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OMB No 1545-0052 2011

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury Internal Revenue Service

	Initial return Amended re Name chang		Room/suite	1 - '	
P.O. BOX 169  City or town, state, and ZIP code  REDMOND, WA 98073  Check all that apply Initial return Final return X Address change  Check type of organization X Section 501(c)(3) exception 4947(a)(1) nonexempt charitable trust Otto	Initial return Amended re Name chang		Room/suite	(36	•
City or town, state, and ZIP code  REDMOND, WA 98073  Check all that apply   Initial return   Final return   X Address change   Check type of organization   X Section 501(c)(3) exception 4947(a)(1) nonexempt charitable trust   Ottoor   O	Amended re Name chang			C If everyther english	
REDMOND, WA 98073  Check all that apply Initial return Final return X Address change  Check type of organization  Check type of organization X Section 501(c)(3) expection 4947(a)(1) nonexempt charitable trust  Otto	Amended re Name chang			C If everyotics english	
Check all that apply    Initial return   Final return   X   Address change	Amended re Name chang			pending, check here	ation is
Final return  X Address change  Check type of organization  X Section 501(c)(3) exception 4947(a)(1) nonexempt charitable trust  Otto	Amended re Name chang				_
Check type of organization X Section 501(c)(3) exception 4947(a)(1) nonexempt charitable trust Otto	Name chang	of a former p	ublic charity	D 1 Foreign organiza	itions, check here
Check type of organization X Section 501(c)(3) exc Section 4947(a)(1) nonexempt charitable trust Ott		turn		2. Foreign organiza	
Section 4947(a)(1) nonexempt charitable trust Ot				85% test, check l	
	empt private f	foundation		E If private foundation	
	her taxable pr	ivate foundat	ion	· ·	o)(1)(A), check here .
Fair market value of all assets at end JAccounting m	nethod 🔀 Ca	ash Acc	rual	1	in a 60-month termination
of year (from Part II, col (c), line Other (spe	ecify)				)(1)(B), check here . >
16) ► \$ 673, 917. (Part I, column	(d) must be on	cash basis )		-	_
art I Analysis of Revenue and Expenses (The					(d) Disbursements
	evenue and enses per	(b) Net inve incom		(c) Adjusted net income	for charitable
	books	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	moone	purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule) .				<u>-</u> -	,
if the foundation is not required to	· -			· · · · · · · · · · · · · · · · · · ·	1
2 Check ▶					
Dividends and interest from securities	34,020.	3,	1,020.		ATCH 1
5 a Gross rents			·		111011 1
		-			
b Net rental income or (loss)	-32,045.				
6 a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 438, 374.	32,333				
assets on line 6a				<del></del>	
7 Capital gain net income (from Part IV, line 2) .				<del></del>	
8 Net short-term capital gain			<del></del>	<del></del>	
9 Income modifications · · · · · · · · · · · · · · · · · · ·					<del> </del>
and allowances · · · ·					<del>                                     </del>
b Less Cost of goods sold .					
c Gross profit or (loss) (attach schedule)	6,160.		5,160.		7001
11 Other income (attach schedule)	8,135.		0,180.	*	ATCH 2
12 Total. Add lines 1 through 11	9,500.		1,900.		7,60
13 Compensation of officers, directors, trustees, etc	9,300.	-	1, 900.		7,00
14 Other employee salaries and wages		l	-		
15 Pension plans, employee benefits	2 110		422		1 ((
16a Legal fees (attach schedule) ATCH 3	2,110.		422.	··	1,68
b Accounting fees (attach schedule) ATCH 4	5,891.		2,946.	<u> </u>	2,94
c Other professional fees (attach schedule) . *.	2,457.	4	2,457.		
17 Interest ATTACHMENT 6	38.		38.		
18 Taxes (attach schedule) (see instructions)	1,678.		357.		1,32
19 Depreciation (attach schedule) and depletion	115.				
20 Occupancy					
21 Travels contenerces and meetings					
22 Printing and publications					
23 Other expenses (attach schedule) ATCH. 8.	650.				65
24v— Total operating and administrative expenses.					
Add lines 13 through 23	22,439.	8	3,120.		14,20
25 Contributions gitts, grants paid	20,000.				20,00
26 Total expenses and disbursements. Add lines 24 and 25	42,439.	- 8	3,120.		34,20
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-34,304.				
b Net investment income (if negative, enter -0-)		32	2,060.		
c Adjusted net income (if negative, enter -0-).					
or Paperwork Reduction Act Notice, see instructions.		* AT	CH 5 JSA	** ATCH 7	Form 990-PF (20
1000 92N03V K266 5/7/2012 11:50:08 A	M V 11-4.			<b></b>	PAG
					Ġ

