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### Form 990-PF

Name of foundation

**Return of Private Foundation** 

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

, and ending

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2012 or tax year beginning

Open to Public Inspection A Employer identification number

JAMES & CK COLES FOUNDATION						26-1501605			
N	ımber	and street (or PO box number if mail is not delivered to street addr	В	felephone number (see inst	ructions)				
PO	) BC	X 3543		206-933-	9145				
Cı	ty or to	wn, state, and ZIP code	C II	exemption application is pe					
SE	ATTI	<u>_E</u>	WA	98124-3543					
G	Che	ck all that apply   Initial return   Initia	al return of a former po	ublic charity	D 1	Foreign organizations, che	eck here		
			nded return	•			_		
			ne change		2	Foreign organizations mee check here and attach con	· -		
<del>-</del>	Che	ck type of organization X Section 501(c)(3) exer		<del></del>	ł				
Ë	_	<del></del>	Other taxable private f			private foundation status w			
느			<u> </u>		"	nder section 507(b)(1)(A), c	neck nere		
ı		market value of all assets at end are are all assets at end are	nethod 💢 Cash	Accrual		the foundation is in a 60-me nder section 507(b)(1)(B), c			
		16) ►\$ 1,783,482 (Part I, column (c		ve 1	ľ	inder section sor(b)(1)(b), c	lieck liefe		
Pa	rt I	Analysis of Revenue and Expenses (The total of	· · · · · · · · · · · · · · · · · · ·	13 )	<u>.                                    </u>	I	(d) Disbursements		
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantable		
		the amounts in column (a) (see instructions) )	books	income		ıncome	purposes		
_	I 4			· <del>····································</del>			(cash basis only)		
	1 2	Contributions, gifts, grants, etc., received (attach schedule)							
	3	Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments	149		149				
	4	Dividends and interest from securities	82,922		2,922				
	l <u> </u>	a Gross rents	02,322	- 62	.,922				
Revenue		b Net rental income or (loss)		<del></del> -					
		a Net gain or (loss) from sale of assets not on line 10	17,296	· · · · · · · · · · · · · · · · · · ·					
	Ι.	b Gross sales price for all assets on line 6a 243,564	17,230	<del></del>			<del></del>		
ě	7	Capital gain net income (from Part IV, line 2)		17	.296				
œ	8	Net short-term capital gain		1	,290		· · · · · · · · · · · · · · · · · · ·		
	9	Income modifications		<del></del>					
	1	Gross sales less returns and allowances	-		•	<del></del>			
		b Less. Cost of goods sold		• • •					
		C Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)	·.··	•					
	12	Total. Add lines 1 through 11	100,367	100	.367	10.2601-200	ACO. Rang		
	40	Compensation of officers, directors, trustees, etc	100,307	100	1,307	10 360 50 10 10 0	<del>(C)</del>		
e Expenses	14	Other employee salaries and wages			<del> 11</del>	11/7 9 9 9 500			
	15	Pension plans, employee benefits							
, <u>ĝ</u>	16	a Legal fees (attach schedule)			1 - 4 -	3 4 7 15 55 4			
Ű	'	b Accounting fees (attach schedule)			== _	3 - 4 - 3 - 3 - 3 - 3 - 3 - 3	<del></del>		
-	1 4	C Other professional fees (attach schedule)					<u>=</u>		
3	17	Interest							
₹	18	Taxes (attach schedule) (see instructions)	4,078	4	,078	<del></del>			
<u> </u>	19	Depreciation (attach schedule) and depletion		· ·	,0,0				
투	20	Occupancy	· · · · · · · · · · · · · · · · · · ·						
ĕ	21	Travel, conferences, and meetings	444		444				
Б	22	Printing and publications		·					
a	23	Other expenses (attach schedule)	8,211		3,211	<del></del>			
ij	24	Total operating and administrative expenses.			,				
ā		Add lines 13 through 23	12,733	12	,733	0	0		
Operating and Administrati	25	Contributions, gifts, grants paid	17,000	•			17,000		
0	26	Total expenses and disbursements. Add lines 24 and 25	29,733	12	,733	0	17,000		
	27	Subtract line 26 from line 12	20,,00		, 55				
		Excess of revenue over expenses and disbursements	70,634						
		Net investment income (if negative, enter -0-)	,	87	,634				
		C Adjusted net income (if negative, enter -0-)		<u></u>		0	· · · · <u>-</u> · · ·		
_		,				<u> </u>			

