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SCANNED DEC 0 1 2019

.Form 990-PF

Department of the Treasury Internal Revenue Service

EXTENSION GRANTED TO NOVEMBER 17, 2014

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052
2013
Open to Public Inspection

14 Other-employee-salaries-and-wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 348 0 348 .	For	calei	ndar year 2013 or tax year beginning		, and ending		
Author and street by P Q bits available fined in the otherwise of cores address) Reconvious A16	Na	ne o	foundation			A Employer identificatio	n number
1416 112TH AVENUE NE Chy or town, state or province, country, and 2IP or foreign postal code BELLEVUE, WA 98004 6 Check all that apply: Instal return Amended return Amend	C	ΚI	FOUNDATION	91-1394150	6		
Diversified the processor of processor, quality, and ZIP of foreign postal code				address)	Room/suite		
BELLEVUE, WA 980.04 6 Check all that apply: Initial return	_1	<u>41</u>	6 112TH AVENUE NE			425-646-69	915
Final return				ostal code		C if exemption application is	pending, check here
Check type of organization: Xi Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonement perhatable trust Other traxble private foundation Tarm rarket value of all assets at end of year (from Part It. of c) (a), interest Accounting member: Tarm rarket value of all assets at end of year (from Part It. of (a), interest Accounting member: Tarm rarket value of all assets at end of year (from Part It. of (a), interest Accounting member: Tarm rarket value of all assets at end of year (from Part It. of (a), interest Accounting member: Tarm rarket value of all assets at end of year (from Part It. of (a), interest Tarm rarket value of all assets at end of year (from Part It. of (a), interest Tarm rarket value of all assets are continued by the control of the part It. o	G (heck	all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	is, check here
H. Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charable trust Other taxable private foundation Tam market value of all assets at end of year J. Accounting method. Cash X Accounting method. Cash X Accounting method. Cash X Accounting method Filt foundation in a 80-month termination under section 507(b)(1)(A), Check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department of the foundation Filt foundation in a 80-month termination under section 507(b)(1)(B), check there Department Filt foundation			Final return	Amended return			
Section 4947(a)(1) nonexempt charable trust □ Other traxable private foundation □ Cash						Foreign organizations m check here and attach or	computation
Far market value of all assets at end of year J Accounting method: Cash M Accounting (nor Part II, cot) (p.) inter 16) Other (specify) Other (sp	H (_					
Contributions, gitts, grants, etc., received A41, 155. N/A	<u>_</u>					under section 507(b)(1	(A), check here
Part Analysis of Revenue and Expenses (a) Revenue and (a) Prevenue and (b) Net investment (c) Adjusted net (d) Distursements (e) Adjusted net (n) Distursements (e) Adjusted net (e) Adjusted net (n) Distursements (e) Distursements (· I —	~	Accrual		
Part					hasis I	under section 507(b)(1	I)(B), check here
1 Contributions, grits, grants, etc., received 2 Check				T		(a) Advisted set	(d) Dishursements
1 Contributions, grits, grants, etc., received 2 Check	[]		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)				for charitable purposes
2 Check	_	1		441.155.		N/A	(dash dash shiry)
Interest on aswing and temporary		2	. — " " " "		<u></u>	31,755	
4 Dividends and interest from securities 5 a Gross rents 5 b Nat rental income or (case) 6 A Nat gain or (local from sale of assets not on ine 10 10 A National State practice for all 436,576. 7 Capital gain not income inform Part N, line 2) 8 Net short-term capital gain 9 Income-modifications 10 Agrid allowances 10 Agrid allowances 11 Operation of the state of the st		3	Interest on savings and temporary	6.	6.		STATEMENT 2
D Net rental mome or (toss)		4			· -		
Same Continue Co		5a	Gross rents				
Dasse askes price for all 436,576.		b	Net rental income or (loss)				
Solution	gy.	6a		<2,279.	>		STATEMENT 1
Solution	Revenu	b	assets on line 6a 436,576.		400 000		
Solution		7	-		422,879.		
103 Gross sales less are turns b Lass Cost of goods sold C Gross profit or (loss) C Gross prof	_	8	· •			<u> </u>	
b Lisss Control goods sold		-	Groce calculace returns 13 7 13 3				
C Gross profit of (loss) Other professional fees Other professio					·	<u> </u>	
12 Total Add Lines L through 11 438 882 422 885							
12 Total Add Lines 1 through 11 438 882 422 885		11	Other income V % 43 2014		··· <u>··</u> ··		
14 Other-employee.salaries.and.wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 348 0 348 .		12	Total Add lines 1 through 11	438,882.	422,885.		
15 Pension plans, employee benefits 16a Legal fees STMT 3 348 0 . 348 .		13	Compensation of officers, directors, trustees, etc	0.	0.		0.
16a Legal fees STMT 3 348		14				ļ	
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	s			240			340
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	nse	i		348.			340.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	хbе						
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ē		•			 	
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ativ			3.748.	0.		0.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	istr						1
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	E.	ļ.					
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ad	21	Travel, conferences, and meetings	28,585.	0.		28,585.
23 Other expenses STMT 5 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	pue	22					
25 Contributions, griss, grafts paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ng.	23	Other expenses STMT 5	3,871.	91.		3,779.
25 Contributions, griss, grafts paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ratı	24		0	24		20.740
25 Contributions, griss, grafts paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	a C		•		91.		32,712.
Add lines 24 and 25 27 Subtract line 26 from line 12: 8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Ŭ			313,958.	····	<u> </u>	313,958.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A		25		351 842	01		346 670
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		27		331,044.	<u> </u>		340,070.
b Net investment income (If negative, enter -0-) c Adjusted net income (If negative, enter -0-) N/A				87,040		ĺ	
c Adjusted net income (If negative, enter -0-)					422,794.		<u> </u>
						N/A	<u> </u>
	3235 10-1	01)-13	LHA For Paperwork Reduction Act Notice, see	instructions.			Form 990-PF (2013)

