern-thompson.com

Relationship to Organization: CPA

Day Time Phone: 503-222-3338

Timestamp: Wednesday, February 8, 2017 5:32 PM

Return to Request For Extension form

Oregon Department of Justice
Charitable Activities Section
100 SW Market Street
Portland, OR 97201-5702
charitable.activities@doi.state.or.us
971.673.1880
Privacy Policy

Sec	ction II.	Fee Calculation								
9.	(From Line 1	renue	Form 990 DE: Line 9 on Form 1044.	9. 776,669						
10.	(See chart b	Fee			10.	170				
11.	(From Line 2	is or Fund Balances at End of the Reporting Period 2 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 30-PF; or see the CT-12 instructions to calculate.)	11. 674,429							
12.	(Generally, fi II, Line 14b c	Assets Used to Conduct Charitable Activities	12. 255,231			·				
13.	Amount S (Line 11 min	subject to Net Assets or Fund Balances Feeus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)		13. 419,198						
14.	Net Asset (Line 13 muli	s or Fund Balances Fee	Round cents to the nearest whole to	dollar.)	14.	42				
15.	(If yes, the la	ling this report late? Yes No	ne report is. See Instruction 15 for add	ditional information or contact the	15.					
16.	Total Amo	ount Due 0, 14, and 15. Make check payable to the Oregon Department of Justice.)		16.	212				
17.	Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that 17. Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing									
Plea Sign Here	n	Under penalties of perjury, I declare that I have examite to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief, it is true, corresponding to the best of my knowledge and belief.	ined this return, including all ect, and complete.	accompanying forms, schedu	les, and	attachments, and				
Paid Prepa Use (arer's	Preparer's signature	6-19-17 Date	(503) 22: Phone	2-3338					
		Kris Oliveira, CPA Kern & Thompson, LLC Preparer's name (printed)	1800 S.W. First A	venue, Suite 410, Portland,	OR 972	201-5333				

Form **990**

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Open to Public

Department of the Treasury

_	nai Revenue		intormation about 1 orni 330 and its man detions is at www.ns.go				mspection	
Α	For the		r year, or tax year beginning 10/01 , 2015, and endir	ig 9/			2016	
В	Check if ap	plicable:			D Employ	er identific	cation number	
	Addre	ss change	HE KBOO FOUNDATION		23-	72329	87	
	Name	change 2	O S.E. 8TH		E Telepho			
	Initial	return P	ORTLAND, OR 97214		(50)	3) 23	1-8032	
	H-1	turn/term nated			1(50.	, 23	_ 0002	
	\vdash	ded return			G Gross re	ceinte S	776	669.
	\vdash	_	Name and address of principal officer: CTT CADDON	H(a) Is this	a group return			X No
	□] ~ppilc	,	GIL CARDON		subordinates		Hies	No No
	Tayler		AME AS C ABOVE	If 'No,'	attach a list.	(see instru	uctions)	□ №
1			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	-				
<u>J</u>	Websi		O.FM		exemption nu			
K			X Corporation Trust Association Other L Year of format	tion: 197	2 M/s	tate of leg	al domicile: OR	
Pa	rt I	Summary						
	1 Br	etly describe	the organization's mission or most significant activities: KBOO_SHA	LL_BE_	A MODE	L_OF_	PROGRAMM:	ING, _
ė			EEDS THAT OTHER MEDIA DO NOT, PROVIDING PROGR					
anc	<u>U</u>	NDERSERV!	ED GROUPS. KBOO SHALL PROVIDE ACCESS AND TRA	<u> INING </u>	ro_thos	E COM	MUNITIES	<u> </u>
ern						e		
Governance		eck this box				- 1	ets.	
<u>ග</u> නේ			ng members of the governing body (Part VI, line 1a)			3		11
Activities &			ependent voting members of the governing body (Part VI, line 1b)			4		11
Vİİ			f individuals employed in calendar year 2015 (Part V, line 2a) f volunteers (estimate if necessary)			5		14
cţ			business revenue from Part VIII, column (C), line 12			6 7a		500
A			business teveride from Fart VIII, colditil (6), line 12			7a 7b		<u>0.</u>
	27140	r annolated L	admission taxable morne from 1 only 330-1, line 34		Prior Year	7.0	Current Ye	
	8 Cc	ntributions a	nd grants (Part VIII, line 1h)			27		
ne			e revenue (Part VIII, line 2g).		875,7	31.	128,	141.
Revenue			ome (Part VIII, column (A), lines 3, 4, and 7d)		3,0	97	A	115.
Re			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,7			
_	1		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)					413.
			illar amounts paid (Part IX, column (A), lines 1-3)		899,5	30.	110,	669.
	1							
	l .		or for members (Part IX, column (A), line 4)		4.0 -	-		pa
Ø	1		compensation, employee benefits (Part IX, column (A), lines 5-10)	-	446,0	37.	536,	531.
nse	16a Pr	ofessional fu	ndraising fees (Part IX, column (A), line 11e).					
Expenses	b To	tal fundraisir	ng expenses (Part IX, column (D), line 25) ► 181, 987.					
ш	17 Ot	her expenses	s (Part IX, column (A), lines 11a-11d, 11f-24e)		356,3	45	374	,018.
	1		. Add lines 13-17 (must equal Part IX, column (A), line 25)		802,3			549.
	1	-	expenses. Subtract line 18 from line 12		97,1			880.
0 0		230 .000 0			ng of Curren		End of Ye	
Net Assets or Fund Balance	20 To	ital assets (P	art X, line 16)		854,7			, 446.
Ask	21 To		(Part X, line 26)		58,8	$\overline{}$,017.
Net	22 Ne		und balances. Subtract line 21 from line 20					
	22 146				795,9	TR.	6/4,	,429.
		Signature	No. 10 to 10				- 200	
Und	er penalties plete. Decla	of perjury, I declaration of prepare	are that I have examined this return, including accompanying schedules and statements, and to control in the said of all information of which preparer has any knowledge.	the best of r	ny knowledge	and belief	, it is true, correct	, and
-								
C!		Signature	of Office	D	ate			
Sig			CARROW				~ ~~	
He	re		CARDON (int name and title.	CO S	TATION	MANA	GER	
-		71			1 1-	y I =	Tial	
		Print/Type pre	parer's name Preparer's signature Date	17	Check		TIN	
Pa		KRIS OI	IVEIRA, CPA frolloni 6.19.	17	self-employ	ed P	00959389	
	eparer	Firm's name	► KERN & THOMPSON, LLC					
Us	e Only	Firm's address	1800 SW FIRST AVENUE, SUITE 410		Firm's EIN ► 93-1157146			
			PORTLAND, OR 97201		Phone no.) 222-333	38
Ма	y the IRS	discuss this	return with the preparer shown above? (see instructions)				X Yes	No

