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990-PF

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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

		endar year 2014 or tax year beginning		, 2014,	and endi			, 20
Na	ame	of foundation				<b>A</b>	Employer identifi	
		RTNEY IRVIN TRUST			<del></del>			4241187
No	umb	er and street (or PO box number if mail is not delivere	ed to street address) Room/suit		e B	Telephone number	er (see instructions)	
						ì		
		E 6TH STREET			l		36	<u> </u>
Cı	ty o	rtown, state or province, country, and ZIP or foreign po	ostal code					
						C	If exemption applica pending, check here	
V.	AN	COUVER, WA 98660-3246					, <b>3</b> ,	
G	Che	ck all that apply: Initial return	Initial return	of a former p	ublic char	ity D	1 Foreign organizat	ions, check here
		Final return	Amended re	turn			2 Foreign organizat	
		Address change	Name chang	e			85% test, check h	
H	Che	ck type of organization: X Section 501	(c)(3) exempt private f	foundation			,	•
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	rivate foundat	ion			status was terminated
ĪĒ	air	market value of all assets at J Acco		ash X Acc		F		n a 60-month termination
6	end	of year (from Part II, col. (c), line	ther (specify)	_		- 1		)(1)(B), check here
			column (d) must be on ca	ish basis.)		[		
	÷	Analysis of Revenue and Expenses (The				L		(d) Disbursements
	_	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve		(c) A	Adjusted net	for charitable
		may not necessarily equal the amounts in column (a) (see instructions).)	books	incom	ie		income	purposes (cash basis only)
$\top$	1	Contributions, gifts, grants, etc , received (attach schedule) .	298,500		, 5 ° , c	,	3. 4, , ,	(Cash basis Only)
	2	Check if the foundation is not required to	290,300		* * * *	- CA		( S ( S ) S (
- 1	3	attach Sch B	455.	<del> ^"-</del> - *	455.		·= · · / ^	CPMP 1
- 1	3 4	Dividends and interest from securities	155					S. S
	ъ 5а	Gross rents		<del></del>				
			* 3,44,5,55	73.787		:	# X : 25%	2878 87
a)		Net rental income or (loss)  Net gain or (loss) from sale of assets not on line 10	.,	P - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	**** 3.3°	<u> </u>		
Revenue		Gross sales price for all	1 + 5 6 + 4 + 5 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X 325 24	* 4 X * * * * * * * * * * * * * * * * *	<del>रिञ्चिक्क की ।</del>	<u> </u>	
<u>ē</u>	7	assets on line 6a Capital gain net income (from Part IV, line 2) .	** 43 A			****	<del></del>	
2	8		* · * * * * * * * * * * * * * * * * * *	1	(EUE)	<del>VED</del>		
		Net short-term capital gain Income modifications	P. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	- 1 my 2 m	James — 1		70	
		Gross sales less returns	,**************************************	8	ALIG T 7	2015		Cara ser care
	<b>h</b>	Less Cost of goods sold	***	3	17 3 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> "GOF</u>		
		Gross profit or (loss) (attach schedule)		17 5			<u> </u>	
,	1	Other income (attach schedule)		1 0	GDEN	<del>v. U</del>		
	2	Total. Add lines 1 through 11	298,955.		455.			KY 367 S 757 Y
$\rightarrow$	3	Compensation of officers, directors, trustees, etc	2,0,,,,,,		133.			
	4	Other employee salaries and wages					<del></del>	-
SE 1		Pension plans, employee benefits						
ᆲ		Legal fees (attach schedule)						
<u>ַ</u>		Accounting fees (attach schedule) STMT 2	430.		NONE		NONE	NONE
Administrative Expenses		Other professional fees (attach schedule)	150.		110111		TACTAL	TAOIAE
ı atı		Interest	· · · · · · · · · · · · · · · · · · ·					<del></del>
1		Taxes (attach schedule) (see instructions). 3.	1.					
		Depreciation (attach schedule) and depletion.	3,139.				<del></del>	
E 2		Occupancy	3,133.					~ 1. 4. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Travel, conferences, and meetings	3,994.	<u> </u>				<del></del>
21 Travel, conferences, and meetings			J, J, J, T			<del></del>		
5 2	3	Other expenses (attach schedule) STMT. 4	1,293.	<del>  -</del>		•		
	4	Total operating and administrative expenses.						
-  2	-	Add lines 13 through 23	8,857.	j	NONE		NONE	NONE
9/2	5	Contributions, gifts, grants paid	39,759.		, * y	, y	14014IS	39,759.
2		Total expenses and disbursements Add lines 24 and 25	48,616.		NONE	<u>;</u> ′	NONE	
2		Subtract line 26 from line 12	37,010.	235 24 77 7	WONE	,	INOINE	[
-		Excess of revenue over expenses and disbursements	250,339.		· .	·		
		Net investment income (if negative, enter -0-)	, ** , ** , **		455.	* 5 ~ 2	*****	A SACTOTORY
-		Adjusted net income (if negative enter -0-)	2 ,	3 2			. 8.	Day I'm A Charles Brown State

