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SCANNED JUN 2 6 2013

Form **990-PF** Department of the Treasury

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.

OMB No 1545-0052

For	cale	ndar year 2012 or tax year beginning JUN	7, 2012	, and en	ding	DEC 31, 2012	
Na	ne o	f foundation				A Employer identification	number
3.	·^m	VEW HOLDING AUTON				45-5472839	
_		YET FOUNDATION and street (or P O, box number if mail is not delivered to street	address)		Room/suite	B Telephone number	
		BOX 17	,			425-395-66	89
		own, state, and ZIP code				C If exemption application is p	\$ T\$F
		AQUAH, WA 98027				, ,,	
		call that apply:	Initial return of a fo	rmer public cl	harity	D 1. Foreign organizations	s, check here
		Final return	Amended return			2 Foreign organizations ms	ating the 85% test
		Address change	Name change			Foreign organizations me check here and attach co	mputation
H_(_	type of organization: X Section 501(c)(3) ex				E If private foundation sta	
			Other taxable private foundang method: X Cash	LION Accru		under section 507(b)(1)	
		arket value of all assets at end of year J Accounti	her (specify)	ACCIT	ıaı	F If the foundation is in a under section 507(b)(1)	
	<i>≎</i> #1	Part II, col. (c), line 16) 0t	mn (d) must be on cash b	oasis.)		under section 307(b)(1)	(D), CHECK Here
_	art I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net inv	estment/	(c) Adjusted net	(d) Disbursements
نت		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	inco		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	250,000.			N/A	
	2	Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	9.		9.		STATEMENT 1
	4	Dividends and interest from securities .					
	5a	Gross rents					
	b	Net rental income or (loss)					
e	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
Revenue	, D	assets on line 6a			0.		
Re	8	Capital gain net income (from Part IV, line 2) Net Short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns					
	b	Less Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income					
	12	Total. Add lines 1 through 11	250,009.		9. 0.		0.
	13	Compensation of officers, directors, trustees, etc	26,000.		<u> </u>		<u>U•</u>
	14	Other employee salaries and wages Pension plans, employee benefits	2,447.		0.		0.
es	1		1,825.		0.	 · · · · · · · · · · · · · · · · · ·	0.
ens	b	Accounting fees RECEIVES DMT 2					
Operating and Administrative Expense	C	United the Discount of the Control o	14,861.		0.		0.
<u>×</u>	17	Interest JUN 1 8 2013					
trat	18	Taxes					
inis	19	Depreciation and depletion N					
臣	20	Occupancy	2 450			<u>-</u>	
ρ	21	Travel, conferences, and meetings Printing and publications	3,450. 1,474.		0.		0.
gar	23	Other expenses STMT 4	4,561.		65.		0.
aţi	24	Total operating and administrative	1,301.				
ber 3	- `	expenses. Add lines 13 through 23	54,618.		65.		0.
ō	25	Contributions, gifts, grants paid	99,645.				99,645.
	26	Total expenses and disbursements.					
		Add lines 24 and 25	154,263.		65.		99,645.
	27	· · · · · · · · · · · · · · · · · · ·					'
	ł	Excess of revenue over expenses and disbursements	95,746.				
		Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)			0.	N/A	
	, U	Autuateu Het Hicolite (il riegative, enter -U-)				TA \ \ \PT	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see Instructions.