Do	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
		should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	1,121	6,520	6,520	
	2	Savings and temporary cash investments	118,204	118,204		
	3	Accounts receivable		· - · · · · · · · · · · · · · · · · · ·		
	1	Less allowance for doubtful accounts				
	4	Pledges receivable				
	Į	Less. allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts				
Şţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
Ä		a Investments—U.S. and state government obligations (attach schedule)				
	İ	b Investments—corporate stock (attach schedule) .	917,476	938,187	1,658,758	
		C Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
	į .	Less accumulated depreciation (attach schedule)			<del> </del>	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis ▶				
	ļ	Less accumulated depreciation (attach schedule)				
	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the				
	ļ	instructions Also, see page 1, item I)	992,277	1,062,911	1,783,482	
	17	Accounts payable and accrued expenses				
Š	18	Grants payable				
Liabilities	19	Deferred revenue	<del></del>			
霓	20	Loans from officers, directors, trustees, and other disqualified persons			-	
<u></u>	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶				
	23	Total liabilities (add lines 17 through 22)	0	0		
S		Foundations that follow SFAS 117, check here		,		
lances		and complete lines 24 through 26 and lines 30 and 31.			,	
a	24	Unrestricted			*	
	25	Temporarily restricted	·			
9	26	Permanently restricted			1	
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here			į	
<u>.</u>		and complete lines 27 through 31.				
0	27	Capital stock, trust principal, or current funds			_	
ę,	28	Paid-in or capital surplus, or land, bldg, and equipment fund			,	
158	29	Retained earnings, accumulated income, endowment, or other funds	992,277	1,062,911		
يد	30	Total net assets or fund balances (see instructions) .	992,277	1,062,911	ĺ	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions) .	992,277	1,062,911		
	rt III	Analysis of Changes in Net Assets or Fund Balances		<del> </del>		
1		net assets or fund balances at beginning of year—Part II, column (a), line	30 (must agree with			
_		of-year figure reported on prior year's return)		1	992,277	
_		r amount from Part I, line 27a		. 2	70,634	
3		r increases not included in line 2 (itemize)		3		
4		ines 1, 2, and 3		4	1,062,911	
5		eases not included in line 2 (itemize)		5		
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Part II, co	lumn (b), line 30 .	6	1 062 911	

Page 3

(a) List and describe the	kind(s) of property sold (e.g., real esta e, or common stock, 200 shs MLC Co	ite,	Incor	(b) How acquired P—Purchase		Date acquired no , day, yr )	(d) Date sold (mo , day, yr )
1a See Attached Statement	<del></del>	<u>-                                    </u>		D—Donation	<u> </u>		
b See Attached Statement	<del></del>		$\longrightarrow$				<del></del>
c See Attached Statement							
d See Attached Statement							
e See Attached Statement				<u>-</u>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	·		other basis			or (loss) ) minus (g)
a							0
b							0
С							0
_d							0
<u>e</u>							0
Complete only for assets show	ing gain in column (h) and owned	by the fo	undatio	n on 12/31/69		(I) Gains (Col	(h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	-	-	s of col (1) (j), if any			less than -0-) or om col (h))
а							0
_b	J						0
С							0
_d				<del></del>			0
<u>e</u>				<del></del>			0
2 Capital gain net income or (i	lf (loss),		ın Part	I, line 7	2		17,296
3 Net short-term capital gain of							
	ne 8, column (c) (see instruction	ons) If (Id	oss), er	nter -0- }	i		
in Part I, line 8				J	3		17,353
Part V Qualification Und	<u>ler Section 4940(e) for Re</u>	educed	Tax o	n Net Investm	<u>ent ir</u>	<u>icome</u>	
If section 4940(d)(2) applies, least was the foundation liable for the If "Yes," the foundation does not	e section 4942 tax on the distri qualify under section 4940(e)	Do not o	comple	te this part			Yes X No
	unt in each column for each ye	ear, see th	he instr	uctions before m	akıng	any entries	<del></del>
(a) Base period years	(b)			(c)	- [	Distr	(d) ibution ratio
Calendar year (or tax year beginning in	Adjusted qualifying distribution	ns Ne	t value o	f nonchantable-use as	sets		vided by col (c))
2011		3,801		1,697			0.052306
2010		2,000		1,577			0 051978
2009		1,593		1,277			0 063882
2008		3,384		1,643			0 050748
2007	83	3,670		2,147	,248	<del></del>	0 038966
2 Total of line 1, column (d)						2	0 257880
3 Average distribution ratio for the number of years the four	rtne 5-year base period—divid ndation has been in existence					3	0.051576
4 Enter the net value of nonch	aritable-use assets for 2012 fr	om Part 2	X, line	5	. [	4	1,659,020
5 Multiply line 4 by line 3 .						5	85,566
6 Enter 1% of net investment	income (1% of Part I, line 27b)	١.				6	876
7 Add lines 5 and 6 .						7	86,442
8 Enter qualifying distributions If line 8 is equal to or greate the Part VI instructions	from Part XII, line 4 r than line 7, check the box in	Part VI, lı	ne 1b,	and complete tha	at part	8 using a 1% ta	17,000 x rate See