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Part II		Balance Sheets description column should be for end-of-year	beginning of year		n year	
لنه		amounts only (See instructions.)	(a) book value		(c) Fair Market Value	
	1	Cash - non-interest-bearing	329,807.	15,326	15,326	
	2	Savings and temporary cash investments	242,296.	690,751	690,751	
	3	Accounts receivable	reason to rem			
		Less. allowance for doubtful accounts				
	4	Less. allowance for doubtful accounts ▶	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		The state of the s	
		Less allowance for doubtful accounts ▶				
		Grants receivable				
	1	Receivables due from officers, directors, trustees, and other				
	l .					
	7	disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)		1	2007 Y-10 1. C. C. C. A. C. A. C. A.	
		Less: allowance for doubtful accounts	on the same of the		The term is a super and additional term is the an Additional	
ν.	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	100	Investments - U S and state government obligations (attach schedule).				
		Investments - corporate stock (attach schedule)			<del> </del>	
		Investments - corporate stock (attach schedule)				
	11	Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment basis	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+ 2, 2 1, 2 2	AV A IMPANI GARAN DOMENIA	
		and equipment basis	MONID	110 500	110 500	
,		Less, accumulated depreciation (attach schedule)			118,500	
	12	Investments - mortgage loans				
	13 14	Investments - other (attach schedule)  Land, buildings, and equipment basis Less. accumulated depreciation (attach schedule)  9,871.	> "	· · · · · · · · · · · · · · · · · · ·		
	14	equipment basis	of the state of the same of	The said of the said	STMT 5	
		(attach schedule)	7,959.	5,824	5,824	
	15	Other assets (describe				
	16	Total assets (to be completed by all filers - see the				
		instructions Also, see page 1, item I)	580,062.	830,401.	830,401	
		Accounts payable and accrued expenses				
	18	Grants payable				
Se	19	Deferred revenue				
ij	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
=	22	Other liabilities (describe			Little hatter	
	23	Total liabilities (add lines 17 through 22)		NONE		
П		Foundations that follow SFAS 117, check here				
		and complete lines 24 through 26 and lines 30 and 31.				
ĕ	24	Unrestricted				
alances		Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, $\blacktriangleright$ $X$		<del></del>		
凹		check here and complete lines 27 through 31.				
ᅙ		Capital stock, trust principal, or current funds	580,062.	830,401.		
ets		Paid-in or capital surplus, or land, bldg , and equipment fund				
155		Retained earnings, accumulated income, endowment, or other funds				
낢		Total net assets or fund balances (see instructions)	580,062.	830,401.		
ž		Total liabilities and net assets/fund balances (see	300,002.	030,401.		
		instructions)	580,062.	020 401		
D		Analysis of Changes in Net Assets or Fund Bala		830,401.	The state of the s	
_		I net assets or fund balances at beginning of year - Part I		must agree with		
•		of-year figure reported on prior year's return).			E00 060	
2	Ento				580,062.	
		the management of the contract	• • • • • • • • • • • • • • • • • • • •		250,339.	
					020 401	
4	Doc	lines 1, 2, and 3eases not included in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •		830,401.	
5	Decr	l net assets or fund balances at end of year (line 4 minus li		5	000 105	
_0	rota	i het assets or lund balances at end of year (line 4 minus li	ne 5) - Part II, column (b	), line 30   <b>6</b>	830,401.	

3

Pai	Part IV Capital Gains and Losses for Tax on Investment Income							
	(a) List and	d describe the kind(s) of property sold (e	•	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	rick warehouse; or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr.)	(mo., day, yr.)		
1a								
c								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	oss)		
	(e) Gross sales price		(e) plus (f) mini	us (g)				
а								
b				_				
С								
d								
e								
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minus		
	T F B A V F 40 /04 /00	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less			
,	i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l. (h))		
a								
_ <u>u</u>								
c						<del></del>		
d						<del></del>		
e								
	<u></u>	r If	gain, also enter in Part I, line 7		<del></del>	<del></del>		
2	Capital gain net income of		(loss), enter -0- in Part I, line 7	2				
3	Net short-term canital da	in or (loss) as defined in sections 1	,		<del></del>			
J		art I, line 8, column (c) (see inst						
Pa		Inder Section 4940(e) for Red		3				
_		private foundations subject to the						
۱. ن.	optional asc by admicstic	private roundations subject to the	section 4340(a) tax on het investin	TETT THE	1116./			
If se	ection 4940(d)(2) applies,	leave this part blank						
11 30	ction 4540(d)(2) applies,	reave this part blank.						
Was	s the foundation liable for	the section 4942 tax on the distrib	utable amount of any year in the h	ase nerio	42 <u> </u>	Yes X No		
		not qualify under section 4940(e). I		asc perio	u			
1		nount in each column for each year,		a any ant	rica			
÷	(a)			any ent	(d)			
C-1	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra			
cai	endar year (or tax year beginning in) 2013	26,638.		-	(col (b) divided by			
	2012	15,254.	482,203.		<del></del>	0.055242		
		12,062.	287,067.	<u> </u>		0.053137		
	2011	12,062.	195,377.			0.061737		
	2010		201,298.	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
	2009	<u> </u>						
_	***							
		<sup>1)</sup>		2		0.170116		
3		o for the 5-year base period - divide						
	number of years the four	ndation has been in existence if less	s than 5 years	3		0.042529		
4	Enter the net value of no	ncharitable-use assets for 2014 fro	m Part X, line 5	4		680,996.		
5 Multiply line 4 by line 3						28,962.		
20/302								
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		5.		
-				<del> </del>		<del></del>		
7	Add lines 5 and 6	· · · · · · · · · · · · · · · · · · ·		7		28,967.		
•	Add into 5 and 0	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<del>  *   -</del>		_ 40,501.		
٥	Enter qualifying distributi	ions from Part XII, line 4		8		30 750		
8	If line 8 is equal to or or	reater than line 7, check the box	in Part VI, line 1b, and complete	that ===:		39,759.		
	Part VI instructions	reater than time 7, theth the DOX	iii rait vi, iiile 10, and complete	ınat part	using a 1% ta	x rate. See the		

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstructions)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	5.
	here X and enter 1% of Part I, line 27b	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	
3	Add lines 1 and 2	5.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	NONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5.
6	Credits/Payments.	
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a	
b	Exempt foreign organizations - tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE	
d	Backup withholding erroneously withheld	المستعلقة المستقلة ال
7	Total credits and payments Add lines 6a through 6d	NONE
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached	
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	5.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► NONE Refunded ► 11	
	t VII-A Statements Regarding Activities	1 201
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
	participate or intervene in any political campaign?	1a X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	
	Instructions for the definition)?	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	
	published or distributed by the foundation in connection with the activities.	
	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation. \$ (2) On foundation managers \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	
	foundation managers. > \$	
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	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X 4a X
_	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a A
b	If "Yes," has it filed a tax return on Form 990-T for this year?	5 X
5	If "Yes," attach the statement required by General Instruction T	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
•	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 state law remain in the governing instrument?	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 X
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	304 343 39
	AW	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1011311110
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	
	complete Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
	names and addresses	10 X
		orm <b>990-PF</b> (2014)