OKI FOUNDATION

91-1394156_

Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o					
느	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing	18,316.	47,742.	47,742.				
	2	Savings and temporary cash investments							
	3	Accounts receivable ► 810.							
	l	Less: allowance for doubtful accounts ▶		810.	810.				
	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 ▶							
ţ	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
Ä	10a	Investments - U.S. and state government obligations							
	b	Investments - corporate stock							
	c	Investments - corporate bonds							
	11	Investments - land, buildings, and equipment basis							
		Less accumulated depreciation			<u></u>				
	12	Investments - mortgage loans			L				
	13	Investments - other			<u></u>				
	14	Land, buildings, and equipment basis ► 58,627.							
		Less accumulated depreciation STMT 6 44,287.	15,672.	14,340.	14,340.				
	15	Other assets (describe)							
	16	Total assets (to be completed by all filers - see the							
_		instructions. Also, see page 1, item 1)	33,988.	62,892. 10,836.	62,892.				
	17	Accounts payable and accrued expenses	68,972.	10,836.					
	18	Grants payable							
es	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons							
da.	21	, · · · · · · · · · · · · · · · · · · ·							
_	22	Other liabilities (describe							
			60 070	10 026					
	23	Total liabilities (add lines 17 through 22)	68,972.	10,836.					
		Foundations that follow SFAS 117, check here							
Ø		and complete lines 24 through 26 and lines 30 and 31.							
nge		Unrestricted							
ala	25	Temporarily restricted							
Net Assets or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here							
Ë	1	•							
<u></u>	,,	and complete lines 27 through 31.	0.	0.					
ets	27			0.					
\SS(28	Paid-in or capital surplus, or land, bldg., and equipment fund	<34,984.						
et /	29	Retained earnings, accumulated income, endowment, or other funds	<34,984.						
Ž	30	Total net assets or fund balances	734,504.	32,030.					
	31	Total liabilities and net assets/fund balances	33,988.	62,892.					
P	art	Analysis of Changes in Net Assets or Fund B	alances						
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30	 					
		st agree with end-of-year figure reported on prior year's return)	[1]	<34,984.>					
2	Ente	87,040.							
3	Othe	0.							
3 Other increases not included in line 2 (itemize) ► 3 0 4 Add lines 1, 2, and 3 4 52, 056									
5	Decr	eases not included in line 2 (itemize)	·	5	0.				
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	6	52,056.					

