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990-PF

Return of Private Foundation

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

OMB No. 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

2014

Ec	<u>aalas</u>	dar vear 2014 or tax vear beginning MAY					20 15
		dar year 2014 or tax year beginning MAY indation	, 20	14, and		APRIL 30 r identification number	, 20 15
		FOUNDATION				04-6039196	•
		d street (or P.O box number if mail is not delivered to street address)	Ro	om/suite	B Telephon	e number (see instructi	ons)
		VIEW AVENUE N, STE. 2500				206-248-0238	•
		, state or province, country, and ZIP or foreign postal code	··		C If avame	ion application is pendi	na sheek bara b 🖂
-		WA 98109			Cirexempi	ion application is pendi	ng, check here ►
	···		of a former pub	lic charity	D 1 Foreign	n organizations, check l	nere ►□
_		☐ Final return ☐ Amended r	•	,	Ì		_
		☑ Address change □ Name char	nge			n organizations meeting here and attach compu	
Н	Check	type of organization: Section 501(c)(3) exempt p		n	E if private	foundation status was	terminated under
		n 4947(a)(1) nonexempt charitable trust 🔲 Other tax			section 5	07(b)(1)(A), check here	▶□
<u> </u>	Fair m	arket value of all assets at J Accounting method	: 🗹 Cash 🗌	Accrual	F If the four	ndation is in a 60-montl	termination
		year (from Part II, col. (c),			underse	ction 507(b)(1)(B), check	here . >
i	ine 16) ► \$,,,(d) must be	on cash basis.)				
	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Nie		(a) Advisadad and	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books		t investment ncome	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions).)	20073				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► ☐ if the foundation is not required to attach Sch. B					<u>'</u>
	3	Interest on savings and temporary cash investments		2	2	2	·
	4	Dividends and interest from securities	40-	46	4046	4046	ļ
	5a	Gross rents					
	b	Net rental income or (loss)	'	<u> </u>			ŧ
e l	6a	Net gain or (loss) from sale of assets not on line 10				•	- ,
Revenue	_ь	Gross sales price for all assets on line 6a					
ě	7	Capital gain net income (from Part IV, line 2)	'	+			
ш	8	Net short-term capital gain					
	9	Income modifications				,	
	10a	Gross sales less returns and allowances			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~
	b	Less: Cost of goods solid				· · · · · · · · · · · · · · · · · · ·	
	11	Gross profit or 1055) (attach schedule) Other income attach schedule)					
	12	Total. Add lines 1 through 11	40	48	4048	4048	<u></u>
_	13	Compensation of officers, directors trustees, etc.				10.10	
Expenses	14	Other employee salaries and wages					
Š	15	Pension plans employeet benefits					
Š	16a	Legal fees (attach schedule)					
ũ	b	Accounting fees (attach schedule)	4	00	400	400	400
ы́vе		Other professional fees (attach schedule)					
	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)	1	12	112	112	112
Operating and Administra	19	Depreciation (attach schedule) and depletion					
à	20	Occupancy					
γp	21	Travel, conferences, and meetings					
ă	22	Printing and publications					
g	23	Other expenses (attach schedule)		63	63	63	63
哥	24	Total operating and administrative expenses.	_				
Ē	٦٥	Add lines 13 through 23		75	575	575	575
o	25	Contributions, gifts, grants paid		00			
	26	Total expenses and disbursements. Add lines 24 and 25	65	75	575	575	575
	27	Subtract line 26 from line 12:	(05)	.7\]	
	a	Excess of revenue over expenses and disbursements	(252	(7)	0.470		
	b	Net investment income (if negative, enter -0-) . Adjusted net income (if negative, enter -0-)			3473	3473	
<u></u>		work Reduction Act Notice, see instructions.	·	. No. 11289			rm 990-PF (2014)