Z / - 4Z 4 1 1 8 /		_ <u></u> _
Part VII-A Statements Regarding Activities (continued)		
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	. 11	X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		
person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13 X	
Website address ► N/A		
14 The books are in care of ▶ DEAN IRVIN Telephone no. ▶ (360) 737	7-8929	
14 The books are in care of ▶ DEAN IRVIN Telephone no. ▶ (360) 737  Located at ▶ 114 E 6TH ST, VANCOUVER, WA ZIP+4 ▶ 98660-	3246	
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the year		
16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authorit	Yes	No
over a bank, securities, or other financial account in a foreign country?	´ı 1	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) if	-4 / 5 / C 30 0	6836
"Yes," enter the name of the foreign country		
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Transmit 1
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes Yes	No
1a During the year did the foundation (either directly or indirectly)	7 × 10 × 2	300
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		2
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		<b>8</b> € #
disqualified person?	73.5	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	14 14	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for		
the benefit or use of a disqualified person)? Yes X No		14 W
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		
foundation agreed to make a grant to or to employ the official for a period after		
termination of government service, if terminating within 90 days)		
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		
section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	
Organizations relying on a current notice regarding disaster assistance check here	47.3 <b>(\$1</b> )	400
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		
were not corrected before the first day of the tax year beginning in 2014?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	100000000000000000000000000000000000000	7.47.1
operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		
6e, Part XIII) for tax year(s) beginning before 2014?		
If "Yes," list the years ▶ 2011		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1
all years listed, answer "No" and attach statement - see instructions)		1257201383
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	V. C. M. C.	35 C
<b>&gt;</b>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
at any time during the year?		
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or		
disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		
Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		EXA.
foundation had excess business holdings in 2014)	3b	ances a
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1 7 7 W. W. C.	स्टब्रुव्य
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	X
	orm <b>990-PF</b>	

Par	VII-B Statements Regarding Activities f	or Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year did the foundation pay or incur any amo	unt to:		<del></del>			
-	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	. Yes X N			
	(2) Influence the outcome of any specific public ele						
	directly or indirectly, any voter registration drive?						
	(3) Provide a grant to an individual for travel, study, or o						
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? (see instructions)						
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational						
	purposes, or for the prevention of cruelty to children or animals? Yes X No						
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	xceptions described i			
	5b						
Organizations relying on a current notice regarding disaster assistance check here							
c	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax			
	because it maintained expenditure responsibility for the	grant <sup>7</sup>		. Yes N			
	If "Yes," attach the statement required by Regulations sed						
6a	Did the foundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ns			
	on a personal benefit contract?			. Yes X N			
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	ct?	. 6b X		
	If "Yes" to 6b, file Form 8870.						
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X N			
b	If "Yes," did the foundation receive any proceeds or have						
Par	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em	ployees,		
1	List all officers, directors, trustees, foundation ma		compensation (see	instructions).	·· · · · · · · · · · · · · · · ·		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account,		
		devoted to position	enter -0-)	and deferred compensation	other allowances		
	Courtney	President		_			
	6th St, Vancouver, WA 98660		-0-	-0-	-0-		
	Irvin	Secretary	_				
114 E	6th Street, Vancouver, WA 98660		-0-	-0-	-0-		
	Compensation of five highest-paid employees	lother than these	o included on line	1 000 (motowet)			
2	"NONE."	totilei tilali tilos	e included on im	e i - see instructi	ons). Il none, enter		
(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	(e) Expense account, other allowances		
		devoted to position	- 11-	compensation			
NONE			_				
			-0-	-0-	-0-		
Total	number of other employees paid over \$50,000	<del> </del>	<u> </u>	<u> ▶</u>	NONE		
					Form <b>990-PF</b> (2014)		

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NC	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
COMP	NONI
ONE	NONE
otal number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number organizations and other beneficiaries served, conferences convened, research papers produced, etc	e Expenses
1 NONE	
2	
	··   
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	-
All able and a second of the s	
All other program-related investments See instructions  3NONE	
	··
	·
otal. Add lines 1 through 3	<b>&gt;</b>

Form **990-PF** (2014)

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)		dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	. 3/02.38 	
	purposes:	م تنع الك	27027
	Average monthly fair market value of securities	1 1	NONE
b	· · · · · · · · · · · · · · · · · · ·		572,867.
C	Fair market value of all other assets (see instructions)		118,500.
d	Total (add lines 1a, b, and c)	1d	691,367.
е		Section 1	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	691,367.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	10,371.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	680,996.
6	Minimum investment return. Enter 5% of line 5	6	34,050.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	34,050.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.) . 2b	( 1 mg )	
c	Add lines 2a and 2b	2c	5.
3	Distributable amount before adjustments. Subtract line 2c from line 1		34,045.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	34,045.
6	Deduction from distributable amount (see instructions).	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII.		
	line 1	7	34,045.
	Qualifying Distributions (see instructions)		31/013.
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	, )	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	39,759.
b	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	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	i de la constantia del constantia de la constantia de la constantia della constantia della	
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	39,759.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	5.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,754.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when a qualifies for the section 4940(e) reduction of tax in those years.	alculating	whether the foundation

Form **990-PF** (2014)