Fo	m 990	o-PF <b>(</b> 2011)	ERNEST R AND AUDREY	M TURNER FOUNDAT	rion 91	.−1740796 Page <b>2</b>
	art I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
_	- (	<del>-</del>	amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	7.5.00		
	2		cash investments	16,829.	19,402.	19,402
	3	Accounts receivable -				
			btful accounts ►			<u></u>
	4	Pledges receivable ▶_				
			btful accounts ▶			
	5					<del></del>
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7		eceivable (attach schedule)			
	l		btful accounts ►			,
ţ	8		e			
sets	9	Prepaid expenses and d	eferred charges			
As	10 a		e government obligations (attach schedule).			
	b	Investments - corporate	stock (attach schedule) ATCH 9	632,812.	609,893.	584,963
	c	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, building and equipment basis				
		Less accumulated deprecia (attach schedule)	ation •			
	12	Investments - mortgage	loans		<del></del>	
	13	Investments - other (atta	loans	82,960.	67,596.	-
	14	Land, buildings, and	<b>▶</b> 3,160. □			ATCH 11
		Less accumulated deprecia (attach schedule)	3,160.	115.		
	15	Other assets (describe	► <u>ATCH 12</u> )		1,956.	1,956
	16	Total assets (to be	completed by all filers - see the			
_			age 1, item l)	732,716.	698,847.	673,917
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20		rs, trustees, and other disqualified persons			
jab	21		tes payable (attach schedule)			
_	22	Other liabilities (describe	• ►ATCH_13_) L	300.	735.	
_	23	Total liabilities (add line	s 17 through 22)	300.	735.	
			low SFAS 117, check here ▶			
,n		and complete lines	24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted				
<u>Jan</u>	25	Temporarily restricted .				
Ba	24 25 26	Permanently restricted .				
P			not follow SFAS 117,			
교		check here and com	plete lines 27 through 31. ▶ X			
ō	27	Capital stock, trust princ	apal, or current funds	732,416.	698,112.	
ets	28 29 30 31	Paid-in or capital surplus, or	land, bldg , and equipment fund			
SS	29	Retained earnings, accumi	ilated income, endowment, or other funds			
ž.	30	Total net assets or fund	l balances (see instructions)	732,416.	698,112.	
ž	31	Total liabilities and	net assets/fund balances (see			
_				732,716.	698,847.	
			inges in Net Assets or Fund E			
1			alances at beginning of year - Part I		-	
	end-	of-year figure reported	d on prior year's return)			732,416.
	Ente	r amount from Part I, I	ine 27a			-34,304
3	Othe	r increases not include	ed in line 2 (itemize)		3	
					1 - 1	698,112
		eases not included in	line 2 (itemize) ▶		5	
6	Total	net assets or fund ba	lances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	698,112.