323511 10-10-13

Part IV Capital Gains	and Losses for Tax on II	<u>nvestmen</u>	tincome					
(a) List and descr 2-story brick wa	(b) How a P - Pur D - Doi	acquired chase nation	(c) Date acc (mo., day,	quired , yr.)	(d) Date sold (mo., day, yr.)			
12 6,000 SHARES M				VARIO	US	01/04/13		
b 5,000 SHARES M					D	VARIO	ŪS	03/04/13
c 2,000 SHARES M					D	VARIO	US	07/09/13
d 2,000 SHARES M	ICROSOFT STOCK				D	VARIO	US	10/14/13
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain (e) plus (f	or (loss) minus	(g)
a 158,853.			5,47					153,374.
ь 135,577.			4,56					131,011.
c 72,458.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1,82					70,632.
d 69,688.	. 	<u> </u>	1,82	6.				67,862.
e			10/04/00					
Complete only for assets showin	g gain in column (h) and owned by) Gains (Col. . (k), but not		
(i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses (fr		(h))
a								153,374.
b								131,011.
С								70,632.
d								67,862.
е		<u></u>						
2 Capital gain net income or (net car	pital loss) { If gain, also entering the lift (loss), enter -0			} 2	<u> </u>			422,879.
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) ar	nd (6):						
If gain, also enter in Part I, line 8,		(-).		}			4-	
If (loss), enter -0- in Part I, line 8] 3	<u></u>		N/A	
Part V Qualification U	nder Section 4940(e) for	r Reduced	lax on Net	Investi	ment inc	ome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment inc	come.)				
If section 4940(d)(2) applies, leave th	nis part blank.							
	·							Yes X No
Was the foundation liable for the sect			-	00?				L Yes LA NO
If "Yes," the foundation does not quality. 1 Enter the appropriate amount in e	ach column for each year, see the i			itries				
(a)		iii3ti uctionis be	lore making any en					(d)
Base period years Calendar year (or tax year beginnir			Net value of nor				Distrit ol. (b) div	butión ratio vided by col. (c))
2012		5,865			19,278			11.686047
2011		27,907.			51,556			8.299849
2010		88,218.			52,691			9.382814
2009		6,504.			52,481			
2008	51	5,617.			55,208			3.322103
2 Total of line 1, column (d)						2		40.157147
3 Average distribution ratio for the 5	•	on line 2 by 5,	or by the number (of years				0 005 105
the foundation has been in exister	nce if less than 5 years					3		8.031429
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5				4		_56,158.		
5 Multiply line 4 by line 3				•		5		451,029.
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6		4,228.
7 Add lines 5 and 6						7		455,257.
8 Enter qualifying distributions from	n Part XII. line 4					8	_	346,670.
	line 7, check the box in Part VI, line	a th and come	 Nete that part neins	 12 10/2 to v	rate			
See the Part VI instructions.	mile 7, Check the DOX III Part VI, line	anu cunt	note that part using	ja 170 ldX	iaic.			
								Form 000-DE (2012)

Form 990-PF (2013) OKI FOUNDATION Part VI Excise Tax Based on Investment Income (Section -	4940(a) 4940(b) 4940(e) o	91-139			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here		1040 000			
Date of ruling or determination letter: (attach copy of letter					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check her		1 1	:	8.4	56.
of Part I, line 27b	and cines 170	 ' 		-	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations entit	er 4% of Part I line 12 col (h)	j]			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on		2			0.
3 Add lines 1 and 2	y. Canore and	3		8,4	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of	Ny Others enter -0-1	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	-	5		8.4	56.
6 Credits/Payments		 			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 4,755	5.			
b Exempt foreign organizations - tax withheld at source	6b	쒸			
c Tax paid with application for extension of time to file (Form 8868)	6c 6,150	, 			
d Backup withholding erroneously withheld	6d	' 			
7 Total credits and payments. Add lines 6a through 6d		一 ,	1 1	n a	05.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	attached	8 -		0,3	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	s attached	9 9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	i.i.d	10		2,4	<u>7 0</u>
• •	2,449. Refunded			<u>, 4</u>	10.
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ Part VII-A Statements Regarding Activities	Z, 445 • Refulided	111			- • •
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or intent	ane in	1 -1	Yes	No
any political campaign?	registation of the it participate of littervi	3116 111	1a		X
31	urnaces (see instructions for the definit	10n\2	1b	_	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political p			 '' 		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	s and copies of any materials publi	sried or			
distributed by the foundation in connection with the activities			ا ا		х
c Did the foundation file Form 1120-POL for this year?	a the second		1c	_	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during).			
(1) On the foundation. ► \$ 0. (2) On foundation man) .	} }		1
e Enter the reimbursement (if any) paid by the foundation during the year for political ex	benditure tax imposed on toundation		1 1		
managers. ► \$0.			1.1		v
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2		X
If "Yes," attach a detailed description of the activities.			1 1		
3 Has the foundation made any changes, not previously reported to the IRS, in its govern		n, or			v
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the ch	_		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during th	e year?	NT / N	48		<u> </u>
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?		5		X
If "Yes," attach the statement required by General Instruction T			1		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisf	ied either.		[[
By language in the governing instrument, or	dat d ation - a that a cadicat coult the a	tata law			ł
By state legislation that effectively amends the governing instrument so that no man	datory directions that conflict with the s	tate law		v	ł
remain in the governing instrument?		344	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,	complete Part II, col. (c), and Part	XV	7		
A. P. D. Marcharda, A. Ballanda, Antonio and A. B. D. C.					
8a Enter the states to which the foundation reports or with which it is registered (see instr	uctions) -				1
WA	the Allerent Consent for the control of]]		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to	ine Attorney General (or designate)		"	I	
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		caiendar	1.1		v
year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Ye			9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a s	chedule listing their names and addresses		10	<u></u>	X
		Fo	rm 990 -	-PF(2013)