	rt XIII Undistributed Income (see instri	uctions)			Page 3
1	Distributable amount for 2014 from Part XI,	(a)	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
•	line 7	*** / *,	* * * * * * * * * * * * * * * * * * * *		34,045.
2	Undistributed income, if any, as of the end of 2014	, in the second	4	- de	The state of the s
а	Enter amount for 2013 only			NONE	
ь	Total for prior years 20 12 ,20 ,20 ,20		NONE		
3	Excess distributions carryover, if any, to 2014		· ' ' · · · ' · · · · · · · · · · · · ·		
а	From 2009 NONE	* * *	( , ' , <del>'</del> , ' , ' , ' , ' , ' , ' , ' , ' , ' ,		
b	From 2010 NONE		11	the second of th	
C	From 2011 1,650.				
d	From 2012 909.	, , , , , , , , , , , , , , , , , , , ,			
е	From 2013	*		San & British and Carlo	
f	Total of lines 3a through e	5,089.	* **** ***		
4	Qualifying distributions for 2014 from Part XII,				
	line 4. ▶ \$39,759	3, 3,		· * * * * * * * * * * * * * * * * * * *	
	Applied to 2013, but not more than line 2a	1 2 2 4 3 4 5 4 7 8 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3		NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NOŅE		
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
d	Applied to 2014 distributable amount	, ", , , , , ,	1 300 14 3	· ' ' * · · · · · · · · · · · · · · · ·	34,045.
е	Remaining amount distributed out of corpus	5,714.			
5	Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same	NONE			NONE
6	amount must be shown in column (a).)  Enter the net total of each column as				
	indicated below:	10,803.			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	10,003.	8		
þ	Prior years' undistributed income. Subtract line 4b from line 2b		NONE		
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	* , , ,	NONE		
d	Subtract line 6c from line 6b Taxable amount - see instructions		NONE		
е	Undistributed income for 2013 Subtract line 4a from line 2a. Taxable amount - see			NONE	
f	Undistributed income for 2014 Subtract lines	***			1 2 - 1 M 3 1 M M 1 P 3
-	4d and 5 from line 1 This amount must be distributed in 2015				NONE
7	Amounts treated as distributions out of corpus	<u> </u>			110111
•	to satisfy requirements imposed by section			eek we to a s	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE	* * * * * * * * * * * * * * * * * * *	*	The France
8	Excess distributions carryover from 2009 not	NONE			
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015.	10,803.			
10	Subtract lines 7 and 8 from line 6a	10,003.	, , ,	***************************************	
10 a	Analysis of line 9.  Excess from 2010 NONE	, , ,		, ,, , , , , , , , , , , , , , , , , , ,	
	1 (50	, *	* * 24		
	Excess from 2011 1 1,000.	, 41 s		, ; ,	
b		4		· ~ !	
b	Excess from 2012 909.	, , , , , , , , , , , , , , , , , , ,	B. M. B. C. (1)		
b					

Par	t XIV Private Ope	erating Foundations	(see instructions	and Part VII-A, questi	on 9)	NOT APPLICABL
1a	If the foundation has	received a ruling or d	etermination letter th	at it is a private opera	ating	
	foundation, and the ruling				▶∟	
b	Check box to indicate v		is a private operating		section	4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years	1	(e) Total
	justed net income from Part I or the minimum investment	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	return from Part X for each					
	year listed			<del> </del>	<u> </u>	
b	85% of line 2a		<u> </u>	<del> </del>		
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not			<del></del>	-	
	used directly for active conduct					
e	of exempt activities					
_	directly for active conduct of					1
	exempt activities Subtract line 2d from line 2c					:
3	Complete 3a, b, or c for the					
а	alternative test relied upon "Assets" alternative test - enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					i
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment 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				<del> </del>	<del></del>
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt					
	organization			<del></del>		-
Pai		tary Information (	Complete this pa	rt only if the found	lation had \$!	5,000 or more in assets
		during the year - se		,	, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Information Regarding					
а				re than 2% of the total more than \$5,000). (S		received by the foundation
	,		·	more than \$5,000). (3	ee section 507	(0)(2).)
		N AND SUSAN COU		-6 4b4		
D				or the stock of a corp in has a 10% or greater		equally large portion of the
	Ownership of a partner	simp of other entity, or	William the realization	ir rias a 1070 or greater	interest.	
	NT / 7\					
2	N/A Information Regarding	Contribution, Grant,	Gift. Loan. Scholars	nip. etc Programs:		
_				•	itable organiza	tions and does not accept
	unsolicited requests for	or funds. If the found	ation makes gifts, g	rants, etc. (see instruc	tions) to indivi	duals or organizations under
	other conditions, comp			(000 1100 100		
a	The name, address, an	d telephone number o	r e-mail address of th	e person to whom app	lications should	d be addressed:
		•				
b	The form in which app	lications should be sub	mitted and informat	ion and materials they	should include:	· · · · · · · · · · · · · · · · · · ·
	<del></del>					· · · · · · · · · · · · · · · · · · ·
C	Any submission deadli	nes:				
-A	Any restrictions or li	mitations on awards	such as by geogr	anhical areas charite	ble fields kin	ds of institutions, or other
u	factors:	imiations on awalus,	sacir as by geogr	opinicai aicas, tiidillä	DIG HEIUS, KIN	us of institutions, or other

3 Grants and Contributions Paid Durin	g the Year or Appre	oved for F	uture Payment	<del></del>
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual,	Foundation	Purpose of great or	1
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or substantial contributor			
u vara dannig me year				
SEE STATEMENT 11				39,759
Ond Statement 11				33,733
		j		
		]		
				1
				1
Total	<u> </u>	· · · · · ·	▶ 3a	39,759.
<b>b</b> Approved for future payment	;			]
				1
i		ĺ		
Total	<u> </u>	<u> </u>	▶ 3b	

JSA 4E1491 1000 Form **990-PF** (2014)

Part XVI-A		cing Activ	vities			
Enter gross amounts unless otherwise indicated			ated business income	Excluded by	y section 512, 513, or 514	(e)
Inter group I		(a) Business code	(b) Amount	(c)	(d) Amount	Related or exempt function income
1 Program	service revenue	Busilless code	Amount	Exclusion code	Amount	(See instructions.)
				<del> </del>		·
f				ļ		
	and contracts from government agencies			····		
	ship dues and assessments			<del>                                     </del>		
	savings and temporary cash investments			14	455.	
	s and interest from securities					
	Il income or (loss) from real estate.	* > : < *	· ',	î ? ? .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Debt-	financed property					
	ebt-financed property					
	income or (loss) from personal property .	_				
7 Other inv	restment income					
	ss) from sales of assets other than inventory					
9 Net incor	ne or (loss) from special events					
10 Gross pro	ofit or (loss) from sales of inventory					
11 Other rev	venue: a					
b						
c						<u>.</u>
d				ļ		
e						
	Add columns (b), (d), and (e)			À : 1	455.	
13 Total. Ad	id line 12, columns (b), (d), and (e)				13	455.
	eet in line 13 instructions to verify calcu		samplishment of Fu	D		<del></del>
Part XVI-						
Line No.	Explain below how each activity					
▼	accomplishment of the foundation	n's exemp	t purposes (other than b	y providing	funds for such purpose	s). (See instructions.)
				<del></del>		
						· · · · · · · · · · · · · · · · · · ·
-	· · · · · · · · · · · · · · · · · · ·		······································		·	<del></del>
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						<del> </del>