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see instructions. Type or print THE KBOO FOUNDATION Number, street, and room or suite number. If a P.O. box, see instructions. KERN & THOMPSON, LLC 1800 SW FIRST AVENUE, SUITE 410 City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97201 Enter the Return code for the return that this application is for (file a separate application for each return). O1 Application Is For Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O3 Form 4720 (individual) Form 990-PF O4 Form 5227 Form 6069	Form 8868	3 (Rev 1-2014)		•		Page 2		
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	If you a	are filing for an Additional (Not Automatic) 3-Month	n Extension	, complete only Part II and check t	his box	► X		
Part II	Note. Only	complete Part II if you have already been granted	an automat	tic 3-month extension on a previous	sly filed Form 8868.			
Name of exempt organization or other files, see instructions.	• If you a	are filing for an Automatic 3-Month Extension, con	plete only I	Part I (on page 1).				
Name of exempt organization or other files, see instructions.	Part II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the origina	I (no copies needed)			
Name of exempt organization or other filer, see instructions.				Enter filer's id	dentifying number, see ins	tructions		
THE KBOO FOUNDATION Name steet and room or selfe number. If a P.O. box, see instructions. Social security number (SSN)		Name of exempt organization or other filer, see instructions.						
THE KBOO FOUNDATION Name steet and room or selfe number. If a P.O. box, see instructions. Social security number (SSN)								
Number, street, and room or suite number. If a P.O. box, see instructions. RERN & THOMPSON, LLC		THE KBOO EQUINDATION			23-7232987			
1800 SW FTRST AVENUE, SUTTE 410 Instructions. PORTLAND, OR 97201 Enter the Return code for the return that this application is for (file a separate application for each return). OI	print		tructions.					
1800 SW FTRST AVENUE, SUTTE 410 Instructions. PORTLAND, OR 97201 Enter the Return code for the return that this application is for (file a separate application for each return). OI	File by the							
Enter the Return code for the return that this application is for (file a separate application for each return)	due date for filing your		0					
Enter the Return code for the return that this application is for (file a separate application for each return). Day	return. See instructions.			ons.				
Application Is For Scale Return code for the return that this application is for (file a separate application for each return). D1 Application Is For Code Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1041-A Form 990-BL O3 Form 4720 (other than individual) O5 Form 990-PF O6 Form 990-T (section 401(a) or 408(a) trust) O5 Form 990-T (section 401(a) or 408(a) trust) O5 Form 990-T (frust other than above) O6 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of Part Part Part Part Part Part Part Part								
Application Is For Code Is For		[PORTLAND, OR 9/201						
Application Is For Code Is For	Estantia d	Determined for the value that this configution is f	or (file a ser	parata application for each return)		01		
SFor Scote SFor SFor Scote SFor	Enter the	Return code for the return that this application is in	or (the a set	sarate application for each returns.		<u>(0 T)</u>		
SFor Scote SFor SFor Scote SFor				La P P		Return		
Form 990 or Form 990-EZ Form 990-BL Form 990-BL O2 Form 4720 (other than individual) O3 Form 4720 (other than individual) Form 990-PF O4 Form 5227 Form 990-T (section 401(a) or 408(a) trust) O5 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. **The books are in the care of ** THE ORGANIZATION, Telephone No. ** (503) 231-8032 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 whole group, check this box ** If it is for part of the group, check this box * If this is for whole group, check this box * If it is for part of the group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for whole group, check this box * If this is for a Group Return, enter the vertex of the group, check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check this box * If this is for a Group Return, enter the vertex of the group check th		n				Code		
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Form 970-IC (individual) Form 990-PF Form 990-F				Form 1041 A		08		
Form 990-PF						09		
Form 990-T (section 401(a) or 408(a) trust) O5 Form 6069 Form 6069 The books are in the care of ► THE ORGANIZATION, Telephone No. ► (50.3) 231-8032 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 whole group, check this box ► If this 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. If the event of the group is the extension of time until 8/15 , 20 17. For calendar year or other tax year beginning 10/01 , 20 15, and ending 9/30 , 20 16. If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ACQUIRE THE INFORMATION REQUIRED FOR A COMPLETE AND ACCURATE RETURN. 8 a 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. 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 and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Under penalties of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, budgenerables of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, budgenerable that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.			-			10		
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ▶ THE ORGANIZATION, Telephone No. ▶ 1503) 231-8032 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for whole group, check this box • If this is for a data attach a list with the names and EINs of all members the extension is for. 4 I request an additional 3-month extension of time until 8/15 ,20 17. 5 For calendar year , or other tax year beginning 10/01 ,20 15, and ending 9/30 ,20 16. 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO ACQUIRE THE INFORMATION REQUIRED FOR A COMPLETE AND ACCURATE RETURN. 8a 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. • Blance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. • Signature and Verification must be completed for Part II only.			-					
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. • The books are in the care of ► THE ORGANIZATION, Telephone No. ► (503) 231-8032 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box						12		
The books are in the care of ► THE ORGANIZATION, Telephone No. ► (503) 231-8032 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)	Form 990-	-! (trust other than above)	Ub	Form 8870		12		
5 For calendar year , or other tax year beginning 10/01 , 20 15, and ending 9/30 , 20 16. 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 7 State in detail why you need the extension. ADDITIONAL TIME IS NEEDED TO ACQUIRE THE INFORMATION REQUIRED FOR A COMPLETE AND ACCURATE RETURN. 8 a 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. 8 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 and any amount paid previously with Form 8868. C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,	TelephIf theIf thiswhole gro	organization does not have an office or place of but is for a Group Return, enter the organization's four pup, check this box	Fax No. ► usiness in th r digit Group	e United States, check this box	If this			
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 and any amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Signature and Verification must be completed for Part II only. Under penalties of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,	5 For 6 If th	calendar year, or other tax year beginning tax year entered in line 5 is for less than 12 more Change in accounting period the extension ADD.	ng <u>10/01</u> nths, check r	, 20 <u>15</u> , and ending _ eason: Initial return 	Final return			
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Signature and Verification must be completed for Part II only. Under penalties of periury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,	tax	payments made. Include any prior year overpayme	ent allowed a	as a credit and any amount paid				
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true,	c Bala EFT	ance due. Subtract line 8b from line 8a. Include yo PS (Electronic Federal Tax Payment System). See	ur payment e instruction	with this form, if required, by using	8c \$			
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I are authorized to prepare this form.		Signature and Verific	cation mu	st be completed for Part II o	only.			
Signature Mas Community Title / CPA Date 5-1/-17 BAA Form 8868 (Rev 1)	Signature	ties of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form.	companying sch	nedules and statements, and to the best of my	knowledge and belief, it is true,	17 Rev 1-2014)		

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

-	re filing for an Automatic 3-Month Extension, com	-			× X	
-	re filing for an Additional (Not Automatic) 3-Mont					
	aplete Part II unless you have already been granted					
Associated	filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which multing of this form, visit www.irs.gov/efile and click of	ust be sent	to the IRS in paper format (see instruct)	e to file (6 months for ectronically file Form n Return for Transfers ions). For more deta	or a n 8868 to ails on the	
Part I	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed).			
A corporation	on required to file Form 990-T and requesting an a	automatic 6-	month extension — check this box and	complete Part I only	<i>y</i> ▶ □	
All other co	orporations (including 1120-C filers), partnerships,	RFMICs. ar	nd trusts must use Form 7004 to request	an extension of tin	ne to file	
income tax	returns.			fying number, see i		
	Name of exempt organization or other filer, see instructions.		Litter mer 3 identi	Employer identification r		
Type or print				22 7022007		
	THE KBOO FOUNDATION Number, street, and room or suite number. If a P.O. box, see in	structions.		23-7232987 Social security number (SSN)		
File by the due date for		isti detions.		, , , , , , , , , , , , , , , , , , , ,	,==.,	
filing your return. See	20 S.E. 8TH City, town or post office, state, and ZIP code. For a foreign additional content of the code.	ress, see instru	ctions.			
instructions.						
	PORTLAND, OR 97214					
Enter the R	Return code for the return that this application is fo	r (file a sep	arate application for each return)		01	
Application Return Code Is For			Retu Cod			
Form 990 or Form 990-EZ			Form 990-T (corporation)		07	
Form 990-BL 02 Form 1041-A			Form 1041-A		08	
Form 4720 (individual) 03 Form 4720 (other than individual)				09		
Form 990-PF 04 Form 5227					10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telepho If the or If this is check the extended the ext	ne No. (503) 231-8032 rganization does not have an office or place of bus so for a Group Return, enter the organization's four his box If it is for part of the group, coension is for. est an automatic 3-month (6 months for a corporation 5/15	Fax No siness in the digit Group theck this be required to fanization ref	e United States, check this box	this is for the whol	e group,	
3a If this nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions	1720, or 606	9, enter the tentative tax, less any	3 a \$	0.	
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or opening the sayments made. Include any prior year overpayments	6069, enter nt allowed a	any refundable credits and estimated s a credit	3 b \$	0.	
EFTP	nce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	instructions		3c \$	0.	
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 84	153-EO and Form 8	879-EO for	

Part IV | Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

	1990 (2015) THE KBOO FOUNDATION 23-723298	/		age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			· _
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 14	11.5		
-	of fat least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Λ
	s If 'Yes,' enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			v
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
-	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
7	not tax deductible?	6 b		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
•	services provided to the payor?	7 a	X	
-	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
,	as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
_	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in			
	which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent..... 11 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee?..... Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?...... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? ... SEE. SCHEDULE. O. X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.. SEE . SCHEDULE . O. Χ 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 82 X b Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O 12 c Χ 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE. Q........ Χ 15 a 15b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?..... **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X X Another's website Other (explain in Schedule O) Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION, 20 S.E. 8TH, PORTLAND, OR 97214 (503) 231-8032