Da	rt II	Attached schedules and amounts in the description column	Beginning of year	End o	f year
Га		Balance Sheets Anacred scriedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	3960	1400	2150
	2	Savings and temporary cash investments			-
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4			_	
		Pledges receivable ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)	,	<u> </u>	
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
Š	9	Prepaid expenses and deferred charges		· - · · · · · · · · · · · · · · · · · ·	
ĕ	10a	Investments – U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	4202	4173	127036
	С	Investments - corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans			
	13	Investments—other (attach schedule)		·	
	14	Land, buildings, and equipment: basis ▶			
		Land, buildings, and equipment: basis ► Less: accumulated depreciation (attach schedule) ►		- 0.00	
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	8162	5573	129186
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
Ē	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe >)			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0	0	
s		Foundations that follow SFAS 117, check here ▶ □			
8		and complete lines 24 through 26 and lines 30 and 31.			
ᄪ	24	Unrestricted			
찙	25	Temporarily restricted			
ᅙ	26	Permanently restricted			
und Balances		Foundations that do not follow SFAS 117, check here ▶ □			
P		and complete lines 27 through 31.			'
S	27	Capital stock, trust principal, or current funds			
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
85	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	30	Total net assets or fund balances (see instructions)			ļ
ž	31	Total liabilities and net assets/fund balances (see			
		Instructions)	8162	5573	<u></u>
_	art III		mn (a) line 20 (t ggroo with 1	ı
7		al net assets or fund balances at beginning of year—Part II, colu -of-year figure reported on prior year's return)		· 1	
_)	8162
2		er amount from Part I, line 27a			(2527)
•		er increases not included in line 2 (itemize)		3	
		il lines 1, 2, and 3		4	5573
	Dec	creases not included in line 2 (itemize) ► all net assets or fund balances at end of year (line 4 minus line 5)—	Port II column (b) "-	5	
	101	ai net assets or fund balances at end of year (line 4 minus line 5)—	rart II, column (b), III	ne 30 6	5573

Part	(a) List and describe the	Losses for Tax on Investm kind(s) of property sold (e.g., real estate e; or common stock, 200 shs. MLC Co)),	come	(b) How acquired P-Purchase		ate acquired	(d) Date sold (mo , day, yr.)
	NONE	,			D-Donation	((, ==,, ,,
<u>1a</u>	HONE					 		
C				· · · · · · · · · · · · · · · · · · ·			····	
d							······	
e								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) (f) minus (g)
a								
b								
<u>C</u>					·	<u> </u>		
d								·
е	L					<u> </u>		
	Complete only for assets show	wing gain in column (h) and owned	by the fo	undation	on 12/31/69		(I) Gains (Co	l (h) gain mınus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col. (i) . (j), rf any			t less than -0-) or from col. (h))
a								
b								
c								
d						<u> </u>		
<u> </u>						ļ.,		<u> </u>
2	Capital gain net income or				rt I, line 7 rt I, line 7	2		
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c) (see instruc	ctions).	If (loss)	, enter -0- in)			
Part		er Section 4940(e) for Redu				3		
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). D				base p	eriod?	☐ Yes ☐ No
1	Enter the appropriate amo	unt in each column for each ye	ar; see t	he instn	uctions before m	aking	any entries.	
Cale	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s N	let value o	(c) f nonchantable-use a	ssets		(d) tribution ratio divided by col. (c))
	2013		5484		14	40100		0.0391
	2012		4993		1;	36551		0.0366
	2011		5489		1:	27743		0.0429
	2010		6821		1	01486		0.0672
	2009	<u> </u>	5235		1	10380		0.0474
2	Total of line 1, column (d)					. [2	0 2332
3		for the 5-year base period—div lation has been in existence if le				1	3	_0 0466
4	Enter the net value of nonc	charitable-use assets for 2014 f	rom Par	t X, line	5		4	138743
5	Multiply line 4 by line 3					.]	5	6465
6	Enter 1% of net investmen	nt income (1% of Part I, line 27t)			.	6	35
7	Add lines 5 and 6					.	7	6500
8		ns from Part XII, line 4				that p	8 art using a	6565 1% tax rate. See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.)			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			l
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		35	
	here ► □ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of			
_	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u> </u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		35	ļ
6	Credits/Payments:			l
a b	2014 estimated tax payments and 2013 overpayment credited to 2014 6a Exempt foreign organizations—tax withheld at source 6b			
C	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments. Add lines 6a through 6d		0	ŀ
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	——
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		35	\vdash
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		15	
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11		15	
Part	VII-A Statements Regarding Activities			
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		7
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		1
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		1
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. ► \$			
θ	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		✓
_	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		✓
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		/
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
U	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	1	
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	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			-
	MASSACHUSETTS		;	1
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	1	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	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		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		✓

