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CISHBW47S9

Schedule B

(Form 890, 890-EZ,

Schedule of Contributors

OMB No 1545-0047

2013

or 990-PF)

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

Department of the Treasury Internal Revenue Bernot Professional Revenue Bernot Profess

Name of the or	rgenization Employer identification num TRUDY SCAMMON FOUNDATION 56-263613	iber 7			
Organization	type (check one):				
Filers of:	Section:				
Form 990 or 9	990-EZ				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation	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 Perts I and II.					
Special Rules					
unde the g	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/2 % support test of the regulatione 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.				
durin	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.				
durin not to year i appli	For a section 501(c)(7), (8), or (10) organization filling 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.				
990-EZ, or 990	irganization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990 0-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 Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF	or on its			

Schodule B (Form 990, 990-EZ, or 990-PF) (2015) For Paperwork Reduction Act Notice, see the Instructions for Form 900, 900-EZ, or 900-PF. Cat. No. 30613X

	(Form 890, 990-EZ, or 890-PF) (2013)		Page 2		
Name of	organization	· v	mployer Identification number		
THE TRUDY SCAMMON DOUNDATION 56-263-6137					
Part I Contributors (see Instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	FRANCIS RODERT GRAHAM 11516 NE GRAN Sels DrivE BATTLE GROUND, WA 98604-5301	= 200,000°	Person Payroll Nruncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(B) No.	(6) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
•		\$	Person Payroll Noncesh (Complete Part II for noncesh contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

0425878018 May 07, 2014 LTR 2697C 0 R 56~2636137 201312 44 Input Op: 0425878018 00031362

THE TRUDY SCAMMON FOUNDATION 11516 NE GREN FELS DR BATTLE GROUND WA 98604



018046

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

6/4/2014 Bate

Title