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Form 990-PF (2013)

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee 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	0.
	Average of monthly cash balances	1b	57,013.
С	Fair market value of all other assets	1c	•
d	Total (add lines 1a, b, and c)	1d	57,013.
е	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · · · · · · · · · · · · · ·
	1c (attach detailed explanation) 1e 0.	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	57,013.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	855.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	56,158.
6	Minimum investment return. Enter 5% of line 5	6	2,808.
P	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	2,808.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	8,456.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1 _a	346,670.
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1b	0.
þ	Program-related investments - total from Part IX-B	2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
3	Amounts set aside for specific charitable projects that satisfy the	•	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	346,670.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	340,070.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		0.
_	income. Enter 1% of Part I, line 27b	5	346,670.
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 of	qualities for t	ne section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,				
line 7				0.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 512,701.				
b From 2009 466,504.				
c From 2010 593,584.				
dFrom 2011 430,667.				
eFrom 2012 580,550.				
f Total of lines 3a through e	2,584,006.			
4 Qualifying distributions for 2013 from				
Part XII, line 4. ►\$ 346,670.				
a Applied to 2012, 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 2013 distributable amount				0.
e Remaining amount distributed out of corpus	346,670.			
5 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:	;			
indicated below:	2,930,676.	·		
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,330,070.			
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b 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 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
1 Undistributed income for 2013 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	512,701.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	2,417,975.			
10 Analysis of line 9:				
a Excess from 2009 466,504.				
b Excess from 2010 593, 584.				
c Excess from 2011 430,667.				
d Excess from 2012 580,550.			[
e Excess from 2013 346,670.				
				Form 990-PF (2013)

323581 10-10-13

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMARA N/A TO CREATE AND SUPPORT 3300 EAST UNION STREET STABLE, LOVING HOMES SEATTLE, WA 98122 FOR VULNERABLE CHILDREN 1,000. ÞС TO PRESERVE THE DENSHO N/A TESTIMONIES OF PO BOX 3643 SEATTLE, WA 98124-3643 JAPANESE AMERICANS INCARCERATED DURING WWII 6,190. ÞС GEORGETOWN UNIVERSITY GEORGETOWN PARENTS N/A BOX 0734 ADVISORY AND ADVOCACY GROUP 31,394. WASHINGTON, DC 20073-0734 PRIVATE K-12 SCHOOL LAKESIDE SCHOOL N/A 14050 1ST AVE NE PROVIDING A RIGOROUS AND DYNAMIC ACADEMIC SEATTLE, WA 98125-3099 PROGRAM 65,759. MOBILIZE PEOPLE AND NATIONAL MULTIPLE SCLEROSIS SOCIETY N/A PC 192 NICKERSON STREET, SUITE 100 RESOURCES TO DRIVE RESEARCH FOR A CURE 5,000. SEATTLE, WA 98109 SEE CONTINUATION SHEET(S) 313,958. 3a Total b Approved for future payment NONE

Total

▶ 3b

0.