Fo	rm 99	0-PF (2012) NOT YET FOUNDATION		45-5	5472839 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u>_</u>	arı	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
Ξ	1	Cash - non-interest-bearing		28,530.	28,530.
	2	Savings and temporary cash investments		60,295.	60,295.
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶		-	
	5	Grants receivable	-	-	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
co.	l a	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	· ·	·	
As	1 -	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	1	Investments - corporate stock			
	1	Investments - land, buildings, and equipment basis			
	''				
	1.0	Less accumulated depreciation			
	1	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 8,145. Less accumulated depreciation STMT 5 ► 1,131.	0.	7,014.	7,014.
	1		U•	7,014.	7,014.
	15	Other assets (describe)			
		The boundaries of the second standard by all files of	0.	95,839.	95,839.
_	1	Total assets (to be completed by all filers)		33,633.	33,033.
	17	Accounts payable and accrued expenses .			
	18	Grants payable .			
ies	19	Deferred revenue .			1
ij	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable		02	
_	22	Other liabilities (describe ► STATEMENT 6)		93.	l
		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.	93.	1
_	23	Total liabilities (add lines 17 through 22)	· · · · · · · · · · · · · · · · · · ·	93.	
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
٥	24	Unrestricted			
ala	25	Temporarily restricted .			
Net Assets or Fund Balances	26	Permanently restricted			
۳		Foundations that do not follow SFAS 117, check here			
or F		and complete lines 27 through 31.		_	
sts	27	Capital stock, trust principal, or current funds	0.	0.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		
Ϋ́Α	29	Retained earnings, accumulated income, endowment, or other funds	0.	95,746.	
ž	30	Total net assets or fund balances	0.	95,746.	
	ļ.,			05 030	
=	31	Total liabilities and net assets/fund balances	0.	95,839.	
F	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
•		st agree with end-of-year figure reported on prior year's return)	•		n
2		amount from Bort I. line 97a	• • • • • • •		95,746.
3		r increases not included in line 2 (itemize)		2	95,740.
4		lines 1 2 and 2	····	4	95,746.
5		eases not included in line 2 (itemize)			95,746.
-		net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (b), line 30	. 6	95,746.
_		the state of the s		·	Form 990-PF (2012)

223511 12-05-12

Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	Income	1			
(a) List and desc 2-story brick w	ribe the k arehouse;	ind(s) of property sold (e.g. or common stock, 200 shs	, real estate, . MLC Co.)		1. b	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					ļ			
b NO	NE				<u> </u>			
<u>C</u>					 			
<u>d</u>					-			
<u>e</u>	I							
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (loss) (e) plus (f) minus (
8								
<u> </u>								<u>- </u>
<u>C</u>				-			· ··· · · · · · · · · · · · · · · · ·	
d	ļ <u>.</u>							
Consider only for considering	<u> </u>	and an and an and an a	ha farradation	- 10/01/00			m 0 1 (0 1 (1) - 1	
Complete only for assets showi	T						(I) Gains (Col. (h) gain ol. (k), but not less that	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			Losses (from col. (h))
<u>a</u>								
b								
<u>c</u>								
d	ļ							
е	<u></u>			···				
2 Capital gain net income or (net c	apıtal loss) { If gain, also enter } If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2		
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,		ined in sections 1222(5) an)			
If (loss), enter -0- in Part I, line 8	•	•)	3		
Part V Qualification L	Inder S	Section 4940(e) for	Reduced	l Tax on Net	t Inv	estment Ir	ncome	•
(For optional use by domestic privat			1940(a) tax or	net investment i	ncome	e.)		N/A
If section 4940(d)(2) applies, leave t	his part b	lank.						
Was the foundation liable for the sec	tion 4942	tax on the distributable am	ount of any v	ear in the base pe	riod?			Yes No
If "Yes," the foundation does not qua				-				
1 Enter the appropriate amount in	each colu	mn for each year; see the in	istructions be	fore making any	entries	S.		
(a) Base period years Calendar year (or tax year beginn	ina ın)	(b) Adjusted qualifying dist	tributions	Net value of n	(c) oncha	ritable-use asse	ts Distrib	(d) ution ratio ided by col. (c))
2011	,						<u> </u>	
2010								
2009								
2008		. =						
2007								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the	5-year ba	se period - divide the total o	on line 2 by 5,	or by the numbe	r of ye	ars		
the foundation has been in existe	nce if less	s than 5 years					. 3	
4 Enter the net value of noncharital	ble-use as	sets for 2012 from Part X. I	ine 5				4	
			•					
5 Multiply line 4 by line 3					•		5	
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)					. 6	
7 Add lines 5 and 6							. 7	
8 Enter qualifying distributions from Part XII, line 4					····			
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, cl	heck the box in Part VI, line	1b, and comp	olete that part usi	ng a 1	% tax rate.		
223521 12-05-12				 			F	orm 990-PF (2012)