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R	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List an 2-story b	(b) How acquired P-Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
 1а	SEE PART IV SCHE	D-Donation	(mo, day, yr)			
b						
c	<del> </del>		,,,			
d						
e	<del></del> .					
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
а					<del></del>	
b		-			·····	
C	-					
d						
е	0 11 1 1 1 1 1 1					<del></del>
	Complete only for assets	showing gain in column (h) and owner			Gains (Col (h) ga	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less t Losses (from co	
<u>a</u>						<del></del>
b						
<u>c</u>						
<u>d</u>						
е.		. If	gain, also enter in Part I, line 7			
2 (	Capital gain net income or		(loss), enter -0- in Part I, line 7	2		-32,045.
3	Net short-term capital gain	'' or (loss) as defined in sections 12	· · · · · ·			
		t I, line 8, column (c) (see instr				
			· · · · · ·	3		0
			duced Tax on Net Investment I	ncome	·	<del> </del>
Na		·	outable amount of any year in the ba	ase period	j?	Yes X No
			, see the instructions before making	any entri		
<u>.</u>	(a)			arry eritir	(d)	
Ca	Base period years  lendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
	2010	31,713.	689,667.			0.045983
	2009	33,440.	647,994.			0.051605
	2008	28,625.	819,944.			0.034911
	2007	39,474.	1,011,995.			0.039006
	2006	37,983.	1,000,517.			0.037963
	Total of line 1, column (d)		· · · · · · · · · · · · · · · · · · ·	2		0.209468
3	_	for the 5-year base period - divide	the total on line 2 by 5, or by the			-
	number of years the found	dation has been in existence if less	than 5 years	3		0.041894
4	Enter the net value of non	charitable-use assets for 2011 from	m Part X, line 5	4		690,535.
5	Multiply line 4 by line 3			5		28,929.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		321.
				7		29,250.
В			n Part VI, line 1b, and complete t	8 hat part	using a 1% tax	34,204.

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

Enter the states to which the foundation reports or with which it is registered (see instructions)

7

8 b

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Х

X

Х

10

and addresses

Х

Х

Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11_		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_ X_
13		13	Х	
	Website address N/A			
14	The books are in care of ► TERESA SJOLANDER Telephone no ► 360-460	-67	06	
	Located at $\triangleright$ P.O. BOX 169 REDMOND, WA ZIP+4 $\triangleright$ 98073			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
	the foreign country	<u> L</u>		
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·		Г
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	İ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ĺ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ļ		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).			
	termination of government service, if terminating within 90 days)			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		x
	Organizations relying on a current notice regarding disaster assistance check here	10		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2011?	1 c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b	N/A	1
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>—</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	off "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	ا	N	VA.
4 -	foundation had excess business holdings in 2011)	3 b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its <a href="mailto:charitable-purpose">charitable-purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?</a>	4 -		Х
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20117	4 b		<u></u>

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Pai	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)				
5 a	During the year did the foundation pay or incur any amou	nt to						
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	. Yes X No	•			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?				,			
	(3) Provide a grant to an individual for travel, study, or other	ner similar purposes?		. Yes X No	,			
	(4) Provide a grant to an organization other than a	charitable, etc., org	janization described i	n				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see instructions)		. Yes X No	,			
	(5) Provide for any purpose other than religious, ch	arıtable, scientific, I	iterary, or educationa	al				
	purposes, or for the prevention of cruelty to children of			1 1 1 771	,			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	,   ·			
	Regulations section 53 4945 or in a current notice regard				5b	N/A_		
	Organizations relying on a current notice regarding disast	er assistance check h	ere	▶□		,		
С	If the answer is "Yes" to question 5a(4), does the							
	because it maintained expenditure responsibility for the gi		NI/A	Yes No	,			
	If "Yes," attach the statement required by Regulations section							
6 a	Did the foundation, during the year, receive any fund		ctly, to pay premium	s				
	on a personal benefit contract?			)     1 1 1 1 1	,			
b	Did the foundation, during the year, pay premiums, direct				6 b	X		
	If "Yes" to 6b, file Form 8870	any or mandony, or a p		~				
7 2	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,			
	If "Yes," did the foundation receive any proceeds or have				7b	N/A		
	t VIII Information About Officers, Directors							
	and Contractors							
1	List all officers, directors, trustees, foundation n	nanagers and their (b) Title, and average	(c) Compensation (see	(d) Contributions to	4 ) 5			
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all			
		devoted to position	<u> </u>	and defended compensation				
AΤ	TACHMENT 14		9,500.	l d		0		
2	Compensation of five highest-paid employees	other than thos	se included on line	e 1 - see instruction	ons). If n	one, enter		
	"NONE."	·				-		
	NA	(b) Title, and average	(a) Componentian	(d) Contributions to employee benefit	(e) Expens	se account,		
(a	) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all	owances		
NON	IE			55poriosilon				
			0	d		0		
						· <del>······</del>		
			·					
			·					
T. 4 -	d number of other employees and eyes \$50,000	<u> </u>		<u></u>		0		
ı ota	I number of other employees paid over \$50,000 .	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Form 00	0-PF (2011)		
					FOIII 93	/ <b>∪</b> -/ (∠∪11)		

Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0 ō Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE

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Total. Add lines 1 through 3.