Р	ar	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948		see	instruc	tions)		
1	1 a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. ☐							
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)  b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	-	here  and enter 1% of Part I, line 27b .		<del> </del>		1,753	+	
	C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	- [					
		of Part I, line 12, col (b)						
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	L	2			0	<u> </u>
3		Add lines 1 and 2	-	3	<del>                                     </del>		1,753	<del> </del>
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	ŀ	4	+			<del>                                     </del>
5 6		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	ŀ	5	<del> </del>		1,753	<del>  -</del>
0		Credits/Payments 2012 estimated tax payments and 2011 overpayment credited to 2012	Ì		1			]
		2012 estimated tax payments and 2011 overpayment credited to 2012 . 6a Exempt foreign organizations—tax withheld at source . 6b	ᅥ		1			
		Tax paid with application for extension of time to file (Form 8868)  6c	┨		j			ļ
		Backup withholding erroneously withheld 6d	┪		1			1
7		Total credits and payments Add lines 6a through 6d	┪	7	- <del> </del>		0	1
8		Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	ı	8	1		39	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶[	9			1,792	
10	)	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•[	10			0	
11	<u> </u>	Enter the amount of line 10 to be Credited to 2013 estimated tax ► Refunded ▶	<u> </u>	11			0	
P	ar	t VII-A Statements Regarding Activities						
1	а	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No
		participate or intervene in any political campaign?				1a		
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see							
	Instructions for the definition)?							<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials							l
	published or distributed by the foundation in connection with the activities							ļ
	c Did the foundation file Form 1120-POL for this year?							
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							l
(1) On the foundation ►\$ (2) On foundation managers ►\$								
	е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
2		on foundation managers  \$  Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		<del> </del>
_		If "Yes," attach a detailed description of the activities				-	_	<del> </del>
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles						
		of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
4	а	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		Х
	b	If "Yes," has it filed a tax return on Form 990-T for this year?				4b	N/A	
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		
		If "Yes," attach the statement required by General Instruction T						
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						ľ
		By language in the governing instrument, or						<u> </u>
		By state legislation that effectively amends the governing instrument so that no mandatory directions						
_		that conflict with the state law remain in the governing instrument?				6	<u>X</u>	
7	_	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	na	Pa	rt XV	7	Х	<b> </b>
0		Enter the states to which the foundation reports or with which it is registered (see instructions)						
		WA If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney						
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .							<u> </u>
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			•	8b	<del></del> -	<del>                                     </del>
-		or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"						
		complete Part XIV				9		х
10	)	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing						
		their names and addresses				10	Х	
_	_		_					

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2012)