Form 990 (2	.015) '	THE	KB00	FO	UND	AT]	[ON
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23-7232987

Page 7

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a (A) Name and Title (B) (F) Reportable Average Reportable Estimated compensation from related organizations (W-2/1099-MISC) compensation from hours director/trustee) amount of other per week (list any the organization (W-2/1099-MISC) compensation from the Officer ndividual ê employee Highest compensated nstitutional -ormer organization employee hours for and related related organiza-tions trustee I trustee below dotted line) (1) DELPHINE CRISCENZO 2 PRESIDENT/SEC. 0 Χ X 0 0 0. (2) JENNIFER DAVIS 2 VICE PRESIDENT 0 X X 0 0 0. MICHAEL WELLS 2 TREASURER 0 Χ Χ 0 0 0. (4) TIMOTHY WELP 2 FORMER PRES 0 Χ Χ 0 0. 0 (5) SEKOYNIA WRIGHT 2 DIRECTOR 0 Χ 0 0 0. (6) GIL CARDON 2 DIRECTOR 0 X 0. 0 0. KIPP KRUGER 1 DIRECTOR 0 X 0 0 0. (8) ROSE MEDLOCK 1 DIRECTOR 0 X 0 0 0. (9) MICHAEL O'ROURKE 1 DIRECTOR 0 X 0 0 0. (10)MELISSA PARSONS 1 DIRECTOR 0 X 0. 0 0. (11)PATRICK RAFFERTY 1 DIRECTOR 0 X 0 0 0. (12) JOHN SHUCK 1 DIRECTOR 0 X 0. 0 0. (13) MONICA BEEMER 40 CO-MANAGER 0 Χ 29,664 0 6,255. MIC CRENSHAW 40 CO-MANAGER 0 Χ 25,860. 0. 6,257.

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	plo	oye	es, a	anc	Highest Com	pensated Empl		contii	nued)
	(B)			(0	>)						-	
(A) Name and title	Average hours per week	box,	unles er an	d a c	erson direct	than of is both or/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from	amo	(F) stimated unt of oth pensation	ner
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f org an	rom the panization d related anization	n i
(15)												
(16)												
(17)												
(18)									=			
(19)												
(20)												
(21)												
(22)												
(23)												
(24)								,				
(25)	1											
1 b Sub-total							<u> </u>	55,524.	0.		12,5	<u> 12.</u>
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						•	55,524.	0.		12,5	0.
2 Total number of individuals (including but not limited from the organization ▶ 0										ensatio		114.
											Yes	No
3 Did the organization list any former officer, direct on line 1a? <i>If 'Yes,' complete Schedule J for suc</i>	ch individ	ual								. 3		X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual.	er than \$	150,0	00?	If '	atior Yes'	com com	otn plet	er compensation e Schedule J for	rrom	. 4		X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie compei s,' <i>comple</i>	nsatio	n fro	om <i>lule</i>	any <i>J f</i> o	unre or suc	late ch p	ed organization or person	individual	. 5		X
1 Complete this table for your five highest comper compensation from the organization. Report compensation from the organization.	nsated inconsation for	lepen the c	deni	t co dar	ntra	ctors	tha	at received more t	han \$100,000 of ganization's tax year			
(A) Name and business address (B) Description of services							Comp	(C) ensatio	 on			
											*	
2 Total number of independent contractors (including	hut not lin	nited t	o the	15A	liete	d aho	ve)	who received more	than			
\$100,000 of compensation from the organization		mou t	J (110						a roll i			(2015)

Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to	any line in this Part VII	<u> </u>	<u></u>	<u></u>
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1 a Federated campaigns 1a				
iran	b Membership dues	84.			
s, G	c Fundraising events				
Gift	d Related organizations 1 d				
ns,	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1f 151,10	07.			
ontr od C	g Noncash contributions included in lines 1a-1f: \$	700 141			
<u>8</u> 0	h Total. Add lines 1a-1fBusiness Code	/28,141.			
Program Service Revenue	2a				
Зеу	b				
Se	c				
en	d				
E	e				
ogra	f All other program service revenue				
g	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	4 115			/ 115
	4 Income from investment of tax-exempt bond proceed				4,115.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)	www.			
	d Net rental income or (loss)	. •			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)d Net gain or (loss)	. >			
Other Revenue	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
Re	See Part IV, line 18 a				
Jer	b Less: direct expenses b				
8	c Net income or (loss) from fundraising events	F			
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	▶		***************************************	
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				- Ame - Pan
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Cod				,
		100 100 100 100 100 100 100 100 100 100	10 252	La Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant Constant	- TA
	11a SALE OF CDS AND BOOKS 900099 b OTHER INCOME 900099	18,353. 13,724.	18,353. 13,724.		
	b OTHER INCOME 900099 C TRANSMITTER INCOME 515100	12,336.	12,336.		
	d All other revenue	14,330.	12,330.		
	e Total. Add lines 11a-11d	• 44,413.			
	12 Total revenue. See instructions		44,413.	C	4,115

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX... (C) (D) (B) Do not include amounts reported on lines Total expenses Management and Fundraising Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members..... Compensation of current officers, directors, trustees, and key employees..... 52,285. 1,549 10,421. 64,255. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0. 0 0 57,819. 8,653. Other salaries and wages..... 358,648. 292,176. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 9,229 8,287 213 729. Other employee benefits..... 58,384. 47,093. 1,397 9,894. 1,120 7,505. Payroll taxes..... 46,015. 37,390. 11 Fees for services (non-employees): a Management..... **b** Legal....... c Accounting...... d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . f Investment management fees..... g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 58,654. 32,414 15,496 10,744. 8,704. 150 9,469. 615 10,312 7,255 6,099. Office expenses..... 23,666. 5,786. Information technology..... 35,468. 26,731. 2,951 15 88,112. 637. 2,277. 16 Occupancy..... 91,026. 1,275 425. 2,884 1,184 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings. . . . 635 90 375. 1,100. Interest..... Payments to affiliates..... Depreciation, depletion, and amortization ... 28,530. 25,776. 1,921. 833. 11,279 3,693. 2,269. 23 Insurance..... 17,241. Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 29,702. 6,918 22,480. 304 a PRINTING AND PUBLICATIONS 694 16,909. b POSTAGE AND SHIPPING 17,603 239. 12,843 602 c DUES 13,684. 12,453. 13,135 682. d BANK FEES 6,026. 31,856. 12,787 13,043. e All other expenses..... 910,549. 659,758. 68,804. 181,987. 25 Total functional expenses. Add lines 1 through 24e . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

Part X Balance Sheet

2.1

		Check if Schedule O contains a response or note to any lin-	e in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		142,355.	1	51,258.
	2	Savings and temporary cash investments		215,038.	2	159,350.
	3	Pledges and grants receivable, net		80,200.	3	34,100.
	4	Accounts receivable, net		2,841.	4	25,138.
	5	Loans and other receivables from current and former officers, trustees, key employees, and highest compensated employee Part II of Schedule L	s. Complete		5	
S	6	Loans and other receivables from other disqualified persons (section 4958(f)(1)), persons described in section 4958(c)(3)(B), an employers and sponsoring organizations of section 501(c)(9) volumbeneficiary organizations (see instructions). Complete Part II	as defined under d contributing tary employees' of Schedule L		6	
	7	Notes and loans receivable, net		-	7	
Assets	8	Inventories for sale or use	<u></u>		8	
AS	9	Prepaid expenses and deferred charges	-	11,691.	9	12,185.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,488,105.			
		Less: accumulated depreciation	1,232,876.	202,659.	10 c	255,229.
	11	Investments — publicly traded securities		202/0031	11	200/225.
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments – program-related. See Part IV, line 11			13	12.27
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.	1	199,998.	15	204,186.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		854,782.	16	741,446.
	17	Accounts payable and accrued expenses		58,864.	17	67,017.
	18	Grants payable			18	
	19	Deferred revenue		19	1	
	20	Tax-exempt bond liabilities		20		
S	21	Escrow or custodial account liability. Complete Part IV of Sci	nedule D		21	-
Liabilities	22	Loans and other payables to current and former officers, direkey employees, highest compensated employees, and disqua Complete Part II of Schedule L	ctors, trustees, lified persons.		22	
_	23	Secured mortgages and notes payable to unrelated third part			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	1-
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24). Complete Pa			25	
	26	Total liabilities. Add lines 17 through 25		58,864.	26	67,017.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	X and complete			
ã	27	Unrestricted net assets		658,822.	27	587,848.
Sala	28	Temporarily restricted net assets		137,096.	28	86,581.
D	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	e ▶			
S	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or equipment fun	d		31	
As	32	Retained earnings, endowment, accumulated income, or other	er funds		32	
et	33	Total net assets or fund balances		795,918.	33	674,429.
Z	34	Total liabilities and net assets/fund balances		854,782.		741,446.
BA	A					Form 990 (2015)