Forn	1 990-PF (2012) NOT YET FOUNDATION		<u> 54728</u>			age 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see in	stru	ctior	15)
1a	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)		1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	. 2	l			0.
3	Add lines 1 and 2	3	T			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:		1			
-	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
	Exempt foreign organizations - tax withheld at source 6b	7				
	Tax paid with application for extension of time to file (Form 8868) 6c	7				
	Backup withholding erroneously withheld	_				
	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	 			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2013 estimated tax	11	†			
	irt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?		ŀ	1a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	?	ŀ	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis		ļ			 -
	distributed by the foundation in connection with the activities.	1160 01		ŀ		
	Did the foundation file Form 1120-POL for this year?		1	1c	-	X
	·		ŀ	-10		_ <u>~</u>
Ū	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0					
		÷		J		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.			}		
•	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		$\frac{1}{x}$
2		• •	•	-		41
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	or .				
3		1, 01		3		Х
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		ŀ	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?	· N	1/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. •	'' î	5		x
9	If "Yes," attach the statement required by General Instruction T.		ł	-		
۵	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
J	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st 	ata law		1		
	remain in the governing instrument?	ato iair	ł	6	х	-
7	Did the foundation have at least \$5,000 in assets at any time during the year?	••••	, · }	7	X	
•	If "Yes," complete Part II, col. (c), and Part XV.		• •			
Ω.	Enter the states to which the foundation reports or with which it is registered (see instructions)		1			
06	WA					
j.	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		 []		
U	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alandar	. }	00	Λ	_
J	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	uiciiudi		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMI	, , , }	10	X	
	See any personal account account account account and any years in test, attach a schedule listing their names and accresses	<u></u>		990		20121
			1 0111	. 555	•• (12/

Form 990-PF (2012) NOT YET FOUNDATION	Form 4700 May Bo D	Doguirod (45-54728	39 Page 6
Part VII-B Statements Regarding Activities for Which II 5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section (2) Influence the outcome of any specific public election (see section 4955); or any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes (4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru Organizations relying on a current notice regarding disaster assistance check he if the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945 and Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	n 4945(e))? or to carry on, directly or indirectly or educational purposes, or form the exceptions described indictions)? independent of the exceptions described indictions or indirectly or indire	ectly, Ye or Ye n Regulations	No No No No No No No No	39 Page 6
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribute.		Ye	s X No N/A	7b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly		
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
LAURA J. BRANCATO	to position PRESIDENT	enter -0-)	compensation	allowances
6021 173RD AVE SE	1125152111			
BELLEVUE, WA 98006	10.00	0.	0.	0.
	VICE PRESIDEN	T		
20707 76TH AVE				
SNOHOMISH, WA 98296	40.00	26,000.	0.	0.
	SECRETARY			
8480 N CORAL RIDGE LOOP	04.00			•
TUCSON, AZ 85704	24.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	•			
Total number of other employees paid over \$50,000			▶ [0

Form 990-PF (2012) NOT YET FOUNDATION	45-	5472839	Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly		
3 Five highest-paid independent contractors for professional services. 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		•	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced.	tical information such as the luced, etc.	Expe	nses
1 NOT YET FOUNDATION MAKES DONATIONS TO OTHER ORGANIZATIONS WITH PROGRAMS RELATED TO NUTRI YOUTH, SENIOR SERVICES, AND OTHER CHARITABLE	TION, AT-RISK	<u>_</u>	54,553.
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amo	unt
1 NONE			
			0.
2			•
All other program-related investments. See instructions. 3 NONE			
			0.
Total. Add lines 1 through 3	,▶,}		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, se	e instructions.)
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	138,010.
	Average of monthly cash balances	1b	19,125.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	157,135.
	Reduction claimed for blockage or other factors reported on lines 1a and	भू जिल्हा इ.स.च्या	
	1c (attach detailed explanation)	es eser-si	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	<u> 157,135.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,357.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	154,778.
3	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	4,410.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,410.
	Tax on investment income for 2012 from Part VI, line 5		
	Income tax for 2012. (This does not include the tax from Part VI.)	·	
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,410.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,410.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,410.
P	art XII Qualifying Distributions (see instructions)	1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		99,645.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	99,645.
þ	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	00 645
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	99,645.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
_	income. Enter 1% of Part I, line 27b	5	0. 99,645.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualities for ti	TE SECTION