Part 2	XVII	Information R Exempt Orga		ransfers To and Trans	actions	and Relationships With Non	charitabl	е				
iı	n sectio	organization direct	ly or indirectly		h any other organization described in section 527, relating to political	Yes	No 3					
	Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash											
			_		_		1a(1)	X				
(:	2) Othe	er assets			. <b></b> .		1a(2)	X				
		ansactions:										
(	1) Sale	s of assets to a non	charitable exe	mpt organization		1b(1)	X					
						• • • • • • • • • • • • • • • • • • • •		X				
								X				
								X				
(	6) Perf	ormance of services	s or membersh	ip or fundraising solicitatio	ns		1b(6)	Х				
c S	haring	of facilities, equipm	nent, mailing lis	sts, other assets, or paid er	nployees		1c	Х				
d II	the a	nswer to any of th	ne above is "Y	es," complete the following	ng schedu	ile. Column (b) should always show	v the fair i	market				
V	alue o	the goods, other	assets, or serv r sharing arran	rices given by the reporting	g founda (d) the v	tion. If the foundation received less alue of the goods, other assets, or s	than fair i	narket				
(a) Line		(b) Amount involved		noncharitable exempt organization		Description of transfers, transactions, and sha						
(4) 2.77	,	(a) / unio and more of	(e) realise or	nononantable exempt organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Description of transfers, transactions, and sma	ing arrangem	ents				
-												
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	_											
d	escribe	oundation directly ed in section 501(c) complete the follow	of the Code (c ving schedule.	ffiliated with, or related to other than section 501(c)(3	)) or in se	more tax-exempt organizations ction 527?	Yes	X No				
		(a) Ivaline of Organizatio	<u> </u>	(b) Type of organizat	<u> </u>	(c) Description of relation	snip					
			<del></del>									
		<del> </del>			<del></del>							
	Under	penalties of perjury, I decla	re that I have exam	ined this return, including accompany	ing schedule:	s and statements, and to the best of my knowledge	ge and belief, i	t is true				
Sign	correct,	and complete Declaration	preparer (other than	taxpayer) is based on all information of	which prepare.							
Here		/k. 1/2	My	8-12-15	_ ೬_		S discuss this eparer shown	return below				
neie	Signa	ture of officer or trustee	•	Date	Title	(see instruction	ns)? X Yes	No				
D*: 4	<del>'                                    </del>	Print/Type preparer's na	me	Preparer's signature		Date Check If	PTIN					
Paid		STEPHEN K. B	ROCK	10 /- /k			P000464	86				
Prepa	Ĺ			APTIST FOUNDATION			6034550					
Use C	nly	Firm's address > 32	00 NE 1097	TH AVENUE								

Form **990-PF** (2014)

360-882-2250

VANCOUVER, WA

98682

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

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

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

OMB No 1545-0047

Employer identification number

COURTNEY IRVIN TRUST		27-4241187								
Organization type (check one):										
Filers of:	Section:									
Form 990 or 990-EZ	501(c)( ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation								
	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										
Note. Only a section 501(c)(7), instructions.  General Rule  X For an organization file	rered by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Spe	ons totaling \$5,000								
Special Rules										
regulations under sections 13, 16a, or 16b, and to \$5,000 or (2) 2% of the For an organization decontributor, during the	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 cthat received from any one contributor, during the year, total contributions he amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Conscribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reserves, total contributions of more than \$1,000 exclusively for religious, characters are the prevention of excellent to billion and religious.	or 990-EZ), Part II, line of the greater of (1) amplete Parts I and II. ceived from any one aritable, scientific,								
For an organization de contributor, during the contributions totaled during the year for an General Rule applies	I purposes, or the prevention of cruelty to children or animals. Complete Prescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rese year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Do not complete any of the to this organization because it received nonexclusively religious, charitable preduring the year	ceived from any one t no such t that were received parts unless the , etc., contributions								
Caution. An organization that is 990-EZ, or 990-PF), but it must	not covered by the General Rule and/or the Special Rules does not file Sc answer "No" on Part IV, line 2, of its Form 990; or check the box on line H ertify that it does not meet the filing requirements of Schedule B (Form 990)	hedule B (Form 990, of its Form 990-EZ or on its								

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) (2014)

Name of organization

Employer identification number 27-4241187

COURT	NEY IRVIN IRUSI		21-4241101
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1-	Dean Irwin  316 E 7th St  Vancouver, WA 98660	\$ <u>168,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	HG Industries, Inc  114 E 6th St  Vancouver, WA 98660	\$ <u>12,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	Dean Irwin  316 E 7th St  Vancouver, WA 98660	\$ <u>118,500.</u>	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 Payroli 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)

Name of organization
COURTNEY IRVIN TRUST

Employer identification number

27-4241187

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
3_	Residence at: 2003 E 32nd St, Vancouver, WA		
		\$118,500.	12/29/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b></b>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b></b>		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b></b>		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<b></b> -		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
·			90, 990-EZ, or 990-PF) (