ori	n 990 (2015) THE KBOO FOUNDATION 23	3-7232987		Pad	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	7	76,6	69.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		10,5	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		33,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		95,9	
5	Net unrealized gains (losses) on investments.	. 5		12,3	
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0.
10			6'	74,4	
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. 🖂
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	wed on a			
	b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3 b

Form 990 (2015)

TEEA0112L 10/20/15

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

THE	KBC	OO FOUNDATION					23-7232987	7			
art		Reason for Public Chai						ions.			
he o	ganiz	zation is not a private founda	ation because it is: (F	For lines 1 through 11, o	check or	nly one l	oox.)				
1		church, convention of churche	,		•).				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
	name, city, and state:										
5		n organization operated for the 70(b)(1)(A)(iv). (Complete P	e benefit of a college of art II.)	r university owned or ope	rated by	a govern	nmental unit described in	section			
6		federal, state, or local gove									
7	X A	n organization that normally rensertion 1 70(b)(1)(A)(vi). (0	eceives a substantial pa Complete Part II.)	art of its support from a g	governme	ental unit	or from the general pub	lic described			
8		community trust described		* * * * * *	-						
9	fr ir	in organization that normally re om activities related to its exe nvestment income and unrela une 30, 1975. See section 5	mpt functions — subjec ated business taxable	ct to certain exceptions, a e income (less section !	and (2) no	o more tl	nan 33-1/3% of its suppo	rt from aross			
10	M A	an organization organized an	d operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).				
11	\square 0	in organization organized an ir more publicly supported or nes 11a through 11d that de	ganizations describe	d in section 509(a)(1) o	r sectio	n 509(a)	(2). See section 509(a)	t the purposes of one (3). Check the box in			
а	\Box_{\circ}	ype I. A supporting organization rganization (s) the power to recomplete Part IV, Sections A	ularly appoint or elect	d, or controlled by its sup a majority of the director	ported or s or trus	rganizati tees of th	on(s), typically by giving ne supporting organization	the supported n. You must			
b	\square n	Type II. A supporting organization anagement of the supporting must complete Part IV, Section	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by i the supported organizati	naving control or on(s). You			
С		ype III functionally integrated.	A supporting organizations). You must comp	ion operated in connection olete Part IV, Sections A	n with, ar A, D, an d	nd function	nally integrated with, its s	supported			
d	T for	Type III non-functionally integrunctionally integrated. The onstructions). You must comp	ated. A supporting organization generally blete Part IV, Section	anization operated in cor must satisfy a distribut s A and D, and Part V.	nection t tion requ	with its s uirement	upported organization(s) t and an attentiveness	that is not requirement (see			
е	П	Check this box if the organizantegrated, or Type III non-fu	ation received a writte	en determination from t	he IRS						
f	Ente	er the number of supported of	organizations								
g	Prov	vide the following information	n about the supported	d organization(s).							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) I: organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Α\											
(A)		<u> </u>									
(B)											
(C)							-				
(D)											
(E)											
Total											

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

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

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	639,497.	606,499.	703,113.	875,737.	728,141.	3,552,987.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	639,497.	606,499.	703,113.	875,737.	728,141.	3,552,987.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						83,553.
6	Public support. Subtract line 5 from line 4						3,469,434.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	639,497.	606,499.	703,113.	875,737.	728,141.	3,552,987.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,103.	22,069.	22,268.	866.	4,115.	73,421.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI.	5,482.	15,456.	38,696.	7,965.	18,353.	85,952.
11	Total support. Add lines 7 through 10						3,712,360.
12	Gross receipts from related activ	vities, etc. (see ins	structions)	. , . ,			0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	015 (line 6, column	n (f) divided by lin	e 11, column (f)).		14	93.46%
15	Public support percentage from						93.28 %
16 a	a 33-1/3% support test – 2015. If and stop here. The organization						
I	33-1/3% support test – 2014. If and stop here. The organization	the organization d n qualifies as a pul	id not check a boo blicly supported or	x on line 13 or 16 rganization	ia, and line 15 is	33-1/3% or more,	check this box
17 8	a 10%-facts-and-circumstances to more, and if the organization the organization meets the 'fact	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explain in Parl	VI how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a id-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as	box and stop he a publicly support	re. Explain in Part ed organization .	t VI how the
18	Private foundation. If the organ	ization did not che	ck a box on line 1	3, 16a, 16b, 17a			
DAA						11 1 2	00 000 EZ 201E

23-7232987

THE KBOO FOUNDATION

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support								
Calenda	ar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')								
	Gross receipts from admis-					-	· · · · · · · · · · · · · · · · · · ·		
	sions, merchandise sold or services performed, or facilities								
	furnished in any activity that is					1			
	related to the organization's								
	tax-exempt purpose								
	that are not an unrelated trade or business under section 513.								
	Tax revenues levied for the								
	organization's benefit and either paid to or expended on				;				
	its behalf								
5	The value of services or								
	facilities furnished by a governmental unit to the								
	organization without charge								
	Total. Add lines 1 through 5								
7 a	Amounts included on lines 1, 2, and 3 received from								
	disqualified persons								
	Amounts included on lines 2								
	and 3 received from other than								
	disqualified persons that exceed the greater of \$5,000 or								
	1% of the amount on line 13								
	for the year								
_	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Sect	tion B. Total Support								
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
9	Amounts from line 6								
10 a	Gross income from interest, dividends,								
	payments received on securities loans, rents, royalties and income from								
	similar sources								
b	Unrelated business taxable income (less section 511								
	taxes) from businesses								
	acquired after June 30, 1975								
_	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b,								
	whether or not the business is	1							
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of								
	capital assets (Explain in								
12	Part VI.)								
15	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3)		
	organization, check this box and								
Sec	tion C. Computation of Pu								
15	Public support percentage for 2						%		
16	Public support percentage from		·			16	%		
	tion D. Computation of Inv				(6)		0.		
17	Investment income percentage						%		
18	Investment income percentage						%		
19 a	33-1/3% support tests — 2015. is not more than 33-1/3%, chec	If the organization	did not check the	e box on line 14,	and line 15 is mo	re than 33-1/3%, a	and line 17		
ŀ	33-1/3% support tests – 2014.								
	line 18 is not more than 33-1/39	%, check this box	and stop here. The	he organization q	ualifies as a publi	cly supported orga	inization 🟲 💹		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)......
- - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**.....
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.....
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.
 - b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).....