Part XVI-A	Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
3	-				
ь	-				
C	-				
d	_				
e					
f	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments	<u> </u>				
3 Interest on savings and temporary cash					
investments	ļ		14	6.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal]	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	}		1		
than inventory			18	<2,279.	·
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	} }		1 .		
b					
С					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		(0.	<2,273.>	0
3 Total. Add line 12, columns (b), (d), and (e)	•	-		13	<2,273
See worksheet in line 13 instructions to verify calculations.)					
	to the Assem	nlichment of	Exampt D	Imacaa	
Part XVI-B Relationship of Activities	to the Accom	iplishment of	Exempt Pt	ırposes	
Line No. Explain below how each activity for which inc	come is reported in c	olumn (e) of Part XV	I-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other that					
		_			
		 			
					

▼	the foundation's exempt purposes (other than by providing funds for such purposes).
$\neg \uparrow$	
11 T	Form 990-P

Form 990-PF (2	2013) OKI F	OUNDATION	<u> </u>				91-13	394156	Pa	ag <u>e</u> 13
Part XVII			sfers To	and Trar	sactions a	and Relations	hips With Nonc	haritabl		
1 Did the er	Exempt Organ		of the fallering		46		504(-) -6		IV	TNA
	ganization directly or ind (other than section 501(c			-	-		(ON 501(C) OT	l	res	No
	from the reporting found			=	-	11241101157				ŀ
(1) Cash	=	iation to a noncharita	inie exempt or	yanızadını				1,,,,		х
(2) Other						•		1a(1)		X
b Other tran								1a(2)	' 	 ^
	of assets to a noncharita	ahle evemnt organiza	tion					16(1)	j	x
• •	nases of assets from a no							1b(1)	 	X
• •	al of facilities, equipment,	•	organization			•		1b(3)	1-	X
	bursement arrangements							15(4)	-	X
• •	s or loan guarantees	•						1b(5)	+-	X
• •	rmance of services or me	embership or fundrai	ising solicitatio	ons				1b(6)		X
• •	f facilities, equipment, ma	•	•					10	 	X
	wer to any of the above is				ın (b) should al	ways show the fair i	market value of the goo	ds, other as:	sets.	
	s given by the reporting f		-			· ·	_	-	•	
column (d	i) the value of the goods,	other assets, or serv	rices received.							
(a)Line no	(b) Amount involved	(c) Name of	f noncharitable	e exempt or	janization	(d) Description	n of transfers, transactions,	and sharing a	rrangeme	ents
			N/A							
										
		ļ <u> </u>								
	·					 				
		 								
		 					<u> </u>			
-		 				 				
										
		 				- 				
										
2a Is the four	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax	-exempt organi	zations described				
	501(c) of the Code (other				, ,			Yes	X	☐ No
	omplete the following sch	•								
	(a) Name of or			(b) Type o	of organization		(c) Description of relati	onship		
	N/A									
						<u> </u>				
	·									
				<u> </u>			Land and annulated and an			
l and he	penalties of perjury, I declare elief, it is true correct, and co	mpete Declaration of pr	is return, includir reparer (other tha	ng accompany In taxpayer) is	ing schedules and based on all inforn	statements, and to the nation of which prepare	r has any knowledge	May the IRS return with the		
Sign Here	V/1 /	X /		130	Juland	OFFICE	7D	shown below	/ (see ins	<u>str</u>)?
<u> </u>	nature of officer or trustee	<u>. </u>		Date	118/2014	OFFIC:	- K	X Yes	. L	No_
	Print/Type preparer's n	<u> </u>	T Preparer's s			Date	Check if PT	IN .		
	i i ino typo proparci s ii	anio	N Was	المنطب	~111	100 m	self- employed			
Paid	WENDY CAME	POS	11 100		A YY	4219191		00448	102	
Preparer	Firm's name ► MOS		LP	-/-		·	Firm's EIN ▶ 91-			
Use Only				()	\ \ \					
•	Firm's address ▶ 80	5 SW BROA	DWAY.	SUTTE	1200		1			
		RTLAND, C			-		Phone no. 206-	-302-6	500	

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

OMB No 1545-0047

Name of the organization

Employer identification number

OKI FOUNDATION 91-1394156									
Organization type (check	Organization type (check one)								
Filers of:	filers of: Section:								
Form 990 or 990-EZ	501(c)() (enter number) organization								
	4947(a)(1) nonexempt chantable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.							
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in	a manay or proported from any one							
• • •	nplete Parts I and II								
Special Rules									
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.								
total contribution	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, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III								
contributions fo If this box is che purpose. Do not	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								
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 its Form 990 PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)									

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) (2013)

Name of organization

Employer identification number

OKI FOUNDATION

91-1394156

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	SCOTT B. OKI 4315 HUNTS POINT ROAD BELLEVUE, WA 98004	\$\$.	Person Payroll Noncash X (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 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