COURTNEY IRVIN TRUST						2014									27-4241187
Description of Property							<del></del>								27-9291107
GENERAL DEPRECIATION															
DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	Lıfe	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
FURNITURE	12/02/2012	2,237	100 000			2,237.	503	950	SL	MO	5 000				447
FURNITURE	02/05/2013	255	100.000			255	26	77	SL	НҮ	5 000				51
COMPUTER	06/23/2014	1,004	100 000			1,004			SL	НҮ	5 000				201.
			<u> </u>												
												I			
		ļ. <u>.                                   </u>	<u> </u>												
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									<u>                                     </u>						
Less Retired Assets		1,004	1 23/25			1,004		<u></u>	72.5 72	Ç					
Subtotals	<u></u>	2,492.			<u> </u>	2,492.	529.	1,027.		». <u> </u>	* *	* , ,	, 1		699.
Listed Property															
										<u>i</u>					
··			<u> </u>				ļ			L		<u> </u>			
Less Retired Assets			1 4		ļ		L	1 2 2	, , , , , , , , ,		, 5 <sub>24.</sub>		, *- ]	100 100 1	699.
Subtotals			ļ						`*	٠,٠٠٠	*		14.1		
TOTALS	<del></del>	2,492	<u> </u>		L	2,492	529.	1,027.	١٠		. ,	4/ 27	ias. I	L	699.
AMORTIZATION							<del>,</del>	<del></del>							
Asset description	Date placed in service	Cost or basis	· , * · , .	وهراه الم			Accumulated amortization	Accumulated amortization	Code	Lıfe	_ ; ^.	Jan 1			Current-year amortization
START UP COSTS	11/01/2011	7,199	10 x 330 x	. ,2 2	i en pr	· ~ ~ ~ ~	3,120	4,560	A195	5.00	00 (	, , , , ,	1 4		1,440.
START UP COSTS	12/15/2010	5,000	ļ	٠,			3,083	4,083	A195	5 00	00	A 51	, \		1,000
				-,	\$77 > 1	٠,٠,						24.7	ريستم لا		-,,,,,,,
			] , ,	' , ∞,	., }						7.	,	₹/		
			, ,,,	, , ,	V 2002						]^ ^	. July	(4.2° ) }		
TOTALS		12,199	, ° °,	٠,٠	/ _ & · · `		6,203	8,643	,, ,	* .	٠,	1 2 4	. 3		2,440.

\*Assets Retired

4x9024 1 000

- BFI251 684P 08/12/2015 10 16 29

COURTNEY IRVIN TRUST

27-4241187

FORM	990PF,	PART I	-	INTEREST	ON	TEMPORARY	CASH	INVESTMENTS

	TOTAL	455	
INTEREST		455 	. 455.
DESCRIPTION		PER BOOKS	INCOME
DECORT DETAIL		AND EXPENSES	NET INVESTMENT

COURTNEY IRVIN TRUST

27-4241187

FORM	990PF,	PART	Ι	- ACCOUNTING	FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
TAX PREP		430.			
	TOTALS	430.	NONE	NONE	NONE
			=========	=========	=========

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

IRS

1.

TOTALS

1.

27-4241187

COURTNEY IRVIN TRUST

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

-**---**----

OFFICE

1,293.

TOTALS

1,293.

==========

COURTNEY IRVIN TRUST

27-4241187

## LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
START UP COSTS		7,199			7,199	3,120	1,440		4,560
FURNITURE	M5	2,237			2,237	503	447		950.
START UP COSTS		5,000			5,000	3,083	1,000		4,083
FURNITURE	M5	255			255	26	51		77
COMPUTER	M5		1,004	1,004			201	201.	
momar o									
TOTALS		14,691			14,691	6,732			9,670.
						=========			========

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

#### NAME AND ADDRESS

Dean Irwin 316 E 7th St

Vancouver, WA 98660

HG Industries, Inc 114 E 6th St Vancouver, WA 98660

COURTNEY IRVIN TRUST 27-4241187 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_\_\_\_\_\_ RECIPIENT NAME: Clark County Historical Society & ADDRESS: 1511 MAIN ST Vancouver, WA 98660 PURPOSE OF GRANT: UNRESTRICED FOUNDATION STATUS OF RECIPIENT: 509(A)(1) AMOUNT OF GRANT PAID ..... 2,500. RECIPIENT NAME: Boys & Girls Club ADDRESS: 1111 MAIN ST Vancouver, WA 98660 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: YWCA Clark County ADDRESS: 3609 MAIN ST Vancouver, WA 98663 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID .....

1,000.

COURTNEY IRVIN TRUST 27-4241187 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID \_\_\_\_\_\_ RECIPIENT NAME: American Red Cross of SW ADDRESS: 3114 E FOURTH PLAIN BLVD Vancouver, WA 98661 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A) (2) AMOUNT OF GRANT PAID ..... 1,200. RECIPIENT NAME: Christmas Ships, Inc ADDRESS: P.O. BOX 55331 Portland, OR 97239 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A)(2) RECIPIENT NAME: New Groove Peforming Arts ADDRESS: 9212 NE HWY 99 #102 Vancouver, WA 98665 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A) (2) AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: Clark College Foundation ADDRESS: 1933 FORT VANCOUVER WAY Vancovuer, WA 98663 PURPOSE OF GRANT: SCHOLARSHIPS FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 6,500.

990

COURTNEY IRVIN TRUST 27-4241187 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Vancouver Downtown Association ADDRESS: 811 MAIN ST Vancouver, WA 98660 PURPOSE OF GRANT: FLOWER BASKET PROGRAM FOUNDATION STATUS OF RECIPIENT: 509 (A) (2) AMOUNT OF GRANT PAID ...... 1,600. RECIPIENT NAME: NW Association for Blind Athletes ADDRESS: P.O. BOX 65265 Vancouver, WA 98665 PURPOSE OF GRANT: UNRESTRICTED FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 5,000. RECIPIENT NAME: Beaches Charity Fund ADDRESS: 1919 SE COLUMBIA RIVER DRIVE Vancovuer, WA 98661 FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 100. RECIPIENT NAME: Vancouver Women's Foundat ADDRESS: 1053 OFFICER'S ROW Vancouver, WA 98660 FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 2,015.

AMOUNT OF GRANT PAID .....

STATEMENT 10

P.O. BOX 184

509 (A) (2)

Vancouver, WA 98666

FOUNDATION STATUS OF RECIPIENT:

10,000.

COURTNEY IRVIN TRUST 27-4241187 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: Calvary Community Church ADDRESS: 15116 GARY ST E Sumner, WA 98390 FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 1,000. RECIPIENT NAME: Ridgefield Square Project ADDRESS: 230 PIONEER ST Ridgefield, WA 98642 FOUNDATION STATUS OF RECIPIENT: 509 (A) (1) AMOUNT OF GRANT PAID ..... 100. TOTAL GRANTS PAID: 39,759. 