N/A

3b

4a

4b

Рa	rt VI	-B Statements Regarding Activit	ties for Which Fo	rm 4720 May Be	Required (co	ontinued)				
5a		ig the year did the foundation pay or incur any								
		Carry on propaganda, or otherwise attempt t		section 4945(e))?		Yes X	l No	i	{	
		Influence the outcome of any specific public			<b></b> -	نت ۱۹۰۰	,	Ш	1	
	` ,	on, directly or indirectly, any voter registration				Yes X	] No			
		Provide a grant to an individual for travel, stu			[	Yes X	] No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)						No			
	(5)	Provide for any purpose other than religious, educational purposes, or for the prevention of			. [	Yes X	No			
b	If any	answer is "Yes" to 5a(1)–(5), did any of the t			ns described in	00	,	ľ		
	Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?									
		nizations relying on a current notice regarding				▶ □	וֹ וֹ			•
c	-	answer is "Yes" to question 5a(4), does the fo					'			
	tax b	ecause it maintained expenditure responsibilit	ty for the grant?			Yes X	No			
	If "Ye	es," attach the statement required by Regulati	ions section 53.4945-	5(d).			· (	Į)	ŀ	
6a	Did t	he foundation, during the year, receive any fur	nds, directly or indirectl	y, to pay			į	- 1	į.	
		iums on a personal benefit contract?				Yes X	No		ľ	
b		ne foundation, during the year, pay premiums, os" to 6b, file Form 8870	directly or indirectly, o	n a personal benefit o	contract?		· [	6b		Х
7a	7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X									
b	If "Ye	s," did the foundation receive any proceeds o	r have any net income	attributable to the tra	nsaction? .	—	ʻ. [	7b	N/A	
P	art V	Information About Officers,	Directors, Truste	es. Foundation	Managers, H	ighly Pai	d Em	plove	es.	
		and Contractors	,	,	, , , ,	,			,	
1	List	all officers, directors, trustees, foundat	ion managers and t	heir compensation	n (see instructi	ons).				
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee ben and deferred cor	efit plans			e accoun wances	t,
Jan	nes E	Coles	President		4,4 20,0,700 00.			_		
		Street S, No 301N Kirkland, WA 9803	1 00							
	Coles		Vice President						,	
905	Lake	Street S , No 301N Kirkland, WA 9803	1 00							
Rol	ert Ja	affe	Secretary							
925	4th A	ve Suite 2900 Seattle, WA 98104	1 00							
Ver	non C	Bennett CPA	Treasurer							
<u>413</u>	5 32r	d Ave , SW Seattle, WA 98126	2.00		<u> </u>	. —				
2		pensation of five highest-paid employer r "NONE."	ees (other than thos	e included on line	1—see instruc	tions). If n	one,			
(a	) Name	and address of each employee paid more than \$50,0	(b) Title, and avera hours per week devoted to positio	(c) Compensation	(d) Contro employe plans and	e benefit			account	t,
			devoted to positio	' <u>-</u>	compe	nsation				
ΝŌ	NE									
Tot	ai nur	nber of other employees paid over \$50,00	U			. ▶				

Form 990-PF (2012) JAMES & CK COLES FOUNDATION		26-1501605 Page /
Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Pai	d Employees,
and Contractors (continued)		
3 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		
· · · · · · · · · · · · · · · · · · ·		-
,		
Total number of others receiving over \$50,000 for professional services		
Total number of others receiving over \$50,000 for professional services		-
Part IX-A Summary of Direct Charitable Activities		
Let the foundations for a largest disease to extend a consulting disease the tay year. Include sales and state	integl information such as	
List the foundation's four largest direct chantable activities during the tax year. Include relevant state the number of organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	Expenses
1 N/A		
1 IVA		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	structions)	,
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		· · · · · · · · · · · · · · · · · · ·
3		
<u> </u>		

Total. Add lines 1 through 3

### Minimum investment return. Enter 5% of line 5 6 82,951 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | Jand do not complete this part | Minimum investment return from Part X, line 6 82,951 2a Tax on investment income for 2012 from Part VI, line 5 1,753 b Income tax for 2012. (This does not include the tax from Part VI) С Add lines 2a and 2b 1.753 3 Distributable amount before adjustments Subtract line 2c from line 1 3 81,198 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 81,198 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 81,198 Part XII Qualifying Distributions (see instructions)

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes а Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 17,000 b Program-related investments—total from Part IX-B 1b 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 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 17,000 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) 6 Adjusted qualifying distributions. Subtract line 5 from line 4 . 17.000