6

7

8

9a

9b

9c

10a

Parl	rt IV Supporting Organiz	ations (continued)			
44	lles the superiortion accorded	s with an experiencial from any of the following persons?		Yes	No
а	A person who directly or indirectly	a gift or contribution from any of the following persons? controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported	organization?	11a		
		escribed in (a) above?	11b		
		rson described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	ction B. Type I Supporting	Organizations		Yes	No
	or elect at least a majority of the Part VI how the supported orga If the organization had more th directors or trustees were alloc	nbership of one or more supported organizations have the power to regularly appoint organization's directors or trustees at all times during the tax year? If 'No,' describe in nization(s) effectively operated, supervised, or controlled the organization's activities. an one supported organization, describe how the powers to appoint and/or remove ated among the supported organizations and what conditions or restrictions, if any, the tax year.	1	Tes	No
2	that operated, supervised, or co benefit carried out the purpose	r the benefit of any supported organization other than the supported organization(s) ontrolled the supporting organization? If 'Yes,' explain in Part VI how providing such softhe supported organization(s) that operated, supervised, or controlled the	2		
Sec	ction C. Type II Supporting	Organizations			
				Yes	No
1	of each of the organization's su	on's directors or trustees during the tax year also a majority of the directors or trustees apported organization(s)? If 'No,' describe in Part VI how control or management of the sted in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Support	ting Organizations			
				Yes	No
1	organization's tax year, (i) a wi	each of its supported organizations, by the last day of the fifth month of the itten notice describing the type and amount of support provided during the prior tax to that was most recently filed as of the date of notification, and (iii) copies of the nents in effect on the date of notification, to the extent not previously provided?	1		
2	organization(s) or (ii) serving o	officers, directors, or trustees either (i) appointed or elected by the supported n the governing body of a supported organization? If 'No,' explain in Part VI how close and continuous working relationship with the supported organization(s)	2		
3	voice in the organization's inve all times during the tax year?	escribed in (2), did the organization's supported organizations have a significant strment policies and in directing the use of the organization's income or assets at f 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
Sec	ction E. Type III Functiona	lly-Integrated Supporting Organizations			
1	Check the box next to the methor	d that the organization used to satisfy the Integral Part Test during the year (see instructions):			
		the Activities Test. Complete line 2 below.			
_		rent of each of its supported organizations. Complete line 3 below.			
		a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
					1
2	Activities Test. Answer (a) and	(b) below.		Yes	No
â	supported organization(s) to whice organizations and explain how responsive to those supported	anization's activities during the tax year directly further the exempt purposes of the the organization was responsive? If 'Yes,' then in Part VI identify those supported or these activities directly furthered their exempt purposes, how the organization was organizations, and how the organization determined that these activities constituted	2a		
I	the organization's supported o	(a) constitute activities that, but for the organization's involvement, one or more of rganization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for tits supported organization(s) would have engaged in these activities but for the	2b		
3	Parent of Supported Organiza	tions. Answer (a) and (b) below.			
;	a Did the organization have the each of the supported organiz	power to regularly appoint or elect a majority of the officers, directors, or trustees of ations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a s	substantial degree of direction over the policies, programs, and activities of each of its	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or other Type III non-functionally integrated supporting organizations must complete.			ions. All
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	. 1		
2 Recoveries of prior-year distributions	. 2	1. 1. 1.	
3 Other gross income (see instructions)			
4 Add lines 1 through 3	. 4		
5 Depreciation and depletion	. 5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	. 6		
7 Other expenses (see instructions)	. 7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	. 8		
Section B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for shot tax year or assets held for part of year):	ort		
a Average monthly value of securities	. 1a		
b Average monthly cash balances	. 1b		
c Fair market value of other non-exempt-use assets	1с		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets			
3 Subtract line 2 from line 1d	. 3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	. 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	. 6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-(see instructions).	ntegrated	Type III supporting or	ganization
BAA		Schedule A (Fo	orm 990 or 990-EZ) 20

Page 7

	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	
	Administrative expenses paid to accomplish exempt purposes of su			-
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.			
	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
	Excess from 2014			
е	Excess from 2015			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		 2015	 2014	 2013	 2012	 2011
SPECIAL EVENTS OTHER INCOME		\$ 18,353.	\$ 7,965.	\$ 11,782. 26,914.	\$ 15,456.	\$ 5,482.
	TOTAL	\$ 18,353.	\$ 7,965.	\$ 38,696.	\$ 15,456.	\$ 5,482.

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

Department of the Treasury Internal Revenue Service PUBLIC DISCLOSURE COPY

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2015

Name of the organization		Employer identification number
THE KBOO FOUNDATION		23-7232987
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (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 priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
		Casaial Dula Sas instructions
Note. Only a section 501(c)(/), (8), or (10) orga	anization can check boxes for both the General Rule and a S	special Rule. See Instructions.
General Rule		
For an organization filing Form 990, 990-Ez	Z, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribu	aling \$5,000 or more (in money or
property) from any one contributor. Comple	ter arts rand it. See instructions for determining a contribu	total contributions.
Special Rules		
X For an organization described in section 50	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	port test of the regulations
received from any one contributor, during t	he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.) 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.	
Ear an organization described in section 50	11(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, li	iterary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	
	11(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	
	or religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for	
	any of the parts unless the General Rule applies to this organism	
it received nonexclusively religious, charital	ble, etc., contributions totaling \$5,000 or more during the ye	ar 🕨 💲
Caution. An organization that is not covered by	y the General Rule and/or the Special Rules does not file Sc	hedule B (Form 990, 990-EZ, or
Part I, line 2, to certify that it does not meet the	ne 2, of its Form 990; or check the box on line H of its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 9	990-EZ or on its form 990-PF, 990-PF).

BAA 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) (2015)

Name of org	r identification number								
THE KE	SOO FOUNDATION	23-72	232987						
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Complete Part II for noncash contributions.)						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Complete Part II for noncash contributions.)						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)						
BAA	TEEA0702L 10/12/15	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2015)						

_1 of

Page

1 of Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Page

THE KBOO FOUNDATION

1 to 1 of Part II
Employer identification number

23-7232987

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							
	N/A	\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
_		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		\$								
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received							
		- - - - - - -								
BAA	Sch	 edule B (Form 990, 990-E								

Page

1 to

1 of Part III

Name of organization
THE KBOO FOUNDATION

____1

Employer identification number 23-7232987

	exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	ne year from any one contrib empleting Part III, enter the tota (Enter this information once. Se space is needed.	utor. Complet	e columns (a) through (e) and ely religious, charitable, etc., s.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	N/A			
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
THE	KBOO FOUNDATION			23-723298	
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	zation.
1	Provide a description of the o	organization's direct and indirect political c	ampaign activities in	Part IV.	
2	Political expenditures				
3	Volunteer hours				
		ganization is exempt under section			
1		ise tax incurred by the organization under			
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				····· Yes No
Ł	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), except	t section 501(c)(3).	
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities ▶\$	
2		organization's funds contributed to other organ			
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
5	organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ar s received that were promptly and directly del I action committee (PAC). If additional spa	mount paid from the f	filing organization's fund	ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

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Dod II A G L L 16	THE KDOO F		11 F04 () (0)	23-72323	
Part II-A Complete if section 501(the organization (h)).	on is exempt under see	ction 501(c)(3) and	d filed Form 5768 (ele	ction under
A Check ► if the filin	g organization beloi	ngs to an affiliated group (and	list in Part IV each affili	ated group member's name,	
address,	EIN, expenses, a	nd share of excess lobbying	expenditures).		
B Check ► if the filing	ng organization ch	ecked box A and 'limited con	ntrol' provisions apply.		
	'expenditures' me	oying Expenditures eans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
, , ,		ublic opinion (grass roots lo	, ,,		
		legislative body (direct lobb			
2 - 1	•	and 1b)		0.	0.
, , ,	•			910,549.	
e Total exempt purpose e	xpenditures (add l	ines 1c and 1d)		910,549.	0.
f Lobbying nontaxable an both columns	nount. Enter the a	mount from the following tab	ole in	161,582.	-
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
_		6 of line 1f)		40,396.	0.
_		ss, enter -0		0.	0.
i Subtract line 1f from lin	e 1c. If zero or les	ss, enter -0		0.	0.
j If there is an amount other	er than zero on eithe	er line 1h or line 1i, did the org	anization file Form 4720	reporting	П., П.,
section 4911 tax for this	s year?				. Yes No
		4-Year Averaging Period l			
(Som		nat made a section 501(h) el nns below. See the instructi			
	Lob	bying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount				161,582.	161,582.
b Lobbying ceiling amount (150% of line 2a, column (e))					242,373.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount				40,396.	40,396.
e Grassroots ceiling amount (150% of line 2d, column (e))					60,594.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2015