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	Corpus	Todis prior to 2011	2011	2012
line 7				4,410.
2 Undistributed income, if any, as of the end of 2012				<u>, </u>
a Enter amount for 2011 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007				
b From 2008				
¢ From 2009				
d From 2010				
e From 2011	0.			
f Total of lines 3a through e	0.			···-
4 Qualifying distributions for 2012 from Part XII, line 4: ►\$ 99,645.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				4,410.
e Remaining amount distributed out of corpus	95,235.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	95,235			
b Prior years' undistributed income. Subtract	3372331		* * - ***	
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	0.			<u> </u>
Subtract lines 7 and 8 from line 6a	95,235.			
10 Analysis of line 9:	33,233.			
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 95, 235.				
		-		Form 900-PE (0010)

	r FOUNDATIO			45-54	172839 Page 10
Part XIV Private Operating	oundations (see	instructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective f			▶ ـ		
b Check box to indicate whether the four		ting foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	<u>-</u>
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed		_i			
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					,
d Amounts included in line 2c not					
used directly for active conduct of					
•					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:		İ			
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)					
(3) Largest amount of support from				•	
an exempt organization .			-		
(4) Gross investment income	1	1		1 105 000	
Part XV Supplementary Info			it the foundation	n nad \$5,000 or m	ore in assets
at any time during		tructions.)			
1 Information Regarding Foundati	-				
a List any managers of the foundation w	ho have contributed mor	re than 2% of the total cor	itributions received by th	ne foundation before the clo	se of any tax
year (but only if they have contributed	more than \$5,000). (See	section 507(a)(2).)			
LAURA J. BRANCATO					
b List any managers of the foundation w			(or an equally large por	tion of the ownership of a j	partnership or
other entity) of which the foundation h	as a 10% or greater litter	esi.			
NONE					
2 Information Regarding Contribu					
Check here ► X if the foundation	•	•	•	·	
the foundation makes gifts, grants, etc				complete items 2a, b, c, an	<u>a a.</u>
a The name, address, and telephone nur	nber or e-mail of the per	son to whom applications	should be addressed:		
					
b The form in which applications should	be submitted and inforn	nation and materials they :	should include:		
Ann authorical and different					
c Any submission deadlines:					
d Any restrictions or limitations on aware	ds, such as by geograph	ical areas, charitable fields	, kinds of institutions, o	r other factors:	
223601 12-05-12					Earm QQA_DE (2012)

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year LITTLE BIT THERAPUETIC RIDING CENTER N/A 501(C)(3) EQUINE THERAPY FOR CHILDREN 18675 NE 106TH ST 4,000. REDMOND, WA 98052 501(C)(3) HEALTHY FOOD - SENIOR NEIGHBORHOOD FARMERS MARKET ALLIANCE N/A FRESH BUCKS 3919 LATONA AVE NE #1 5,000. SEATTLE, WA 98105 HEALTHY FOOD - OUR 501(C)(3) N/A EMERALD CITY LIGHTS DAILY BREAD BASKET FOR 12650 1ST AVE SOUTH 3,250. FAMILIES SEATTLE WA 98168 501(C)(3) HEALTHY FOOD - WIC NUTRITION FIRST N/A CHEF TRAINING PO BOX 1395 12,000. FRIDAY HARBOR, WA 98250 BELLEVUE LIFE SPRING N/A 501(C)(3) HEALTHY FOOD -BREAKTIME / MEALTIME PO BOX 53203 25,000. PROGRAM BELLEVUE WA 98015 SEE CONTINUATION SHEET(S) ▶ 3a 99 645. Total b Approved for future payment NONE Total **▶** 3b

Part XVI-A	Analysis of Income-Producing	Activities
------------	------------------------------	-------------------

Enter group amounts unless otherwise industed	Unrelated t	ousiness income	Exclu	ded by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
	-				
a					
c					
d					
e					
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		·	14	9.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					= 6 g _m
a Debt-financed property					
b Not debt-financed property			:		
6 Net rental income or (loss) from personal					
property			<u> </u>		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory		,			
9 Net income or (loss) from special events	ļ				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	-		<u> </u>		
b	-				
c	-				
d	- -				
6 Cubasta Add columns (b) (d) and (s)		0.	-	9.	0.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>				9.
(See worksheet in line 13 instructions to verify calculations.)		•	• ••		
Part XVI-B Relationship of Activities Line No. Explain below how each activity for which inc the foundation's exempt purposes (other that	ome is reported in (column (e) of Part XVI-A			nplishment of
	·				
		 			· · · · · · · · · · · · · · · · · · ·
					