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes .		
а	Average monthly fair market value of securities	1a	607,900.
b	Average of monthly cash balances	1b	24,867.
C	Fair market value of all other assets (see instructions)	1c	68,284.
d	Total (add lines 1a, b, and c)	1d	701,051.
е	Total (add lines 1a, b, and c)		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3		3	701,051.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		4	10,516.
5	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	690,535.
6	Minimum investment return. Enter 5% of line 5	6	34,527.
Pa	Tree XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► and do not complete this process.	part )	
1	Minimum investment return from Part X, line 6	1	34,527.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 321.		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b	1	
C	Add lines 2a and 2b	2c	321.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	34,206.
4	Recoveries of amounts treated as qualifying distributions	4	·
5		5	34,206.
6		6	<u> </u>
7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	7	34,206.
_		1. ! 1	· •
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	34,204.
b		1b	
2	Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_		2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	34,204.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
•	Enter 1% of Part I, line 27b (see instructions)	5	321.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	33,883.
Ÿ	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when call		
	qualifies for the section 4940(e) reduction of tax in those years	Calating WI	iother the loundation

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Pa	rt XIII Undistributed Income (see instru	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				34,206.
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only			30,114.	
b	Total for pnor years 20 09 .20 08 .20 07				
3	Excess distributions carryover, if any, to 2011				
а	From 2006				
	From 2007				
C	From 2008				
d	From 2009				
	From 2010				
	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,			į	
	line 4 ▶ \$34,204.			20 114	
а	Applied to 2010, but not more than line 2a		.=	30,114.	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		-		
С	Treated as distributions out of corpus (Election			]	
	required - see instructions)				4 000
	Applied to 2011 distributable amount				4,090.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2011. (If an amount appears in column (d), the same				
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
a	Subtract line 6c from line 6b Taxable	····			
u	amount - see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see instructions				
1	Undistributed income for 2011 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2012				30,116.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)		<b></b>		
9	Excess distributions carryover to 2012.	^			
	Subtract lines 7 and 8 from line 6a	0			
	Analysis of line 9				
	Excess from 2007				
	Excess from 2008			į	
	Excess from 2009				
	Excess from 2010 Excess from 2011				
<u> </u>	EACESS HUITI ZUTT		ļ		

Form 990-PF (2011)

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

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Page 11

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager	recipient	Purpose of grant or contribution	Amount
a Paid during the year	5. 555 STATE OF THE STATE OF TH			
3,				
ATTACHMENT 15				
minomidui 15				
		:		
		}		
		}		
		İ		
	<u> </u>	!		20,000.
Total	<u> </u>	<u></u>	▶ 3a	20,000.
<b>b</b> Approved for future payment				
NONE				
		!		
		}		
		1		
Total			▶ 3b	
		<del></del>		

ter gross amounts unless otherwise indicated	<del>                                     </del>	ated business income		y section 512, 513, or 514	(e) Related or exempt
Program service revenue	Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b			-		
d					
е		· · · · · · · · · · · · · · · · · · ·			
f					
g Fees and contracts from government agencies					
Membership dues and assessments	•				
Interest on savings and temporary cash investments	-		14	40,180.	·
Dividends and interest from securities Net rental income or (loss) from real estate	•	<u> </u>	+	10/100.	
a Debt-financed property					<del></del>
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventor	ry		18	-32,045.	
Net income or (loss) from special events	1				<del></del>
Gross profit or (loss) from sales of inventory.					
Other revenue a	•	· · · · · · · · · · · · · · · · · · ·			
b					
d			-		
e					
Subtotal Add columns (b), (d), and (e)				8,135.	
Total. Add line 12, columns (b), (d), and (e) eworksheet in line 13 instructions to verify cal	culations)	complishment of E	xempt Purp	oses	
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activitie ne No. Explain below how each activ accomplishment of the foundat	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activitie ne No. Explain below how each activ accomplishment of the foundat	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to
Total. Add line 12, columns (b), (d), and (e) the worksheet in line 13 instructions to verify cal art XVI-B Relationship of Activities ne No. Explain below how each activ accomplishment of the foundate	culations) es to the Ac	complishment of E	xempt Purp	oses e) of Part XVI-A contribu	ted importantly to