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

5

1,659,020

Part	XIII · Undistributed Income (see instructions)				
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years pnor to 2011	2011	2012
	line 7				81,198
2	Undistributed income, if any, as of the end of 2012.			-	3.1.00
а	Enter amount for 2011 only			0	
b	Total for prior years. 20 <u>08</u> , 20 <u>09</u> , 20 <u>10</u>		8,287		
3	Excess distributions carryover, if any, to 2012.				***
а	From 2007				
b	From 2008 .				
С	From 2009 10,258				
d	From 2010 14,507			1	
е	From 2011 . 11,874				
f	Total of lines 3a through e	36,639			
4	Qualifying distributions for 2012 from Part				
	XII, line 4 ► \$ 17,000				
а	Applied to 2011, but not more than line 2a	ļ			
b	Applied to undistributed income of prior years				
	(Election required—see instructions)			1	
С	Treated as distributions out of corpus (Election				
	required—see instructions)	Ì			
d	Applied to 2012 distributable amount .				17,000
е	Remaining amount distributed out of corpus				, , , , , , , , , , , , , , , , , , , ,
5	Excess distributions carryover applied to 2012	36,639			36,639
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 .	<u> </u>			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		8,287		
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)	1			
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions		8,287		
е	Undistributed income for 2011 Subtract line				
	4a from line 2a Taxable amount—see				
	instructions			0	
f	Undistributed income for 2012 Subtract				
	lines 4d and 5 from line 1 This amount must				
	be distributed in 2013 .				27,559
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 2007		I		
	not applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2013.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2008				
b	Excess from 2009		1		
С	Excess from 2010	ļ			
d	Excess from 2011		}		
е	Excess from 2012			İ	

5 - 4 VII	Cumplamantam		(
Part XV	Supplementary	y information (	(continuea

3 Grants and Contributions Paid During to		tor Future	Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	<u>l</u>
Name and address (home or business)  a Paid duning the year  WA Policy Center PO Box 3643 Seattle, WA 98124-3643	or substantial contributor	501(c) 3	Educational	17,000
Total b Approved for future payment	Γ		. <u>▶</u> 3a	17,000
Total			2h	0

Part XVI	-A Analysis of Income-Producing Acti	vities				
Enter gros	ss amounts unless otherwise indicated.	Unrelated bus	iness income	Excluded by section	(e)	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Progra	am service revenue				ļ	(GGC MISTUSIONS )
				,	-	
					<u> </u>	
d						
e	<del></del>			ļ		
f	<del></del>	·				
-	es and contracts from government agencies	-	· · · · · · · · · · · · · · · · · · ·			
	pership dues and assessments	ļ -		14		
	st on savings and temporary cash investments and interest from securities			14		
	ental income or (loss) from real estate			14		
	ebt-financed property		-		<u> </u>	
	<u>-</u>			<del> </del>		<u> </u>
	ot debt-financed property ental income or (loss) from personal property		<u> </u>	<u> </u>		[
	investment income	<del></del>				<u> </u>
	or (loss) from sales of assets other than inventory			18	<del> </del>	
	come or (loss) from special events	-		1		
	profit or (loss) from sales of inventory					
	revenue a					
	Toveride d					
е					-	
12 Subto	tal Add columns (b), (d), and (e)		0		0	C
	Add line 12, columns (b), (d), and (e) .				13	0
(See work	sheet in line 13 instructions to verify calculations)					_
Part XV	I-B Relationship of Activities to the Ac	complishment	of Exempt P	urposes		
Line No.	Explain below how each activity for which incom					
	the accomplishment of the foundation's exempt	purposes (other tha	in by providing fu	nds for such purpo	oses) (See instru	ctions)
					<del> </del>	
					<del>-</del>	
		<del></del>				
					<u> </u>	
		<del></del>				
	<del></del>					
				•		
						<del></del>

### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described

1		tion 5	ganization directly 6 501(c) of the Code ons?	•	• •		•	•	_			Yes	s No
а	Transf	fers f	from the reporting f	oundation to	a noncharitable	exempt	organizatio	n of					
	(1) C		• •		•	•					1a	1(1)	×
	(2) 0	ther	assets								_	1(2)	X
b	Other	trans	sactions.										
	(1) S	ales	of assets to a none	haritable exe	mpt organizatio	on					. 1t	o(1)	X
			ases of assets from									(2)	X
			l of facilities, equipi									0(3)	X
			ursement arranger			_						0(4)	X
			or loan guarantees									o(5)	X
			mance of services		p or fundraising		ions					0(6)	X
С			facilities, equipme								_	lc	X
		-	ver to any of the ab	_	-	•			(b) should alway	s show the			
_	value	of the	e goods, other ass ny transaction or sh	ets, or service	es given by the	reporting	foundation	If the	foundation recei	ived less th	nan fair m	arket	
(a)	Line no		(b) Amount involved	(c) Name	of nonchantable ex	empt organi	zation	(d) De	escription of transfers	, transactions	, and shann	g arrangen	nents
								_					
			·					-					
		<u> </u>											
						·							
			•										
							·						
	descri	bed	idation directly or in in section 501(c) of implete the followin	f the Code (ot	ted with, or rela her than section	ated to, or n 501(c)(	ne or more 3)) or in sec	tax-exection 52	empt organizatio 27?	ns	Yes	X No	
		•	a) Name of organization	.5 00.100010	(6)	Type of orga	nization		(c)	Description of	f relationshi		
			_, S. Siguinzadon		(5)	. ypu or orgo			(6)			<u>-</u>	
			<del></del>		1	<u>.</u>							
_					<del>                                     </del>	<del></del>						•	
	L	Under n	penalties of perjury, I declare t	that I have examined	this return, including ac	companying s	chedules and sta	tements. a	nd to the best of my know	vledge and belie	f. it is true.		
	ا		and complete Declaration of		_				•	<u> </u>			
Sig	gn		1	i					•		ne IRS discu		
He	re 🕨				3.27-	3.27-14 DIRECTOR /TV					ne preparer :		
		Shan	ature of origon or trustee	<del>)</del>	- 7 راد کار Date		Title	<u> </u>	165.	Instruc	tions)?	Yes _	_ No
		T	Print/Type preparer's na	ame	Prepares signati	tre .			Date	1	РТ	IN .	
Pa	id		, po proparer a lie	•		24			3-27-14	Check 2	_ '		
	epare	,	Vernon C Bennett	, CPA		571			9/24/2013	self-emplo	_	1066209	9
	-	" 「			& Accounting	Services	LLC			Firm's EIN		152369	
บร	e On	עי	Firm's address ► 70						<del> </del>	Phone no	206-93		

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No 1545-0047

**2012** 

**Employer identification number** 

JAMES & CK COLES FOUND	26-1501605							
Organization type (check one								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private found	ation						
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation	1						
	501(c)(3) taxable private foundation							
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note</b> . Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions								
General Rule								
	ing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or recontributor. Complete Parts I and II	nore (in money or						
Special Rules								
sections 509(a)(1) and	) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contributor on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line of the amount on (ii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line of the amount on (iii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line of the amount on (iii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line of the amount on (iii) Form 990, Part VIII, line 1h, or (iii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iii) Form 990-EZ, line of the amount on (iiii) Form 990-EZ, line of the amount on (iiii) Form 990-EZ, line of the amount on (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	contribution of the greater						
the year, total contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.								
	is not covered by the General Rule and/or the Special Rules does not file S							

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of organization **Employer identification number** JAMES & CK COLES FOUNDATION 26-1501605 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person -----**Payroll** Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** 

Foreign State or Province

Foreign Country

Noncash

(Complete Part II if there is

a noncash contribution)

Name of organization
JAMES & CK COLES FOUNDATION

Employer identification number 26-1501605

Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional spa	ice is needed.
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

For Prov

Country

Name of organization **Employer identification number** JAMES & CK COLES FOUNDATION 26-1501605 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations Part Ill total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For Prov Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee For Prov Country (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Part I, Line 16a (990-PF) - Legal Fees

·	0	0	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1 K & L Gates			

### Part I, Line 16a (990-PF) - Legal Fees

	0
	Disbursements
	for Charitable
	Purposes
	(Cash Basis Only)
1	

Part I, Line 16b (990-PF) - Accounting Fees

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net
1	VCB Consuting & Accounting Services			

### Part I, Line 16b (990-PF) - Accounting Fees

	Disbursements
	for Charitable
	Purposes
	(Cash Basis Only)
1	

Part I, Line 16c (990-PF) - Other Professional Fees

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Goldman Sachs - Investment Services			

### Part I, Line 16c (990-PF) - Other Professional Fees

	0
	Disbursements
	for Charitable
	Purposes
	(Cash Basis Only)
1	

Part I, Line 18 (990-PF) - Taxes

_	•	4,078	4,078	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Real estate tax not included in line 20			
2	Tax on investment income			
3	Income tax	4,078	4,078	

### Part I, Line 18 (990-PF) - Taxes

		U
	Disbursements	
i	for Charitable	
<u></u>	Purposes	
1		
2		
3		

Part I, Line 23 (990-PF) - Other Expenses

		8,211	8,211	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Investment Fees	8,131	8,131	
2	Bank Fees	45	45	
3	State License	35	35	
4	Checks			