		,			
		· - · · · · · · · · · · · · · · · · · · ·			
223621 12-05-12					Form 990-PF (2012)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash _ 18(1 (2) Other assets **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 16(3) (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization elaration of preparer (other than taxpaver) is based on all information of which/ return with the prepare Sign Here X Yes ture of officer or trustee Title Date Check PTIN Print/Type preparer's name Preparer's signature Date self- employed Paid JEFFERY M. WALKER 06/06/13 P00010968 Preparer BENNETT, Firm's name ► WILLETT, ZEVENBERGEN & Firm's EIN ▶ 91-0954290 **Use Only**

Form **990-PF** (2012)

206-682-8060

Phone no

SUITE 203

Firm's address ▶ 9709 3RD AVENUE NE,

SEATTLE, WA 98115

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Employer identification number Name of the organization NOT YET FOUNDATION 45-5472839 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. ☐ For 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990: or check the box on line H of its Form 990-EZ or on 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),

Name of organization

Employer identification number

NOT YET FOUNDATION

45-5472839

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LAURA J. BRANCATO 6021 173RD AVE SE BELLEVUE, WA 98006	\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

NOT YET FOUNDATION

45-5472839

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		 \$	
(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

Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)		Page 4									
Name of orga	anization		Employer Identification number									
NOT YE	T FOUNDATION	uldu al acception to accept a EQU/AVIX	45-5472839									
Part III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if addition	c., contributions of \$1,000 or less for the	(8), or (10) organizations that total more than \$1,000 for the completing Part III, enter year. (Enter this information once)									
(a) No. from												
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
			_									
L												
		(e) Transfer of gift										
	Transferrale name address a		Deletionship of tunneforce to transferoe									
-	Transferee's name, address, a	nd 2IP + 4	Relationship of transferor to transferee									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
Part I	(=), (=), (=), (=), (=), (=), (=), (=),	(0,000 0.3.1)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
			_									
	(e) Transfer of gift											
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
(a) No. from		(a) Han of wift	(d) Description of how gift is held									
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of now girt is field									
ŀ			_									
			_									
	(e) Transfer of gift											
	(a) manager of Sur											
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
		· · ·										
(a) No. from												
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
			_									
			_									
 		(e) Transfer of gift	I, , , , , , , , , , , , , , , , , , ,									
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									

223454 12-21-12

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

NOT YET FOUNDATION			FORM 990-	PF PAGE	1	45-5472839
Part I Election To Expense Certain Prop	erty Under Section 1	79 Note: If you hav	e any listed propert	y, complete Part	V before yo	ou complete Part I.
1 Maximum amount (see instructions)					1	500,000.
2 Total cost of section 179 property pla	aced in service (see	instructions)			2	
3 Threshold cost of section 179 proper	ty before reduction	in limitation			3	2,000,000.
4 Reduction in limitation. Subtract line	3 from line 2. If zero	o or less, enter -0-			4	
5 Dollar limitation for tax year Subtract line 4 from I	ine 1 If zero or less, enter	r -0- If married filing sep	arately, see instructions		5	
6 (a) Description of	property	(b)	Cost (business use only)	(c) Electe	d cost	
	· · · · · · · · · · · · · · · · · · ·		·····			
7 Listed property. Enter the amount fro	m line 29		7	<u> </u>		
8 Total elected cost of section 179 pro	perty. Add amounts	s in column (c), line	es 6 and 7		. 8	
9 Tentative deduction. Enter the small	er of line 5 or line 8				9	
10 Carryover of disallowed deduction from	m line 13 of your 2	011 Form 4562			10	
11 Business income limitation. Enter the	smaller of busines	s income (not less	than zero) or line 5		. 11	
12 Section 179 expense deduction. Add	l lines 9 and 10, but	t do not enter mor	e than line 11	<u>,</u>	12	· · · · · · · · · · · · · · · · · · ·
13 Carryover of disallowed deduction to				İ		
Note: Do not use Part II or Part III below						
Part II Special Depreciation Allow				· · · · · · · · · · · · · · · · · · · 		
14 Special depreciation allowance for qu	alified property (ot)	her than listed pro	perty) placed in sen	rice during		
the tax year .					. 14	
15 Property subject to section 168(f)(1)	election .				15	
16 Other depreciation (including ACRS)					16	
Part III MACRS Depreciation (Do	not include listed p					
		Section				
17 MACRS deductions for assets placed	-			`	_ 17	
18 If you are electing to group any assets placed in s						
Section B - Asse	(b) Month and	(c) Basis for depre	x Year Using the G		ation Syste	·m
(a) Classification of property	year placed in service	(business/investme only - see instruc	ent use (a) Recove	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property					ļ	
b 5-year property	_				<u> </u>	
c 7-year property						
d 10-year property	_					
e 15-year property						
f 20-year property					ļ	
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs	s. MM	S/L	
			27.5 yrs	s. MM	S/L	
I Nonresidential real property	/		39 yrs.	MM	S/L	
	/		1	MM	S/L	
Section C - Assets	Placed in Service	During 2012 Tax	Year Using the Alt	ernative Depre	ciation Sys	tem
20a Class life					S/L	
b 12-year			12 yrs.		S/L	s
c 40-year	//	<u> </u>	40 yrs.	MM	S/L	-
Part IV Summary (See instructions.	·				 	
21 Listed property. Enter amount from I					. 21	
22 Total. Add amounts from line 12, line						-
Enter here and on the appropriate line				nstr	22	0.
23 For assets shown above and placed		e current year, ent				
portion of the basis attributable to se		·	23			
216251 12-28-12 LHA For Paperwork Reduction	on Act Notice, see	separate instruc	tions.			Form 4562 (2012)