Part	XVII	Information R Exempt Orga		nsfers To	and Trans	actions	and Relation	nships V	With Non	chari	itable	<del>}</del>
1 `[	Old the	e organization direc		engage in a	ny of the follo	wing with	h anv other org	anization	described	ľ	Yes	No
II	n sect	tion 501(c) of the Cozations?	•		•	-						
	-	ers from the reportir	na foundation to	a noncharit	ahle evemnt o	raanizatio	n of					ľ
		sh				-				1a(1)		х
		ner assets								1a(2)		X
		transactions								10(2)		
		les of assets to a no	ncharitable exen	not organizat	tion					1b(1)		Х
ì	2) Pu	rchases of assets fro	om a noncharital	ble exempt o	rganization					1b(2)		Х
		ntal of facilities, equ								1b(3)		X
(	4) Re	ımbursement arrang	ements							1b(4)		X
		ans or loan guarante								1b(5)		_ X
(	<b>6)</b> Pe	rformance of service	es or membershi	p or fundrai	sing solicitation	ıs			<b></b>	1b(6)		X
		g of facilities, equipr								1 c		X
d li	f the	answer to any of th	ne above is "Yes	s," complete	the following	g schedu	ile Column (b)	should al	ways show	the	faır m	arket
		of the goods, other										
v	alue ı	n any transaction o	r sharing arrang	ement, show	w in column (	d) the va	lue of the good	s, other a	assets, or s	ervice	s rece	eived
(a) Line	e no	(b) Amount involved	(c) Name of no	oncharitable ex	empt organization		Description of trans	fers, transac	tions, and shar	ing arra	ngemer	ıts
		N/A				N/	/A					
			ļ									
					· · · · · · · · · · · · · · · · · · ·							
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									<del></del>			
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							- 11					
					<del></del>							
			1									
		foundation directly						ot organiz		$\neg .$	ΓV	٦.,
		ped in section 501(c)		ner than sec	tion 501(c)(3)	) or in se	ction 52/7		L	Y6	es X	Ινο
<u>D</u> II	res	," complete the follo (a) Name of organization		(b) 1	Type of organization	·		(a) Descript	uan of rolations	hin		
		(a) Name of Organization	***	(6)	Type or organization	41		(c) Descript	ion of relations	пр		
				<del></del>	<del></del>	-				<del></del>		
						<u> </u>						
		·										
	Linder	penalties of perjury, I declar	are that I have examin	ed this return in	ncluding accompany	no schedules	and statements and	to the best of	of my knowledg	e and h	eliaf it	is tolo
Sign	correc	t and complete Declaration o	preparer (other than ta	xpayer) is based o	n all information of w	hich preparer	r has any knowledge	to the best t	or my knowledg	e and b	relier, it	13 (106,
Here		2 - 1 - 1	(11)	1.5-	7-2012		3-Touch	0	May the IRS			
пете	300	nature of officer or trustee	FU	Date	7 4010	Tıtle	0- // 45/4		with the pre (see instruction:			$\neg$
	7		,	Duto		THE			(see instructions	5)/ [11	res	No
	1 4	Print/Type preparer's	name	Preparer's	s signature		Date	Ch	eck If F	TIN		
Paid		DONITA M. PIT			ilam	Peta		2012 self	f-employed		8601	7
Prepa	arer		NG & OLIAS				1	Firm's C'	N ► 27-42	2385	73	<del>'</del>
Use C	Only	Firm's address > 51			•			i min S Ell	7 - 7 - 34			
	,	1	CATTLE, WA				98119-3928	Phone no	206-28	35-7	242	
		1						T HOHE H			0-PF	(2011)