OKI FOUNDATION

91-1394156

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
	15,000 SHARES MICROSOFT STOCK		
1			
		\$\\$\\$\\$	VARIOUS
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	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
į		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.	/51	(c)	/ <i>-</i> /\
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		s	

Name of orga	inization	· -···		Employer identification number					
OKT FO	UNDATION			91-1394156					
Part III	Exclusively religious, charitable, etc., indivinger. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	dual contributions to section 501(c)(following line entry. For organization, contributions of \$1,000 or less for the space is needed.	7), (8), or (10) organizati s completing Part III, enter ne year. (Enter this information onc	ons that total more than \$1,000 for the					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		(e) Transfer of gift							
	Transferee's name, address, and		Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
<u> </u>									
	Transferee's name, address, and	(e) Transfer of gift	Relationship of tra	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee						
j '									

323454 10-24-13

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 status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NICARAGUA EDUCATION FUND N/A ÞС TO PROVIDE EDUCATIONAL 230 NE 140TH STREET OPPORTUNITIES TO SEATTLE, WA 98125 RURUAL WOMEN AND CHILDREN IN NICARAGUA 500. NORTHWEST SCHOOL FOR THE HEARING N/A PC TO PROVIDE A NURTURING IMPAIRED EDUCATIONAL PO BOX 31325 ENVIRONMENT FOR SEATTLE, WA 98103 CHILDREN WHO ARE DEAF OR HARD OF HEARING 1,000. RECOVERY CAFE P SERVING THOSE WHO HAVE N/A SUFFERED TRAUMA, P.O. BOX 2441 SEATTLE, WA 98111 HOMELESSNESS, ADDICTION OR MENTAL HEALTH CHALLENGES 1,000. INSPIRE YOUTH PROJECT (FORMERLY RISE N/A РC TO OFFER EMOTIONAL N' SHINE) SUPPORT AND ADVOCACY TO AT-RISK CHILDREN 1305 4TH AVE AND YOUTH 1,000. SEATTLE, WA 98101 A CATHOLIC PARISH AND SACRED HEART CHURCH ÞС N/A 9460 NE 14TH STREET FAITH COMMUNITY 6,500. BELLEVUE, WA 98004 PROVIDING A WELCOMING SEATTLE ART MUSEUM N/A ÞС PLACE FOR PEOPLE TO 1300 FIRST AVENUE 250. CONNECT WITH ART SEATTLE, WA 98101-2003 SEATTLE CANCER CARE ALLIANCE N/A ÞС UNITING FRED HUTCH, UW, AND SEATTLE 825 EASTLAKE AVENUE E., P.O. BOX 19023 CHILDREN'S DOCTORS SEATTLE, WA 98109-1023 INTO ONE WORLD-CLASS 250. TREATMENT CENTER TO PREVENT, TREAT AND SEATTLE CHILDREN'S HOSPITAL N/A ÞС PO BOX 5371 ELIMINATE PEDIATRIC DISEASE 1,250. SEATTLE, WA 98145-5005 PROFESSIONAL THEATRE SEATTLE CHILDREN'S THEATRE N/A ÞС AND RELATED ARTS 201 THOMAS STREET EDUCATION 20,000. SEATTLE WA 98109 HELPING NON-PROFITS SEEYOURIMPACT, ORG N/A Ьc 1416 112TH AVE NE MASSIVELY SCALE BELLEVUE, WA 98004 FUNDRAISING AND INCREASE DONOR ENGAGEMENT 112,500. 204,615. Total from continuation sheets