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

▶ 20___, 20___, 20___, 20

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		✓
Fo	m 99 0)-PF	(2014

orm 99	0-PF (2014)								Page 6
Part	VII-B Statements Regarding Activi	ties for W	hich Form	4720	May Be R	equire	d (continued)	·, · · · · · · ·	
5a	During the year did the foundation pay or inc							1 1	
	(1) Carry on propaganda, or otherwise attern	pt to influe	nce legislatio	on (sect	ion 4945(e))? .	☐ Yes 🗹 No		
	(2) Influence the outcome of any specific pu	ublic election	on (see secti	ion 495	5); or to ca	irry on,		1 1	- 1
	directly or indirectly, any voter registration		-				☐ Yes	1 1	
	(3) Provide a grant to an individual for travel,	study, or o	other similar	ouroose	s?		Yes No	1 1	- 1
	(4) Provide a grant to an organization other								
	section 4945(d)(4)(A)? (see instructions) .						☐ Yes ☑ No		
	(5) Provide for any purpose other than religion	ous, charita	able, scientif	ic. litera	rv. or educ	ationa			
	purposes, or for the prevention of cruelty				•		☐Yes ☑ No		
b	If any answer is "Yes" to 5a(1)-(5), did any o								
	Regulations section 53.4945 or in a current no							5b	1
	Organizations relying on a current notice reg	-	*		=		▶□	100	
С		_					_		
•	because it maintained expenditure responsible			•			☐ Yes ☑ No	1 1	
	If "Yes," attach the statement required by Re-	•	-					1	
6a	Did the foundation, during the year, receive a					miums			
•			=		, to pay pic	, maine	☐Yes ☑No		
ь	Did the foundation, during the year, pay prem			oth on	a parsonal	honofi		6b	1
U	If "Yes" to 6b, file Form 8870.	mums, um	City Of It fall 6	Cuy, On	a personai	Dellell	Contract? .	90	
70	At any time during the tax year, was the foundat	ion o norte	o o probibito	d toy ob	oltar transac	tion?	☐ Yes 🗸 No		- 1
	If "Yes," did the foundation receive any proce		•				_	7b	1
-	VIII Information About Officers, Di								1
U GII						aaers.	Highly Paid Fi	mniove	200
		100013, 1	rusices, r	ounda	uon mana	agers,	Highly Paid E	mploye	es,
1	and Contractors							mploye	es,
1	and Contractors List all officers, directors, trustees, foundate	ation mana	agers and the	eir con	npensation	(see i	nstructions).		
1	and Contractors	ation mana (b) Title	agers and the e, and average rs per week	eir con	npensation	(d) empk	nstructions). Contributions to byee benefit plans	(e) Exper	nse account,
-	and Contractors List all officers, directors, trustees, founda (a) Name and address	ation mana (b) Title hou devot	agers and the e, and average rs per week ed to position	eir con	npensation	(d) empk	nstructions).	(e) Exper	nse account,
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ROBE 18 HA DURH HOLL 1001 I SEAT	and Contractors List all officers, directors, trustees, founds (a) Name and address RT GEBELEIN WTHORNE DRIVE AM, NC 27712 Y HOBART FAIRVIEW AVENUE N. STE 2500 TLE, WA 98109 Compensation of five highest-paid employee many contractions of each employee paid more than \$100.000 and \$100.0000 and \$100.00000 and \$100.0000 and	TRUST	agers and the agency and average reper week ed to position EE	eir con (c) Coi (if r en	npensation mpensation not paid, ter-0-) 0 400 uded on li	n (see i (d) emplo and def	nstructions). Contributions to byee benefit plans erred compensation 0 see Instructions (d) Contributions to omployee benefit plans and deferred	(e) Experother a	one, enter
ROBE 18 HA DURH HOLL 1001 I SEAT	and Contractors List all officers, directors, trustees, founds (a) Name and address RT GEBELEIN WTHORNE DRIVE AM, NC 27712 Y HOBART FAIRVIEW AVENUE N. STE 2500 TLE, WA 98109 Compensation of five highest-paid employee many contractions of each employee paid more than \$100.000 and \$100.0000 and \$100.00000 and \$100.0000 and	TRUST	agers and the agency and average reper week ed to position EE	eir con (c) Coi (if r en	npensation mpensation not paid, ter-0-) 0 400 uded on li	n (see i (d) emplo and def	nstructions). Contributions to byee benefit plans erred compensation 0 see Instructions (d) Contributions to omployee benefit plans and deferred	(e) Experother a	one, enter
ROBE 18 HA DURH HOLL 1001 I SEAT	and Contractors List all officers, directors, trustees, founds (a) Name and address RT GEBELEIN WTHORNE DRIVE AM, NC 27712 Y HOBART FAIRVIEW AVENUE N. STE 2500 TLE, WA 98109 Compensation of five highest-paid employee many contractions of each employee paid more than \$100.000 and \$100.0000 and \$100.00000 and \$100.0000 and	TRUST	agers and the agency and average reper week ed to position EE	eir con (c) Coi (if r en	npensation mpensation not paid, ter-0-) 0 400 uded on li	n (see i (d) emplo and def	nstructions). Contributions to byee benefit plans erred compensation 0 see Instructions (d) Contributions to omployee benefit plans and deferred	(e) Experother a	one, enter
ROBE 18 HA DURH HOLL 1001 I SEAT	and Contractors List all officers, directors, trustees, founds (a) Name and address RT GEBELEIN WTHORNE DRIVE AM, NC 27712 Y HOBART FAIRVIEW AVENUE N. STE 2500 TLE, WA 98109 Compensation of five highest-paid employee many contractions of each employee paid more than \$100.000 and \$100.0000 and \$100.00000 and \$100.0000 and	TRUST	agers and the agency and average reper week ed to position EE	eir con (c) Coi (if r en	npensation mpensation not paid, ter-0-) 0 400 uded on li	n (see i (d) emplo and def	nstructions). Contributions to byee benefit plans erred compensation 0 see Instructions (d) Contributions to omployee benefit plans and deferred	(e) Experother a	one, enter
ROBE 18 HA DURH HOLL 1001 I SEAT	and Contractors List all officers, directors, trustees, founds (a) Name and address RT GEBELEIN WTHORNE DRIVE AM, NC 27712 Y HOBART FAIRVIEW AVENUE N. STE 2500 TLE, WA 98109 Compensation of five highest-paid employee many contractions of each employee paid more than \$100.000 and \$100.0000 and \$100.00000 and \$100.0000 and	TRUST	agers and the agency and average reper week ed to position EE	eir con (c) Coi (if r en	npensation mpensation not paid, ter-0-) 0 400 uded on li	n (see i (d) emplo and def	nstructions). Contributions to byee benefit plans erred compensation 0 see Instructions (d) Contributions to omployee benefit plans and deferred	(e) Experother a	one, enter