## Form **4562**

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

OMB No. 1545-0172

2014

Attachment Sequence No 179 Identifying number

COURTNEY IRVIN TRUST

27-4241187

	URINEI IRVIN IRUSI		<del></del>					_		2/ 424110/
	ness or activity to which this form relates									
GE:	NERAL DEPRECIATION		<del>_</del>							<del></del>
Pa	t I Election To Expense Ce Note: If you have any lis				уои сог	mple	ete Part I.			
1	<del></del>								1	
2	Total cost of section 179 property pl	aced in service (see in	structions)					[	2	
3	Threshold cost of section 179 proper								3	
4	Reduction in limitation Subtract line								4	
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter -	0- If married filing						5	
6	(a) Description			(b) Cost (bu						
7	Listed property. Enter the amount fro	om line 29				7				
8	Total elected cost of section 179 pro	perty. Add amounts in	r column (c), li	nes 6 and	7			T	8	
9	Tentative deduction Enter the small	er of line 5 or line 8						[	9	
10	Carryover of disallowed deduction from	om line 13 of your 201	3 Form 4562					[	10	
11	Business income limitation Enter the								11	
12	Section 179 expense deduction Add	I lines 9 and 10, but d	o not enter m	ore than lin	ne 11 . ,		<u> </u>		12	
13	Carryover of disallowed deduction to			<del></del>	<b>&gt;</b>	13				13 - 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	e: Do not use Part II or Part III below fo									
Pai	rt    Special Depreciation A	llowance and Ot	her Deprec	iation (D	o not in	clud	e listed prope	erty.) (S	See i	nstructions.)
14	-									
	during the tax year (see instructions)								14	
15	Property subject to section 168(f)(1)								15	
16	Other depreciation (including ACRS)							<u> </u>	16	ļ
Pai	t III MACRS Depreciation (	Do not include liste			uctions.	)				
				ion A			<del></del>			T'
17	MACRS deductions for assets placed	in service in tax years	s beginning be	fore 2014				L	17	498
18	If you are electing to group any		_					<u>al</u> [ ]		
	asset accounts, check here	<del> </del>	<del></del>	<u></u>	<u></u>	<u></u>	<u></u> ▶	L_ <u>f</u>	3 x 3.	
	Section B - Assets	Placed in Service I					General Depr	eciation	n Sy	/stem
	(a) Classification of property	placed in service	(business/inv	estmentuse	(d) Recov		(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property	See								
b	5-year property	_ Detail		1,004.	5.00	00		200	DB	201.
	7-year property									
d	10-year property							<u> </u>		
e	15-year property							<u> </u>		
f	20-year property				<u> </u>					
g	25-year property	5 / L 16 2 NO			25 yrs	<u> </u>		S/L	L	
h	Residential rental				27.5 yı	s.	MM	S/L	<u> </u>	
	property				27.5 yı	rs	MM	S/L	L	
i	Nonresidential real				39 yrs	-	MM	S/L	<u> </u>	
	property	<u> </u>	L		L		<u>MM</u>	S/L		
	Section C - Assets P		iring 2014	ax Year	Using th	e Al	ternative De	preciati	on :	System
	Class life				ļ	_		S/L	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	12-year	, , , , , ,			12 yrs	<del></del>		S/L		
	40-year	1			40 yrs	; <u> </u>	MM	S/l	<u> </u>	<u> </u>
Pa	t IV Summary (See instruct							<del>,-</del>		<del></del>
21	Listed property. Enter amount from li								21	
22	Total. Add amounts from line 12,									
	and on the appropriate lines of your					<u></u>	<del></del>		22	699
23	For assets shown above and place									
	portion of the basis attributable to se	ction 263A costs	<u> </u>			23				