Form 4562 (2012)	NOT	YET FO	<u>JUNDA</u>	7.T.T.OIV	<u> </u>						<u> 45-</u>	34/4	033	Page 2
Part V Listed Proper	ty (Include a	utomobiles, c	ertaın ot	her vehic	cles, cer	tain com	puters	s, and pro	perty us	ed for e	ntertainn	nent, rec	reation,	or
amusement.) Note: For any	vahicla for w	hich vou are i	isina the	standar	d milean	ie rate oi	dedu	ctina leas	evnens	e comr	olete oni	v 24a 2	4h colui	mns (a)
through (c) of	Section A, all	of Section B	and Sec	<u>ction C il</u>	f applica	ble.								
Section A	- Depreciati	on and Other	Informa	ation (Ca	aution: S	See the i	nstruc	tions for li	mits for	passeng	ger autor	nobiles.))	
24a Do you have evidence to	support the bu	siness/investm	ent use cl	laimed?	<u> </u>	es 🗌	No_	24b If "Y	es," is t	ne evide	nce writ	ten?	Yes [No_
(a)	(b)	(c)		(d)		(e)		(f)		(g)		(h)		(i)
Type of property	Date placed in	Business/ investmen	t	Cost or	1 /bu	sis for depre siness/inve		Recovery		thod/		eciation		cted on 179
(list vehicles first)	service	use percenta		ther basis	, , , ,	use only		period	Conv	vention	aea	uction	1	ost
25 Special depreciation all	owance for c	ualified listed	property	y placed	in servi	ce during	the ta	ax year an	ıd					
used more than 50% in	a qualified b	usiness use				<u> </u>				25	<u></u>		,	
26 Property used more that	an 50% in a c	ualified busin	ess use	<u>:</u>							,			
	<u> </u>		%								<u> </u>			
			%								<u> </u>			
		<u> </u>	%								<u> </u>			
27 Property used 50% or i	ess in a qual	ified business	use:										,	
-		<u>. </u>	%						S/L -					
		ļ	%						S/L·					
	1	1	%						S/L·		<u> </u>]	
28 Add amounts in column	n (h), lines 25	through 27.	Enter her	e and or	n line 21	, page 1			•	28			<u> </u>	
29 Add amounts in column	n (i), line 26. E	Inter here and	l on line	7, page	1							29		
			Section	B - Infor	rmation	on Use	of Vet	nicles						
Complete this section for ve	ehicles used	by a sole pro	orietor. p	artner. c	or other '	more th	an 5%	owner."	or relate	d persor	٦.			
If you provided vehicles to												ing this :	section f	or
those vehicles.		•	•				•				•	Ü		
			1 ,	a)	T 1	b)	<u> </u>	(c)	,	d)	1 1	(e)	1	f)
30 Total business/investment	miles driven d	uring the	1	hicle		hicle	۱ v	/ehicle	1 '	nicle	1 '	hicle	1	ricle
year (do not include com		orning tho		111010	1		-	0111010	1	11010	1	11010	1	110.0
31 Total commuting miles	• ,	the vear			1	 -					<u> </u>	-		
32 Total other personal (no	_	· ·			<u> </u>						 	-	-	
alut	_	•												
33 Total miles driven durin			-		<u> </u>								 	
Add lines 30 through 32									1		1			
34 Was the vehicle availab	•	val use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?	ne ioi person	iai use	162	140	165	INO_	163	140	165	140	165	NO	163	140
35 Was the vehicle used p	rimarily by a	more		<u> </u>		 				 	l	 		
than 5% owner or relate		111010				1					ŀ	<u> </u>		İ
36 Is another vehicle availa	•	nnal			<u> </u>	1					 	 	 	
use?	abio for perse), iai												}
	Section C	- Questions	for Emp	lovere V	Vho Pro	vide Vet	icles	for Use b	v Their I	Employe	200		1	<u>. </u>
Answer these questions to			-	-					-			re not m	ore than	5%
owners or related persons.		you moor an c	лоорио		ipiotii ig t	5000,011	J 101 V	0.110103 03	ca by c	iipioyee	S WIIO Q	10110111	ioro triai	1070
37 Do you maintain a writte	en policy stat	tement that o	rohibits a	all persor	nal use o	of vehicle	es inc	luding cor	nmuting	hy you	r		Yes	No
employees?	o poo, o.u.			p 0.00.		J. 7011101		iddii ig ooi		, 5, ,54	•		103	110
38 Do you maintain a writte	en policy stat	 tement that o	rohibits i	personal	use of v	ehicles	excen	 It commut	ina hv v	Our	•••	• ••• •	·	1
employees? See the ins	-		•										İ	
39 Do you treat all use of v						001010,	0 , .	01 111010	01111010	•	•			
40 Do you provide more th	•				informat	ion from	 Volir	 employee	 s about	•	•			-
the use of the vehicles,					o.		your						-	
41 Do you meet the require				•	 monstra	 Ition use	?							+
Note: If your answer to									 hiclos					
Part VI Amortization	07, 00, 03, 4	0,_0/ 4/ 13 / 16	13, UU 11	ot comp	1010 000	uon B 10	<u> </u>	OVERED VE	ii iicies.					
(a)			(b)	T	(c)		\neg	(d)		(e)			(f)	
Description o	f costs	Date	amortization		Amortizat amount	ple		Code section	ŀ	Amortiza	tion		mortization	
42 Amortization of costs th	nat begins du	ring vour 201	begins 2 tax ve	ı	anount	·	Ш.,	9901041		period or per	reurgăs		or this year	
GRANT TRACKING			1112		Ω	,145		·· · · · · · · · · · · · · · · · · · ·	· · · · T	36M	, 1		1	131.
CAMPA TIMONING	DOLIM	<u> </u>	· <u></u>	1	0	, 143	•	· · · · · · · · · · · · · · · · · · ·		2014	-		<u>_</u>	T) T •
43 Amortization of costs th	at hegan he	fore vour 201	2 tay yes	I			_1				43			
44 Total. Add amounts in					renort						44		1	131.
216252 12-28-12		aloniotido			- TOPOIL				•		1 44		orm 456	
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NOT YET FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor 21 ACRES N/A 501(C)(3) HEALTHY FOOD - 21 ACRES FOOD HUB 13701 NE 171ST 35,000. WOODINVILLE WA 98072 CISWA OF KENT N/A 501(C)(3) AT-RISK YOUTH -HOLIDAY SUPPORT 205 - 1ST AVENUE SUITE D KENT WA 98032 PROGRAM 5,000. 501(C)(3) AT-RISK YOUTH - ORTING CISWA OF ORTING N/A COMMUNITY HOLIDAY PO BOX 1214 ORTING, WA 98360 GIVING PROGRAM 4,000, 501(C)(3) AT-RISK YOUTH - WINTER CISWA OF TACOMA N/A WISH PROGRAM 708 G STREET 5.000. TACOMA, WA 98045 OLYMPIC LODGE #45 N/A 501(C)(3) AT-RISK YOUTH PO BOX 5777 LYNNWOOD, WA 98046 588, AT-RISK YOUTH - NON N/A 501(C)(3) OLIVE CREST CASH CONTRIBUTION OF 515 116TH AVE NE STE 174 12 COATS, BLANKETS, BELLEVUE, WA 98004 710. AND SOCKS 501(C)(3) GENERAL - NON CASH MALTBY FOOD BANK N/A 21104 86TH AVE SE CONTRIBUTION OF 6 97, BLANKETS SNOHOMISH, WA 98296 Total from continuation sheets 50 395.