### Part I, Line 23 (990-PF) - Other Expenses

		,
	Disbursements	
1	for Charitable	
	Purposes	
1		
_ 2		•
3		-
4		_

## Part II, Line 10b (990-PF) - Investments - Corporate Stock

			917,476	938,187	1,460,694	1,658,758
		Num Shares/	Book Value	Book Value	FMV	FMV
	Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year
-	1 PACCAR, Inc - Stock net of Options	17,230	95,502	92,140	657,408	767,176
7	2 GS - High Yield Muni Fund	20,910	214,949	0	203,552	0
က	3 GS - Local Emerging Market Fund	16,125	211,183	223,481	190,036	229,722
4	4 S&P 100 Index Fund	2,800	198,115	198,115	205,023	232,561
2	5 Alerian MLP Exchange Fund	9,425	197,727	197,727	204,675	196,424
ဖ	6 Eaton Vance Income Fund	38,748	0	226,724	0	232,875
١						١

### Pativ(90H)-Catel Girard Constor Bronhashert Irone

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9 17CBSPare		۵	16202	9-82012	₩			0	88	0			<b>*</b>
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2 1972978 CB-th/MdR.rd		۵	BCSVZDH	220202	13Æ			1238	4	þ	-0	0	4
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42 1902978 GB+th/MedFud		۵	BGGGDH	203522	1367			123	406	0	O	U	#
					© 201;	© 2012 CCH Small Firm Services All nghts reserved	Services All nghts	reserved		) 			

### JAMES & CK COLES FOUNDATION

### Part VII-A, Line 10 (990-PF) - Substantial Contributors

		te   Zip Code   Foreign Country	, , , , , , , , , , , , , , , , , , , ,
		Stat	×
		Cit	Kirkland
		Street	905 Lake St S No 301
ĺ	Check "X"	if Business	
		Name	1 James & CK Coles

# Part VIII, Line 1 (99047) - Comparisation of Officers, Directors, Trustess and Foundation Managers

		James E Coles	CK CAGGS	Robert Jeffe	aran C
	e Levi	88		ffe	Verran C Bernatt (JPA)
	Orack'X'				×
	<b>14</b>	905 Late Stree	905Late Sheet S, No. 301N	925 4hAe Sub 2500	413 3010AB, SW
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	9	<b>§</b>	₹	<b>≸</b>	≸
	ZioCode	<del>38033</del>	SECORES	38104	32L85
	Foreconductiv				
	Đ <u>ị</u>	Presdent	Vice Resident	Secretary	Tressure
	AgHs	8	18	100	200
0	Corporation				
٥	Barefits				
D	Expense				

### Form 88.68

(Rev January 2013)

Department of the Treasury

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

File a separate application for each return.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part II or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or JAMES & CK COLES FOUNDATION 26-1501605 print Number, street, and room or suite no. If a PO box, see instructions Social security number (SSN) File by the due date for PO BOX 3543 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See instructions SEATTLE WA 98124-3543 Enter the Return code for the return that this application is for (file a separate application for each return) 04 **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 1041-A Form 990-BL 80 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 ► Vernon C Bennett, CPA The books are in the care of FAX No ▶ Telephone No ► 206-933-9145 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 it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension 8/15/2013 is for the organization's return for ► X | calendar year 2012 or \_\_\_ tax year beginning \_\_\_\_\_\_, and ending 2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 3a 0 If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b 0 Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Note. Only complete Pari  If you are filing for an  Part II Additiona  Type or JAMES & C  Number, stree  File by the due date for filing your return See instructions  Enter the Return code for  Application Is For  Form 990 or Form 990-E  Form 990-BL  Form 4720 (Individual)  Form 990-F  Form 990-T (sec. 401(a)  Form 990-T (trust other form 100 to complete Form 100	r post office, state, and ZIP o	een granted an a ension, comple flonth Extens  a PO box, see in code For a foreig ication is for (file Return Code	eutomatic 3-month extens ete only Part I (on page 1 ion of Time. Only file enstructions n address, see instructions e a separate application for	sion on a previously file  i).  the original (no copi Enter filer's identifying Employer identi 26-1501605 Social securi	es nee g numb	eded). er, see umber (El	IN) or					
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knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►	Title ▶ DIRECTOR	Date ►
		Form <b>8868</b> (Rev 1-2013)