Form	4562 (2014)											2 /			Page 2
Pai	t V Listed Pro	perty (Include a	automobiles	, cer	tain ot	her v	ehicle:	s, cei	rtain aire	craft, c	ertain	comp	uters,	and p	roperty
	used for er	ntertainment, recr	reation, or a	muse	ement.)				٠ ماهـ		laaaa			alata a	nhe 24o
	Note: For a	any vehicle for wh ns (a) through (c) of	nicn you are Section A. al.	using I of Se	; the st ection B.	andard . and S	s illilea Section (	ge ra Cifad	ie or dec policable.	lucting	iease	expens	e, comp	nete <b>O</b> I	IIY 248,
	Section A	- Depreciation and	Other Inform	nation	(Cautio	on: Se	e the in	struc	tions for li	mits for	passer	nger au	tomobil	es.)	
24a	Do you have evidence						'es		24b If "Y					Yes	No
	(a)	(b)	(c)			<u> </u>	(e)		(f)	(9		T	(h)	<u> </u>	(i)
	Type of property (list	Date placed	Business/	Cost	( <b>d)</b> or other ba		sis for depa		Recovery	Meth	nod/	Depre	eciation	1	ection 179
	vehicles first)	ın service	investment use percentage			100	use on!		period	Conve	ention	dedu	uction	C	ost
25	Special depreciati	on allowance for	qualified lists	ed pro	operty r	olaced	in serv	vice d	luring					15.180 A	-03-494
		sed more than 50%									. 25				
26	Property used mor			_		., .			· · · · · ·	· · · ·		L		I xxx. sc.	27 84 28 F T 10 X
	Troporty dood man	T	%				•		Γ			Γ		Γ	
_	<del></del>		%											-	<del></del>
					<del></del>				<u> </u>			<u> </u>			
27	Property used 50°	% or less in a qualifi		<u> </u>					L	L .		<u></u>		L	<del></del>
27	Property used 507	O less iii a quaiiii	<del>, · · · · · · · · · · · · · · · · · · ·</del>			- $$		_	·	6.0		τ		Toxue van v	2.788 CH2
	<del></del>	<del></del>	%	_						S/L -		ł			
	<del></del>	<del> </del>	%							S/L -		-		A STATE OF	
			<u>%</u>	<del></del>		<del>.  </del>				S/L -	1	ļ			世紀。
28	Add amounts in co	olumn (h), lines 25	through 27. E	nter	here and	d on lii	ne 21, p	page 1			28	l	<del></del>	Q 45 . V.	<b>经,</b> 经选择用
29	Add amounts in co	olumn (I), line 26. E								• : • •		<u></u>	. 29	<u>.                                    </u>	
			Section												
Con	nplete this section for	or vehicles used by	a sole propri	etor, p	partner,	or othe	er "more	than	5% owne	r," or re	elated p	erson	If you p	rovided	vehicles
to y	our employees, first ai	nswer the questions if	Section C to s					comp				vehicle	<u> </u>	<del>,</del>	
					a) cle 1		( <b>b)</b> ncle 2	,,	(c) ehicle 3	(c Vehi			(e)		f)
30	Total business/inv	estment miles driv	en during	Veni	CIE I	ven	iicie z	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	enicie 3	veni	cie 4	Ven	ııcle 5	veni	icle 6
	the year ( <b>do not i</b> n	iclude commuting i	miles) • • •					ļ				<u> </u>			
31	Total commuting i	miles driven during	the year .				_	<u> </u>						<u> </u>	
32	Total other	personal (nonco	mmuting)							!					
	miles driven		L												
33	Total miles drive														
		32		١	-										
34	Was the vehicl			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
٠.		y hours?					1	<del>                                     </del>			· · · · · · · · · · · · · · · · · · ·	1	+	<del>                                     </del>	
35	Was the vehicle							<del>                                     </del>			-	1	<del> </del>	<del>                                     </del>	<del>                                     </del>
•		related person?	1		l :									1	1
26	Is another vehic							<del> </del>				<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>
30	_						l			1					
						Δ	: - > / -	<u> </u>				<u>.                                    </u>	Ь	<u> </u>	<u> </u>
		ection C - Questic								-					
	swer these question				ption to	comp	pleting	Sectio	n B for v	ehicles	used b	y empl	oyees v	who <b>are</b>	not
	re than 5% owners													1 1/2	T
37	Do you maintain										_	mmutir	ıg, by	Yes	No
	your employees?													<u> </u>	
38	Do you maintain									-		ting, by	y your		
		he instructions for												<u></u>	
39	Do you treat all us	e of vehicles by em	iployees as pe	ersona	al use? .										L
40		more than five ve	•			, obta	in info	rmatio	on from	your en	nployee	es abo	ut the		1
		s, and retain the inf													<u> </u>
41	Do you meet the r	equirements conce	rning qualifie	ed auto	omobile	demo	nstratio	n use	? (See ins	truction	s.)				
	Note: If your ansv	ver to 37, 38, 39, 4	0, or 41 is "Y	es," d	o not co	mplete	Sectio	n B fo	r the cove	ered veh	icles.			\$ 300 G	: <u> </u>
Pa	rt VI Amortiza	tion						7							
			(b)								(е	)			
	(a)	of costs	Date amortiza	ation	۸	(c)			(d)		Amorti			(f)	. •
	Description	Ur custs	begins		l Am	Ortizable	e amount		Code se	CHON	percer		Amortiza	ation for ti	nıs year
42	Amortization of co	sts that begins dur	ing your 2014	4 tax	year (se	e instr	uctions	 ):	<del></del>		- 5.001				
			<u> </u>		<u> </u>			T				Т			<del></del>
					-			-+				<del></del>			<del></del>
43	Amortization of co	sts that began befo	re vour 2014	l tax v	vear							12		<del></del>	2,440
44		ts in column (f). See				to re	port		• • • • •		• • • •	44			2,440
_								<del></del>	• • • • •	<u> </u>	· · · · ·	1 44 1	E-		<b>2</b> ,440 <b>2</b> (2014)
J\$A													FOI	<b>+</b> 30	<b>⊆</b> (∠∪14)

## 8868 Form

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

• If you	ມ are filing for an Automatic 3-Month Extension, ເ ມ are filing for an Additional (Not Automatic) 3-Mo t <i>complete Part II unless</i> you have already been ເ	onth Exten	sion, complete only	Part II (on page 2 o	f this	form).	▶ 🗍	
Electro a corpo 8868 to Return	onic filing (e-file). You can electronically file Form pration required to file Form 990-T), or an addition or request an extension of time to file any of the for Transfers Associated With Certain Persona tions). For more details on the electronic filing of the	8868 if yo al (not auto forms listed I Benefit (	u need a 3-month au omatic) 3-month exte d in Part I or Part II v Contracts, which mu	tomatic extension of nsion of time. You co with the exception o st be sent to the II	time an ele f Fori RS in	to file (6 ectronical m 8870, n paper f	months for lly file Form Information format (see	
Part	Automatic 3-Month Extension of Time	. Only sul	omit original (no co	pies needed).				
A corp	poration required to file Form 990-T and reque	sting an a	utomatic 6-month e	xtension-check thi	s bo	x and co	omplete	
Part I c	only						▶ 🔲	
	er corporations (including 1120-C filers), partnersh	ıps, REMIC	Cs, and trusts must u	se Form 7004 to req	uest .	an extens	sion of time	
to file ii	ncome tax returns.							
	Enter filer's identifyir							
Type o	Name of exempt organization or other filer, see instructions  Employer identification			n number (EIN) or -4241187				
print				Social security number				
File by the	e			(3314	)			
filing you	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
return Se	Vancouver, WA 98660-3246							
		- f (#1)						
Enter ti	he Return code for the return that this application i	s for (file a		for each return)			0 4	
Application			Application	-			Return	
Is For		Code	Is For				Code	
	990 or Form 990-EZ	01	Form 990-T (corporation)				07	
	990-BL	02 03	Form 1041-A				08	
Form 4720 (ındıvidual)			Form 4720 (other than individual)				09	
Form 990-PF			Form 5227				10	
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069				11	
Form 990-T (trust other than above)			Form 8870				12	
Telep	oooks are in the care of ▶ Dean Irvin  shone No. ▶ 360-737-8929  organization does not have an office or place of bo	usiness ın t					. ▶□	
	is for a Group Return, enter the organization's fou	-		· · · · —		If thi		
	whole group, check this box ▶ □ . If i		t of the group, check	this box	► L	and att	ach	
	ith the names and EINs of all members the extensi		roquired to file Form (	OO Theytenever of the				
	1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 . 20 15 , to file the exempt organization return for the organization named above. The extension is							
	until 8/15 , 20 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:							
	► ☑ calendar year 20 14 or							
	► ☐ tax year beginning , 20 , and ending					, 20		
	☐ Change in accounting period							
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	5 00	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					\$		
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using					<del>  •</del>		
	EFTPS (Electronic Federal Tax Payment System). See instructions.						5 00	

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