Part II-B	Complete if	the orga	nization i	s exempt	under	section	501(c)(3)	and has	NOT f	iled Form	5768
	(election un	der sect	ion 501(h))).							

and the second of the second o	(a)		(b)		
or each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description f the lobbying activity.	Yes	No	Amou	nt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i.					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	4.00				
b If 'Yes,' enter the amount of any tax incurred under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Y CEL				
	-VE)				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	C)(5)	, or			
			Y	es	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) I answered 'Yes.'	c)(5) Part I	, or se II-A, i	ection 501 ine 3, is	(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year		2 b			
c Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public m990. Inspection
Employer identification number

	THE KBOO FOUNDATION	23-7232987
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised funds Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant function charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	ds can be used only purpose conferring Yes No
Par		
rar	Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form last day of the tax year.	m of a conservation easement on the
		Held at the End of the Tax Year
â	a Total number of conservation easements	2 a
	Total acreage restricted by conservation easements	
(Number of conservation easements on a certified historic structure included in (a)	2c
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a histo structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by t tax year ►	he organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha and enforcement of the conservation easements it holds?	ndling of violations,
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of seand section 170(h)(4)(B)(ii)?	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	nse statement, and balance sheet, and describes the organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	r Other Similar Assets. e 8.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reveart, historical treasures, or other similar assets held for public exhibition, education, or research in fin Part XIII, the text of the footnote to its financial statements that describes these items.	enue statement and balance sheet works of furtherance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for final amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	a Revenue included on Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	₽Ş

Schedule D (Form 990) 2015 THE K			and Transporters of	23-7232		Page 2
Part III Organizations Maintai			· · · · · · · · · · · · · · · · · · ·			eu)
3 Using the organization's acquisition items (check all that apply):a Public exhibition	, accession, and other			re a significant use of its c	ollection	
. H		e Other	exchange programs			
— i	ations	e Other				
c Preservation for future gener Provide a description of the organiz Part XIII.		explain how they f	urther the organization's	s exempt purpose in		
	tion solicit or receive	donations of art.	historical treasures, o	or other similar assets -		_
to be sold to raise funds rather the					Yes	No
Part IV Escrow and Custodia line 9, or reported an	Arrangements. amount on Form	Complete if th 990, Part X, li	e organization an ne 21.	swered 'Yes' on For	m 990, Par	t IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	er intermediary fo	or contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and com	plete the following	g table:	hea		
				l l	Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an a				- L	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explana	ition has been provide	ed on Part XIII	L	
Part V Endowment Funds. C				000 Dart IV lin	- 10	
Part V Endowment Funds. C						e back
1 a Beginning of year balance	(a) Current year 199, 998.	(b) Prior year 219,03	(c) Two years back 8. 208, 93		(e) Four year	268.
b Contributions	199,996.	219,03	200,93	0. 190,511.	100,	200.
D Continuations						
c Net investment earnings, gains, and losses	13,498.	-9,95	66. 18,99	6. 19,071.	16,	500.
d Grants or scholarships						
e Other expenditures for facilities and programs	9,310.	9,08	8,88	8. 8,652.	4,	257.
g End of year balance	204,186.	100.00	8. 219.03	8. 208,930.	100	,511.
2 Provide the estimated percentag		199,99			130,	, 511.
a Board designated or quasi-endowm	_	0.00 %	rg, coluiiii (a)) ilelu	as.		
b Permanent endowment ▶	- 100	0.00				
c Temporarily restricted endowmer		0(
The percentages on lines 2a, 2b, a		1%				
	,					
3 a Are there endowment funds not in to organization by:	the possession of the c	rganization that ar	e held and administered	d for the	Yes	No
(i) unrelated organizations					3a(i) X	
(ii) related organizations					3a(ii)	X
b If 'Yes' on line 3a(ii), are the rela					3b	
4 Describe in Part XIII the intender	-					1
Part VI Land, Buildings, and				to allow a reference or the second or the se		
Complete if the organ	ization answered					
Description of property	(ir	t or other basis evestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	
1 a Land			23,709.		•	,709.
b Buildings			192,720.	173,098.	19	,622.
c Leasehold improvements						
d Equipment			1,108,097.	946,617.		,480.
e Other	,		163,579.	113,161.		,418.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	rm 990, Part X, c	olumn (B), line 10c.)			,229.
BAA				Schedu	ule D (Form 99)	J) 2015

Part VII Investments – Other Securities.	714	N/A	2507
Complete if the organization answered	l 'Yes' on Form 990		0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	ear market value
(1) Financial derivatives.			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1) Takel (Column (b) must agual Form (000 Part V column (P) line 12)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.).		N/A	
Part VIII Investments — Program Related. Complete if the organization answered	d 'Yes' on Form 99	0, Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	of-year market value
(1)			
(2)			
(3)			g
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	•	particular and provide the control of the control o	
Part IX Other Assets.			
Complete if the organization answered		0, Part IV, line 11d. See Form 99	
	scription		(b) Book value
(1) BENEFICIAL INTEREST ASSETS HELD B	Y OTHER		204,186.
(2)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9) (10)			
Total. (Column (b) must equal Form 990, Part X, column ((R) line 15.)	>	204,186.
Part X Other Liabilities.	(D) IIIIC 10.)		204,100.
Complete if the organization answered 'Yes' on l	Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the f tax positions under FIN 48 (ASC 740). Check here if the text of the footnote			
tax positions under the 46 (ASC 740). Check here if the text of the foothote	anas neen provided ili Part X	Ulc,	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	851,278.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · · · · · · · · · · · · · · · · · ·
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d.	2 e	74,609.
3 Subtract line 2e from line 1	3	776,669.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	776,669.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
Complete if the expenientian anguered West on Form 000 Port IV line 120		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
	1	972,767.
1 Total expenses and losses per audited financial statements	1	972,767.
1 Total expenses and losses per audited financial statements	1	972,767.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2a 62,218.	1	972,767.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1	972,767.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 a 62,218.	1	972,767.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	1 2 e	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d.		62,218.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2 e	972,767. 62,218. 910,549.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2 e	62,218.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 e	62,218.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2 e	62,218.
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.) 4 b Other (Describe in Part XIII.)	2e 3	62,218.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE GOAL OF THE AGENCY'S ENDOWMENT INVESTMENT IS TO HOLD AN ENDOWMENT THAT WILL ACHIEVE A RATE OF RETURN THAT WILL ALLOW THE AGENCY TO RESPOND TO TODAY'S NEEDS AND ACHIEVE LONG-TERM GROWTH FOR FUTURE NEEDS.

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

THE KBOO FOUNDATION

Employer identification number

23-7232987

FORM 990. PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

KBOO BROADCAST 8,760 HOURS (24 HOURS DAY X 365 DAYS) OF MOSTLY LOCALLY PRODUCED MUSIC AND PUBLIC AFFAIRS PROGRAMMING SERVING A WIDE SPECTRUM OF INTERESTS. THIS PROGRAMMING WAS PRODUCED AND SUPPORTED MOSTLY BY AROUND 500 VOLUNTEERS WHO RESEARCHED AND PROVIDED BOTH LIVE AND RECORDED MUSIC; REPORTED LOCAL NEWS; WELCOMED A VARIETY OF UNDERREPRESENTED VIEWPOINTS TO PUBLIC AFFAIRS PROGRAMMING; AND PROVIDED AN ECLECTIC VARIETY OF ARTS AND CULTURAL PROGRAMMING. KBOO ALSO PROVIDED TRAINING IN BROADCASTING TO DOZENS OF VOLUNTEERS AND POTENTIAL VOLUNTEERS.