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
CHARLES SCHWAB			_		9.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=		9.
FORM 990-PF	LEGAL	FEES		STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
LEGAL FEES	1,825.	0.			0.
TO FM 990-PF, PG 1, LN 16A	1,825.	0.			0.
FORM 990-PF	OTHER PROFES	SIONAL FEES		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME		
CONSULTING FEES PAYROLL PROCESSING FEES	14,629. 232.	0.			0.
TO FORM 990-PF, PG 1, LN 16C	14,861.	0.			0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
WEBSITE DEVELOPMENT BANK FEES INSURANCE MEMBERSHIP DUES POSTAGE TELEPHONE AMORTIZATION	1,310. 65. 788. 298. 141. 828. 1,131.	0. 65. 0. 0. 0.			0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	4,561.	65.			0.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR IN	/ESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
GRANT TRACKING SOFTWARE	8,145.	1,131.	7,014.	7,014.
TO 990-PF, PART II, LN 14	8,145.	1,131.	7,014.	7,014.
FORM 990-PF	OTHER LI	ABILITIES		STATEMENT 6
DESCRIPTION		ВС	TRUOMA YO	EOY AMOUNT
PAYROLL LIABILITIES			0.	93.
TOTAL TO FORM 990-PF, PART	II, LINE 22		0.	93.
FORM 990-PF LIST	OF SUBSTANTI. PART VII-A,	AL CONTRIBUTOR LINE 10	RS	STATEMENT 7
NAME OF CONTRIBUTOR	ADD	RESS		
LAURA J. BRANCATO		 1 173RD AVE SI LEVUE, WA 9800		