Total number of other employees paid over \$50,000 .

Par	t VIII Information About Officers, Directors, Trustees, Foundation Manage and Contractors (continued)	rs, Highly Paid Employees,
3	Five highest-paid independent contractors for professional services (see instructions)	. If none, enter "NONE."
		ype of service (c) Compensation
NON		
		}
	2	
Tota	I number of others receiving over \$50,000 for professional services	
100	in rightions of others receiving over 400,000 for professional services	•
Par	t IX-A Summary of Direct Charitable Activities	
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informatio ganizations and other beneficianes served, conferences convened, research papers produced, etc.	n such as the number of Expenses
1	NOT APPLICABLE	

2		
3		
	·	
4		
•		0
Par	rt IX-B Summary of Program-Related Investments (see instructions)	
_	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	NOT APPLICABLE	
•		

2		
_		

ΔI	Il other program-related investments. See instructions.	
3	n vara program rando introduncino. Oco mendolorio,	
3	***************************************	
Tota	al. Add lines 1 through 2	
100	al. Add lines 1 through 3	<u> ▶ </u>

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn four	dations,
	see 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	135913
þ	Average of monthly cash balances	1b	4943
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	140856
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)	a 1	_
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	140856
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see	1.1	
_	instructions)	4	2113
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	138743
6	Minimum investment return. Enter 5% of line 5	6	6937
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations check here ▶ ☐ and do not complete this part.)	oundati	ons
			