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 status of contribution Amount any foundation manager or substantial contributor Name and address (home or business) recipient SUMMER SEARCH TO HELP LOW INCOME N/A 1109 1ST AVENUE SUITE 205 TEENAGERS DEVELOP AND BECOME SEATTLE, WA 98101 COLLEGE-EDUCATED LEADERS 1,250. THE 5TH AVENUE THEATER QUALITY MUSICAL ÞС N/A 1308 5TH AVENUE THEATER PRODUCTIONS SEATTLE, WA 98101 AND ARTS EDUCATION PROGRAMS 2,500. THE PARENTS' UNION N/A ÞС ONLINE COMMUNITY OF 1416 112TH AVENUE NE PARENTS TO MAKE KIDS' SCHOOL EXPERIENCES BELLEVUE, WA 98004 BETTER 50,000. TREEHOUSE N/A ÞС TEACHING IN-DEMAND 2100 24TH AVENUE S. SUITE 200 TECHNOLOGY SKILLS NEEDED FOR JOBS OR SEATTLE, WA 98144-4643 BUILDING STARTUPS 5,000. MEMORIAL FUND FOR ÞС WARREN WARNER MEMORIAL FUND N/A COMMUNITY GIVING 2430 S. 27TH COURT #201 100. ARLINGTON, WA 22206 PROVIDING PROGRAMS YMCA OF GREATER SEATTLE PARTNERS W/ N/A ÞС THAT HELP MEMBERS AND HTIJOY PARTICIPANTS DEVELOP 909 FOURTH AVE SEATTLE, WA 98104 IN SPIRIT, MIND, AND 1,515. BODY Total from continuation sheets

FORM 99	00-PF	GAIN OR (LOSS) F	FROM SALE	OF	ASSETS		STATEMENT
DESCRIP	(A) PTION OF PROPERT	YY		į	MANNER ACQUIRED	DATI ACQUII	
6,000 S	HARES MIRCOSOFT	STOCK			DONATED	VARIO	US 01/04/1
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c. ((F) GAIN OR LOSS
	158,853.	162,210.		0	•	0.	<3,357
DESCRIF	(A) PTION OF PROPERT	Y		į	MANNER ACQUIRED	DATI ACQUII	
5,000 8	SHARES MICROSOFT	STOCK]	DONATED	VARIO	US 03/04/1
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c. ((F) GAIN OR LOSS
	135,577.	139,625.		0	•	0.	<4,048
DESCRIF	(A) PTION OF PROPERT	Y		j	MANNER ACQUIRED	DATI ACQUII	
2,000 5	SHARES MICROSOFT	STOCK			DONATED	VARIO	US 07/09/1
	(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE	OF	(E) DEPRE	c. ((F) GAIN OR LOSS
	72,458.	68,740.		0	•	0.	3,718

(A) DESCRIPTION OF PROPERTY				NER JIRED	DA ACQU	TE IR E D	DATE S	OLD
2,000 SHARES MICROSOFT S	TOCK		DONA	DONATED V		ous	10/14	/13
(B) GROSS SALES PRICE	(C) VALUE AT TIME OF ACQ.	(D) EXPENSE SALE		(E)		GAIN	(F)	S
69,688.	68,280.		0.		0.		1,40	08.
CAPITAL GAINS DIVIDENDS	FROM PART IV							0.
TOTAL TO FORM 990-PF, PAI	RT I, LINE 6A				:		<2,2	79.>
FORM 990-PF INTEREST ON	SAVINGS AND TE	MPORARY	CASH I	INVEST	MENTS	STA	TEMENT	2
SOURCE	REV	A) ENUE BOOKS		(B) INVEST INCOME			(C) DJUSTED T INCOMI	
WELLS FARGO BANK		6.			6.			
TOTAL TO PART I, LINE 3		6.			6.	 _		
FORM 990-PF	LEGA	L FEES				STA	TEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME		(C) JUSTE 'INCO		(D) CHARITAI PURPOSI	
LEGAL FEES	348		0 .	· ·			3	48.
TO FM 990-PF, PG 1, LN 1	6A 348		0 .	- 			34	48.

FORM 990-PF	TAX	ES	STATEMENT 4			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
FEDERAL EXCISE TAX	3,748.	0.		0.		
TO FORM 990-PF, PG 1, LN 18	3,748. 0.			0.		
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
BANK SERVICE CHARGES LICENSE AND PERMITS OFFICE EXPENSE MISCELLANEOUS	91. 220. 1,484. 2,076.	91. 0. 0.		0 220 1,484 2,075		
TO FORM 990-PF, PG 1, LN 23	3,871.	91.		3,779.		
FORM 990-PF DEPRECIATION OF		 	 	TATEMENT 6		
DESCRIPTION O		ACCUMULATED DEPRECIATION		FAIR MARKET VALUE		
FURNITURE & FIXTURES LEASEHOLD IMPROVEMENTS LEASEHOLD IMPROVEMENTS	16,890. 34,371. 7,366.	16,873. 22,868. 4,546.	17. 11,503. 2,820.	17. 11,503. 2,820.		
TO 990-PF, PART II, LN 14	58,627.	44,287.	14,340.	14,340.		
FORM 990-PF	PART XV - L OF FOUNDATI		S	TATEMENT 7		