KBOO BROADCAST ITS PROGRAMMING ON A FULL POWER RADIO STATION AT 90.7 FM IN PORTLAND, REACHING ABOUT A 50 MILE RADIUS, AND REPEATERS IN CORVALLIS AT 104.3 FM AND HOOD RIVER AT 91.1 FM. KBOO'S PROGRAMMING WAS ALSO AVAILABLE WORLDWIDE ON THE INTERNET AT WWW.KBOO.FM.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THERE IS ONE CLASS OF MEMBERS OF THIS CORPORATION.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY THE MEMBERS ANNUALLY ELECT BY BALLOT ONE-THIRD OF THE MEMBERS OF THE BOARD. THE OFFICERS OF THE CORPORATION ARE ELECTED ANNUALLY BY THE BOARD OF DIRECTORS. AN OFFICER HAS NO LIMIT ON THE NUMBER OF TERMS THEY MAY SERVE.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS MEMBERS VOTE ON BYLAW CHANGES BY QUORUM (5% OF MEMBERS). THE BOARD OF DIRECTORS HAS THE AUTHORITY TO MAKE DECISIONS WITHOUT MEMBER CONSENT AS LONG AS THE BOARD DOES SO WITHIN THE GUIDELINES OF THE BYLAWS, WHICH INCLUDE RULES ON MAJORITY VOTE AND OUORUM.

23-7232987

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 DRAFT IS REVIEWED BY THE STATION MANAGER, FINANCE COORDINATOR, AND BOARD TREASURER. THE 990 IS THEN SUBMITTED TO THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
BOARD OF DIRECTORS REVIEWS COMPENSATION FOR PROGRAM DIRECTOR AND KEY EMPLOYEES. BOARD
APPROVES OFFICER AND KEY EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BOARD OF DIRECTORS REVIEWS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. BOARD

APPROVES OFFICER AND KEY EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON
REASONABLE REQUEST AT THE OFFICES OF THE ORGANIZATION.

THE KBOO FOUNDATION FINANCIAL STATEMENTS

Year Ended September 30, 2016



FINANCIAL STATEMENTS

Year Ended September 30, 2016

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Statement of Cash Flows	4
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INDEPENDENT AUDITORS' REPORT

To the Board of Directors The KBOO Foundation Portland, Oregon

We have audited the accompanying financial statements of The KBOO Foundation (a non-profit organization), which comprise the statement of financial position as of September 30, 2016, and the related statements of activities and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The KBOO Foundation as of September 30, 2016, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Report on Summarized Comparative Information

The prior year summarized comparative information has been derived from the The KBOO Foundation 2015 financial statements, which were reviewed by us, and in our reported dated June 30, 2016, we stated that we are not aware of any material modifications that should be made to those statements in order for them to be in conformity with accounting principles generally accepted in the United States of America. However, a review is substantially less in scope then an audit and does not provide a basis for the express of an opinion on the financial statements.

Portland, Oregon April 24, 2017

STATEMENT OF FINANCIAL POSITION

September 30, 2016 (With Comparative Totals as of September 30, 2015

ASSETS

ASSEIS			
	_	Audited 2016	Reviewed 2015
Cash and cash equivalents Accounts receivable Grants receivable Prepaid expenses	\$	210,608 \$ 25,138 34,100 12,185 282,031	357,393 2,841 80,200 11,691 452,125
Property and equipment - net		255,229	202,659
Beneficial interest in assets held by others	_	204,186	199,998
Total assets	\$_	741,446 \$	854,782
LIABILITIES AND NET ASSETS			
Accounts payable Accrued payroll and related liabilities Total liabilities	\$	31,797 \$ 35,220 67,017	33,968 24,896 58,864
Net assets Unrestricted Undesignated Board designated for operating reserve Board designated endowment funds Total unrestricted Temporarily restricted	-	224,128 159,534 204,186 587,848 86,581	258,824 200,000 199,998 658,822 137,096
Total net assets	_	674,429	795,918
Total liabilities and net assets	\$_	741,446 \$	854,782

STATEMENT OF ACTIVITIES

Year Ended September 30, 2016 (With Comparative Totals for the Year Ended September 30, 2015)

					Total		
			Tempora	rily	Audited	R	eviewed
	U	nrestricted	Restrict	ed	2016		2015
Revenues, gains and other support						_	
Membership subscriptions	\$	577,034	\$	- \$	577,034	\$	612,236
Contributions		23,715	58,0	00	81,715		196,772
In-kind contributions		62,218		-	62,218		61,923
Special events, net of expense of \$5,936							
and \$2,884, respectively		18,353		-	18,353		7,965
Underwriting and advertising		69,392		_	69,392		66,729
Lease income		12,336		_	12,336		11,663
Investment return		16,506		-	16,506		(7,109)
Other income		13,724		_	13,724		1,076
		793,278	58,0	00	851,278	****	951,255
Net assets released from restrictions		108,515	(108,5	15)	_		-
Total revenue, gains and other support		901,793	(50,5	15)	851,278		951,255
_							
Expenses							
Total program services		721,976		-	721,976		656,956
Supporting services							
Administration		68,804		-	68,804		74,776
Fund-raising	_	181,987			181,987		132,573
Total expenses	_	972,767		-	972,767	_	864,305
Observation and accord		(70.074)	/=o =	4 = \	(404 400)		
Change in net assets		(70,974)	(50,5	15)	(121,489)		86,950
Net assets, beginning of year	_	658,822	137,0	96_	795,918		708,968
Net assets, end of year	\$_	587,848	\$86,5	<u>31</u> \$	674,429	\$_	795,918

STATEMENT OF CASH FLOWS

Year Ended September 30, 2016 (With Comparative Totals for the Year Ended September 30, 2015)

		Audited 2016	Reviewed 2015
Cash flows from operating activities:	_		
Change in net assets	\$	(121,489) \$	86,950
Adjustments to reconcile change in net			
assets to net cash provided by (used in)			
operating activities:			
Depreciation		28,530	21,763
Net (gain) loss on investments		(13,498)	9,956
Changes in assets and liabilities:			
Accounts receivable		(22,297)	25,491
Grants receivable		46,100	(71,618)
Prepaid expenses		(494)	(8,525)
Accounts payable		(2,170)	31,687
Accrued payroll and related liabilities	_	10,324	8,054
Net cash provided by (used in) operating activities	_	(74,994)	103,758
Cash flows from investing activities:			
Distributions from beneficial interest in assets held by others		9,310	9,084
Purchase of property and equipment		(81,101)	(37,131)
Net cash provided by (used in) investing activities	_	(71,791)	(28,047)
Net increase in cash and cash equivalents		(146,785)	75,711
Cash and cash equivalents, beginning of year	_	357,393	281,682
Cash and cash equivalents, end of year	\$_	210,608 \$	357,393

NOTES TO FINANCIAL STATEMENTS

September 30, 2016

NOTE A - DESCRIPTION OF ORGANIZATION

The KBOO Foundation (the Foundation) is an Oregon non-profit corporation which operates an independent, member-supported, non-commercial, volunteer-powered community radio station in Portland, Oregon. KBOO embodies equitable social change, shares knowledge, and fosters creativity by delivering locally rooted and diverse music, culture, news and opinions, with a commitment to the voices of oppressed and underserved communities.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Statement Presentation

The Foundation reports information regarding its financial position and activities according to three classes of net assets: unrestricted, temporarily restricted and permanently restricted. Accordingly, the net assets of the Foundation and changes therein are classified and reported as follows:

- Unrestricted Net Assets Net assets that are not subject to donor-imposed stipulations. The Board of Directors may designate unrestricted net assets for specific purposes.
- Temporarily Restricted Net Assets Net assets subject to donor-imposed stipulations that will be met either by actions of the Foundation and/or the passage of time.
- Permanently Restricted Net Assets Net assets subject to donor-imposed stipulations that they be permanently maintained.

Expenses are reported as a decrease in unrestricted net assets. Gains and losses are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expiration of temporary restrictions on net assets (i.e., the donor-stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions.

Cash and Cash Equivalents

The Foundation classifies as cash and cash equivalents all checking, savings, and money market accounts used for operating purposes.

Contributions

Contributions are recognized when the donor makes a promise to give to the Foundation that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in temporarily or permanently restricted net assets depending on the nature of the restrictions. When a restriction expires, or a purpose restriction is satisfied, temporarily restricted net assets are reclassified to unrestricted net assets. The Foundation has elected to show temporarily restricted contributions whose restrictions are met in the same fiscal year as unrestricted.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Contributions (Continued)

The Foundation reports gifts of land, buildings and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long these long-lived assets must be maintained, the Foundation reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Concentrations of Credit Risk

Receivables consist primarily of a three year grant receivable from one funder, and uncollected fees from program contracts and subleases, all of which are unsecured. Management has determined the effect of discounting the grant receivable to present value is immaterial. No allowance for doubtful accounts has been recorded, as management believes all accounts are collectible, based on historical experience and knowledge of current circumstances. Accounts receivable over 90 days old are considered delinquent and are immaterial at September 30, 2016.