Number		Da plac in se	te ced	Method/ IRC sec.	Life or rate	Line No.		Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
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16261 5-01-12				I	<u> </u>		- Curre	ent year section 17	9 (D) - Asset d	isposed	

Form '8868

(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 a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			_ X	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not c	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6	months for	a corporation	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in page						
	v.irs gov/efile and click on e-file for Charities & Nonprofits		(•	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
	ation required to file Form 990-T and requesting an autor						
Part I onl		natic offic	oral extension check this box and	complete		▶ □	
	y corporations (including 1120-C filers), partnerships, REM	 UCo and t	susta must use Form 7004 to reques	t on ovtor	sion of time		
	corporations (including 1120-0 hiers), partherships, helvi ome tax returns.	iics, and t	rusts must use Form 7004 to reques	i an exten	SION OF UNITE		
	·			Employe	· idontificatio	n number (EIN) or	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	rigentificatio	n number (EIN) or	
print	NOW WERE POINTS MYON				AE E 49	72020	
File by the	NOT YET FOUNDATION				45-54		
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number	r (SSN)	
eturn See	PO BOX 17				· · · · · ·		
instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
	ISSAQUAH, WA 98027						
						(27.7)	
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				
Form 990)-BL	02	Form 1041-A			08	
	20 (ındıvidual)	03	Form 4720				
Form 990		04	Form 5227			10	
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	0-T (trust other than above)	06	Form 8870			12	
roiiii s sc	BARBARA PETERS		<u> </u>		-		
• Th. b.	bandara FETERS books are in the care of 8480 N. CORAL			9570	4		
		KIDGE		0370	4		
-	none No. ► 425-395-6689		FAX No. ▶				
	organization does not have an office or place of busines					, >	
	is for a Group Return, enter the organization's four digit	-			_		
	. If it is for part of the group, check this box				ers the exter	ision is for.	
1 I re	quest an automatic 3-month (6 months for a corporation		-				
_		t organiza	tion return for the organization name	ed above.	The extension	n	
is f	or the organization's return for:						
▶ !	calendar year or						
►l	X tax year beginning JUN 7, 2012	, an	d ending <u>DEC 31, 2012</u>		<u> </u>		
			_				
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: X Initial return	Final retur	n		
L_							
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less anv				
	nrefundable credits. See instructions.	• -		За	s	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
	imated tax payments made Include any prior year overg	·-		3ь	\$	0.	
				30	3		
	lance due. Subtract line 3b from line 3a. Include your pa	•	• • •			^	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	If you are going to make an electronic fund withdrawal v			orm 8879-			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2013)	

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