NAME OF MANAGER

LAURIE D OKI SCOTT B OKI

Asset						Description	of property		
Number		Date placed in service	Method/ IRC sec	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1				IXTUR	ES 16	16 000 1		16 066	
2	T.F.A	6 ₁ 30 ₁ 93	D TME	ROVE		16,890.		16,866.	,
_		1,01,93		31.50		34,371.		21,777.	1,09
3	LEA	SEHOL	D IME	ROVEM	ENT	S			
		6 ₁ 30 ₁ 94	SL	31.50	16	7,366.		4,312.	23
	* 'I	OTAL	990-1	F PG	1 D	58,627.	0.	42,955.	1,33
			<u> </u>	<u> </u>	<u> </u>	30,027-1		=2,555	1,55
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Form 8868 (Rev. 1-2014)							Page 2	
• If you are filing for an Addi	itional (Not Automatic) 3-Month E	xtension, o	complete only Part II and check this	box			X	
			3-month extension on a previously fi		8868.			
	omatic 3-Month Extension, compl			-				
			n of Time. Only file the origina	al (no co	ppies	needed).		
						nber, see inst	ructions	
Type or Name of exempt	organization or other filer, see instr	rictions	Enter mer s			fication numb		
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tilthe your	H AVENUE NE	Social Se	curity	number (SSN)	ļ			
In a transition of	st office, state, and ZIP code. For a			· · · ·				
BELLEVUE,		toreign auu	ress, see instructions.					
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Fatautha Dati us and forthe		71	A				M	
Enter the Heturn code for the	e return that this application is for (f	ile a separa	te application for each return)	•		-	0 4	
Application		D-Aum	Andication				B-1	
Application		Return	Application				Return	
Is For		Code	Is For	af obliger free	10000	German	Code	
Form 990 or Form 990-EZ		01	Paranta 12-190-14-70-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	17-14-71	rnin,5-5.	, 15		
Form 990-BL		02	Form 1041-A				08	
Form 4720 (Individual)		03	Form 4720 (other than individual)				09	
Form 990 PF		04	Form 5227				10	
Form 990-T (sec. 401(a) or 40	38(a) trust)	05	Form 6069				11	
Form 990-T (trust other than	······································	06	Form 8870				12	
STOPI Do not complete Par			natic 3-month extension on a prev	ously file	d For	m 8868.		
	OKI FOUNDATION							
		SNUE N.	E - BELLEVUE, WA 9	3004				
Telephone No ► 425	-454-2800		Fax No. 🕨					
 If the organization does no 	ot have an office or place of busine	ss in the Ur	nited States, check this box			>		
• If this is for a Group Retur	m, enter the organization's four digi	it Group Exe	emption Number (GEN) If	this is fo	r the v	vhole group, c	heck this	
box . if it is for part	of the group, check this box 🕨 느	and atta	ch a list with the names and EINs of	all memb	ers th	e extension is	for.	
4 I request an additional	3-month extension of time until	NOVEM	BER 17, 2014					
5 For calendar year 20:	$\overline{13}$, or other tax year beginning $_$, and ending					
6 If the tax year entered	in line 5 is for less than 12 months,	check reas	on. Initial return	Final r	eturn			
Change in accou	unting period							
7 State in detail why you								
ADDITIONAL '	TIME IS RESPECTFUI	LY RE	QUESTED IN ORDER TO	O GAT	HER	NECESS	ARY	
INFORMATION	TO FILE A COMPLET	re and	ACCURATE RETURN.					
8a If this application is for	r Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less any					
nonrefundable credits	See instructions			8a	\$	10	,905.	
b If this application is for	r Forms 990-PF, 990-T, 4720, or 606	59, enter an	y refundable credits and estimated					
tax payments made. In	nclude any prior year overpayment a	allowed as a	a credit and any amount paid					
previously with Form 8			•	8b	\$	10	,905.	
	t line 8b from line 8a. Include your p	payment wit	th this form, if required, by using					
	leral Tax Payment System). See inst	•	, , , , , , ,	8c	\$		0.	
			st be completed for Part II o					
Under penalties of perjury, I deci	•		panying schedules and statements, and to	•	f my kr	nowledge and be	elief,	
it is true, correct, and complete,	and that I am authorized to prepare this	form.	,		•			
Signature >	Title ▶	CPA		Date	•	8/11/1	4	
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