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	CAPITAL GAINS AND LOSSES FOR TAX ON INVEST  Kind of Property  Description				or	Date	Date sold	
Gross sale		Cost or			Figuref	D	acquired	
price less	Depreciation allowed/	Cost or other	FMV as of	Adj basis as of	Excess of FMV over		Gain	
expenses of sale	allowable	basis	12/31/69	12/31/69	adj basis		or (loss)	
							(1055)	
		TOTAL CAPIT.	AL GAIN DIS	STRIBUTIONS			2,076.	
							2,076.	
		PUBLICALLY						
		PROPERTY TY	PE: SECURI	TIES .				
438,374.		458,495.					-20,121.	
		KITISLANO		•				
		14,000.					-14,000.	
TAL GAIN(I	oss)					-	-32,045.	
						ŀ		
						1		
						1		:
					}			

## - DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	30,393. 3,627.	34,020.
REVENUE AND EXPENSES PER BOOKS	30,393. 3,627.	34,020.
		TOTAL
DESCRIPTION	WELLS FARGO WELLS FARGO - OID	

INCOME	
OTHER	
1	1
Н	
PART	
990PF,	
FORM	

Н	E G	
INTEREST FROM	CONTRACT	KECELVABLES
WEILS FARGO		

	NET	INVESTMENT	INCOME	4,101.	2,059.
REVENUE	AND	EXPENSES	PER BOOKS	4,101.	2,059.

6,160.

6,160.

TOTALS

ATTACHMENT 2 PAGE 16

FEES
LEGAL E
1
Ι
PART
990PF,
FORM

CHARITABLE	1,688.	1,688.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	422.	422.
REVENUE AND EXPENSES PER BOOKS	2,110.	2,110.
		TOTALS
DESCRIPTION	LEGAL FEES	

ATTACHMENT	TACHMEN			
TACHMEN	TACHMEN	E	_	
TACHME	TACHME		2	
TACHM	TACHM		ċ	
TACH	TACH		>	
TAC	TAC	-	ī	
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7	1	5	-	
		•	٠	

FEES
ACCOUNTING
1
Ι
PART
990PF,
FORM

CHARITABLE PURPOSES	2,945.	2,945.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	2,946.	2,946.
REVENUE AND EXPENSES PER BOOKS	5,891.	5,891.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 4 PAGE 18

### - OTHER PROFESSIONAL FEES PART I FORM 990PF,

NET	INCOME	2,457.
REVENUE AND	PER BOOKS	2,457.
	DESCRIPTION	INVESTMENT MANAGEMENT FEES

2,457.

2,457.

TOTALS

### - INTEREST EXPENSE PART I FORM 990PF,

NET INVESTMENT INCOME	38.	38.
REVENUE AND EXPENSES PER BOOKS	38.	38.
DESCRIPTION	WELLS FARGO INTEREST EXPENSE	TOTALS

# FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	1,321.	1,321.
NET INVESTMENT INCOME	330. 27.	357.
REVENUE AND EXPENSES PER BOOKS	1,651.	1,678.
		TOTALS
DESCRIPTION	EMPLOYMENT TAXES FOREIGN TAX	

ω

### OTHER EXPENSES ı PART FORM 990PF,

REVENUE AND EXPENSES	PER BOOKS 65.	51.	282. 207.
	DESCRIPTION LICENSES & PERMITS		TRAVEL OFFICE EXPENSE

TOTALS

EXPENSES PER BOOKS 65. 51. 282. 207.
--------------------------------------

650.

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

ENDING BOOK VALUE

ENDING FMV

584,963.

WELLS FARGO

TOTALS

609,893.

609,893.

584,963.

- OTHER INVESTMENTS PART II FORM 990PF,

DESCRIPTION

CONTRACT RECEIVABLE - HAMILTON KITISLANO STOCK

TOTALS

ENDING BOOK VALUE

ENDING FMV 67,596.

67,596.

67,596.

67,596.

ATTACHMENT 10 PAGE 24

INVESTMENT
FOR
HELD
NOT
EQUI PMENT
BUILDINGS,
LAND

립	ENDING	2,010.	1,150.	3,160.
ECIATION DETA	DISPOSALS			
ACCUMULATED DEPRECIATION DETAIL	ADDITIONS		115.	
ACC	BEGINNING BALANCE	2,010.	1,035.	3,045.
	ENDING BALANCE	2,010.	1,150.	3,160.
FIXED ASSET DETAIL	ADDITIONS DISPOSALS			
FIXED	ADDITION			
	BEGINNING	2,010.	1,150.	3,160.
	METHOD/ CLASS	ж Э	SL	
	ASSET DESCRIPTION	COMPUTER	COMPUTER	TOTALS

PART II - OTHER ASSETS FORM 990PF,

DESCRIPTION

INCOME RECEIVABLE

ENDING BOOK VALUE

ENDING FMV

1,956.