The Foundation has cash and cash equivalents which may exceed depository insurance limits. The Foundation makes such deposits with high credit quality entities and has not experienced any credit related losses.

Investments are valued at their fair value in the statement of financial position. Net appreciation in the fair value of investments, which consists of the realized gains or losses and the unrealized appreciation (decline) of those investments, is also shown in the statement of activities.

Endowment Investment and Spending Policies

The goal of the Foundation's investment program for funds held as Board designated endowment is to achieve a total rate of return that will allow the Foundation to respond to today's needs and the long-term growth necessary to respond to future needs. The investment objective for endowed funds is to retain (at a minimum) when possible an increase in the purchasing power of the funds, while at the same time producing a reasonable return for distribution to meet current needs. To meet this investment objective, the Foundation follows a total return strategy in which investment decisions are made with the intent of maximizing the long-term total return of the portfolio, combining market-value changes (realized and unrealized) and current yield (interest and dividends). Foundation endowment assets are invested in The Oregon Community Foundation (OCF) as an endowment partner.

The Foundation has adopted a spending policy based on the policies of its endowment partner, OCF, to determine the annual amount available for distributions from funds held as Board designated endowment. Each year OCF sets an annual payout rate for the coming year based on a 10-year projection of investment return. Currently, if the projected 10-year return is 9% or above, the payout for grants will be 5% of market value; if the projected 10-year return is below 9%, the payout for grants will be 4-1/2% of market value. Market value is determined using a 13-quarter trailing average of fund market value.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Endowment Investment and Spending Policies (Continued)

The Foundation's investment objective for funds held as Board designated endowment funds is to preserve capital and, if possible, purchasing power over the life of the fund. To meet this objective, assets of individual funds are invested in a mixture of cash, bonds, stocks and other investments that will produce a reasonable return over a reasonable period, consistent with the payout schedule and program objective of the fund.

Contributed Services

The value of contributed services meeting the requirements for recognition has been recorded in the financial statements (see Note H). Additionally, numerous volunteers have donated a significant number of hours to the Foundation. Although these services do not meet the criteria for recognition under generally accepted accounting principles, they are integral to the Foundation's mission. The Foundation had approximately 500 volunteers for the year ended September 30, 2016.

Property and Equipment

Fixed assets in excess of \$1,500 individually are reported at cost or, in the case of donated property, at estimated fair value determined as of the date of receipt. Depreciation is calculated by the straight-line method over the estimated useful lives of individual assets, which range from 5 to 30 years.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Tax Status

The Foundation has been granted exemption from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined not to be a private foundation under Section 509(a)(1) of the Code. Accordingly, donations made to the Foundation qualify as charitable contributions.

Allocation of Functional Expenses

The costs of providing the various programs and other activities have been summarized in the Statements of Activities. Certain costs, including salaries and benefits, rent and utilities, have been allocated among the programs and supporting services benefited.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Prior Year Summarized Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Organization's financial statements for the year ended September 30, 2015, from which the summarized information was derived.

Reclassifications

Certain prior-year amounts have been reclassified to conform with the current year's presentation. These reclassifications had no effect on net assets.

NOTE C - FAIR VALUE MEASUREMENTS

Valuation techniques used to measure fair values are prioritized into the following hierarchy:

Level 1 – Quoted prices in active markets for identical assets. Assets in this level typically include publicly traded equities, mutual fund investments, exchange traded funds, and cash equivalents.

Level 2 – Quoted prices for similar assets in active or inactive markets, or inputs derived from observable market data such as published interest rates and yield curves, over-the-counter derivatives, market modeling, or other valuation methodologies.

Level 3 — Unobservable inputs that reflect management's assumptions and best estimates based on available data. Assets in this level include beneficial interest in assets held by others.

Fair value of the beneficial interest in assets held by others is determined by the Foundation's endowment partner, OCF, and is based upon the Foundation's proportionate interest in OCF's endowment partner fund liability after adjustments for contributions and distributions made during the year. OCF's endowment partner fund liability is stated at fair value, which is generally equivalent to the present value of future payments expected to be made to the endowment partners.

Realized and unrealized gains and losses from investments are reported in the Statement of Activities as investment income as they occur. There have been no changes in valuation techniques and related inputs.

Fair value of assets measured on a recurring basis at September 30, 2016 were:

Beneficial interest in assets held by others \$\frac{204,186}{}\$

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE C - FAIR VALUE MEASUREMENTS (CONTINUED)

For the year ended September 30, 2016, the changes in investments (all unrestricted board designated net assets) classified as Level 3 are as follows:

Balance September 30, 2015	\$	199,998
Total gains and (losses) Distributions	_	13,498 (9,310)
Balance September 30, 2016	\$	204.186

NOTE D - BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS

In December 2000, \$100,000 was transferred to the Oregon Community Foundation (OCF) in conjunction with the Board designated endowment fund. Variance power was not granted to OCF unless the Foundation ceases to exist or loses its tax exempt status, and distributions in the amount of a reasonable rate of return determined by OCF will be distributed to the Foundation each year.

NOTE E - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at September 30, 2016 consist of:

Cash on hand and in checking	\$ 51,070
Money market accounts (includes Board	
designated operating reserve)	159,534
Brokerage	 4
	\$ 210 608

NOTE F - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at September 30, 2016:

Land	\$	23,709
Building and improvements	T	192,720
Office furniture and equipment		134,189
Production and broadcast equipment		1,108,097
Website design		29,390
	_	1,488,105
Less accumulated depreciation	_	(1,232,876)
	\$	255,229

Depreciation expense for the year ended September 30, 2016 was \$28,530.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE F -- PROPERTY AND EQUIPMENT (CONTINUED)

Several pieces of equipment were acquired with partial funding from the National Telecommunications and Information Administration, which retains a priority reversionary interest in the equipment. Equipment subject to the reversionary interest totals \$17,967 for the year ended September 30, 2016, and is included in property and equipment on page 2. The reversionary interest will be in effect through April 2021.

NOTE G - NET ASSETS

In addition to the Board designated endowment funds (see Note D), the Board has designated a portion of cash and unrestricted net assets as a three-month operating reserve for the future. These Board designated net assets totaled \$159,534 as of September 30, 2016.

Temporarily restricted net assets of \$86,581 consist of grants restricted for purpose as of September 30, 2016.

NOTE H - IN-KIND CONTRIBUTIONS

In-kind contributions of transmitter space rents included in the Statement of Activities for the year ended September 30, 2016 are \$62,218.

NOTE I – LEASE COMMITMENTS

The Foundation leases tower space for certain repeater stations from third parties under operating lease agreements for various terms ranging up to 5 years with renewal options. The minimum rental commitments are summarized as follows:

	Year Ending		
-	September 30,	•	
	2017	\$	59,280
	2018		55,065
	2019		55,382
	2020		55,382
	2021		55,382
		\$	280,491

Total rent expense for the year ended September 30, 2016 was \$121,929, including in-kind transmitter space rents contributed.

The Foundation subleases space on the towers to various unaffiliated not-for profit organizations on a month-to-month basis. Tower rental income is included as "lease income" in the statement of activities.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

September 30, 2016

NOTE J - EMPLOYEE BENEFIT PLAN

The Foundation maintains a defined contribution plan under Section 401(k) of the Internal Revenue Code covering eligible employees. Retirement contributions by the Foundation are at the discretion of the Board of Directors. Contributions totaling \$9,440 were made by the Foundation for the year ended September 30, 2016.

NOTE K - CONCENTRATION OF SOURCE OF SUPPLY OF LABOR

The Foundation's staff, with the exception of management, (representing approximately 75% of the Foundation's employees), are members of the Communications Workers of America Local 7901, Local #123, American. The Foundation's contract with the union has been renewed through September 30, 2017. The Foundation's management are not represented by a union.

NOTE L - SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 24, 2017, which is the date the financial statements were available to be issued.