1,956.

TOTALS

1,956.

1,956.

ATTACHMENT 12 PAGE 26

ERNEST R AND AUDREY M TURNER FOUNDATION 91-1740796

ATTACHMENT 13

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

PAYROLL TAXES PAYABLE

735.

TOTALS

735.

			SWOTHILLTHENCO	E C C C C C C C C C C C C C C C C C C C
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
GERALD SAMPONT P.O. BOX 169 REDMOND, WA 98073	TRUSTEE 2.00	0	0	0
TERESA SJOLANDER P.O. BOX 169 REDMOND, WA 98073	TRUSTEE 5.00	9,500.	0	0
LYNN SJOLANDER P.O. BOX 169 REDMOND, WA 98073	TRUSTEE 1.50	0	0	0
	GRAND TOTALS	9,500.	0	0

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

ATTACHMENT 15

RECIPIENT NAME AND ADDRESS	AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
EASTSIDE DOMESTIC VIOLENCE PROGRAM ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000.
HOLIDAY STOCKINGS FOR HOMELESS CHILDREN ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000.
STARLIGHT FOUNDATION ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000.
SUNSHINE PHYSICALLY CHALLENGED FOUNDATION ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000.
HEROES FOR THE HOMELESS ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000.
GOODWILL DEVELOPMENT ASSOCIATION ADDRESS AVAILABLE UPON REQUEST	N/A PUBLIC	HEALTH & HUMAN SERVICES	1,000

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ATTACHMENT 15 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
VINE MAPLE PLACE	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVAILABLE UPON REQUEST	PUBLIC		
ELIZABETH GREGORY HOUSE	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVAILABLE UPON REQUEST	PUBLIC		
			7
RYTHER CHILD CENTER	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVAILABLE UPON REQUEST	PUBLIC		
SOLID GROUND	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVAILABLE UPON REQUEST	PUBLIC		
ACRES OF DIAMONDS	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVAILABLE UPON REQUEST	PUBLIC		
DOWNTOWN EMERGENCY SERVICE CENTER	N/A	HEALTH & HUMAN SERVICES	1,000.
ADDRESS AVALLABLE UPON REQUEST	PUBLIC		

ATTACHMENT 15 (CONT'D)

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AMOUNT	1,000.	1,000	1,000.	1,000.	1,000	1,000.
PURPOSE OF GRANT OR CONTRIBUTION	HEALTH & HUMAN SERVICES	HEALTH & HUMAN SERVICES	HEALTH & HUMAN SERVICES	HEALTH & HUMAN SERVICES	HEALTH & HUMAN SERVICES	HEALTH & HUMAN SERVICES
AND FOUNDATION STATUS OF RECIPIENT	N/A PUBLIC	N/A PUBLIC	N/A PUBLIC	N/A PUBLIC	N/A PUBLIC	N/A
RECIPIENT NAME AND ADDRESS	SEATTLE EDUCATION ACCESS ADDRESS AVAILABLE UPON REQUEST	SENIOR SERVICES ADDRESS AVAILABLE UPON REQUEST	ELDER FRIENDS / ELDERHEALTH / FULL LIFE ADDRESS AVAILABLE UPON REQUEST	VISION HOUSE ADDRESS AVAILABLE UFON REQUEST	BOYER CHILDREN'S CLINIC ADDRESS AVAILABLE UPON REQUEST	SEATTLE UNION GOSPEL MISSION

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

HEALTH & HUMAN SERVICES

1,000.

AMOUNT

ATTACHMENT 15 (CONT'D)

1,000.

HEALTH & HUMAN SERVICES

PUBLIC N/A

ADDRESS AVAILABLE UPON REQUEST

BALLARD FOOD BANK

PUBLIC

ADDRESS AVAILABLE UPON REQUEST

CHILDREN'S HOSPITAL

RECIPIENT NAME AND ADDRESS

A/N

20,000.

TOTAL CONTRIBUTIONS PAID

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