1	Minimum investment return from Part X, line 6	1	6937
2a	Tax on investment income for 2014 from Part VI, line 5		
b	11001110 10110 101111 101111 101111 101111 101111 101111	4 1	
C	Add lines 2a and 2b	2c	35
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6972
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	6972
6 7	Deduction from distributable amount (see instructions)	6	
′		_	0070
	line 1	7	6972
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	— т	
•	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1.	6675
a b	Program-related investments—total from Part IX-B	1a 1b	6575
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	-	
_	Suitability test (prior IRS approval required)	3a	
a b	Cash distribution test (attach the required schedule)	3b	
_	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6575
4 5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	*	6575
•	Enter 1% of Part I, line 27b (see instructions)	5	35
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6540
U			
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	y wneth	er the foundation
	quanto to the section rereign reduction of the in these years.		000 DE

Part	XIII Undistributed Income (see instruction	ns)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years pnor to 2013	(c) 2013	(d) 2014
_					6972
2	Undistributed income, if any, as of the end of 2014:				
a	Enter amount for 2013 only			1367	
Ъ	Total for prior years: 20,20,20	 		····	
3	Excess distributions carryover, if any, to 2014:				
a	From 2009				
b	From 2010				
C	From 2011				
d	From 2012				
0	<u></u>				
_f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII, line 4: ► \$ 6565				
а	Applied to 2013, but not more than line 2a .		 	0	
b	Applied to undistributed income of prior years		1	İ	
_	(Election required—see instructions)				
C	Treated as distributions out of corpus (Election			İ	
	required—see instructions)				
d	Applied to 2014 distributable amount				407
- Ө	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
¢	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		1		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		1		
е	Undistributed income for 2013. Subtract line				
	4a from line 2a. Taxable amount-see			· ·	;
	instructions				
f	Undistributed income for 2014. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2015				407
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:		T		
а				į	
b	Excess from 2011				
C	Excess from 2012				
d	Excess from 2013				
ө	Excess from 2014				

Page 10
CARLE
CABLE or 4942(j)(5)
(e) Total

e in assets at
the foundation
e portion of the

loop not seeert
loes not accept anizations under

Form 990-PF (2014) Private Operating Foundations (see instructions and Part VII-A, question 9) If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling NOT APPLI Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) Prior 3 years Enter the lesser of the adjusted net Tax year income from Part I or the minimum (a) 2014 **(b)** 2013 (c) 2012 (d) 2011 investment return from Part X for each year listed 85% of line 2a Qualifying distributions from Part XII. line 4 for each year listed . . . Amounts included in line 2c not used directly for active conduct of exempt activities ... Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the 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) . . . "Endowment" alternative test-enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . "Support" alternative test-enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on loans (section securities 512(a)(5)), or royalties) . (2) Support from general public and 5 or more exempt and 5 or mo organizations as exemusations as provided section 4942(j)(3)(B)(iii) . more (3) Largest amount of support from an exempt organization (4) Gross investment income . Supplementary Information (Complete this part only if the foundation had \$5,000 or mor Part XV any time during the year-see instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally larg ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ► ✓ if the foundation only makes contributions to preselected charitable organizations and d unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organization other conditions, complete items 2a, b, c, and d. The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: b The form in which applications should be submitted and information and materials they should include:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines:

factors:

3 Grants and Contributions Paid During			ed for Fu	ture Payment	
Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	1	or substantial contributor	recipient	contribution	
a Paid during the year					
UNITED WAY OF GREATER ATTLEBORO/TAUNTON 247 MAPLE STREET, ATTLEBORO, MA 02703	+			GENERAL SUPPORT	1500
NEW HOPE 140 PARK STREET, ATTLEBORO, MA 02703				GENERAL SUPPORT	750
COMMUNITY CARE SERVICES 70 MAIN ST., TAUNTON, MA 02780				GENERAL SUPPORT	1500
MSPCC 3815 WASHINGTON ST., BOSTON, MA 02130				GENERAL SUPPORT	750
THE RHINE RESEARCH CENTER 2741 CAMPUS WALK AVE., BLDG 500	+			GENERAL SUPPORT	750
INDIAN PONDS ASSOCIATION P.O. BOX 383, MARSTONS MILLS, MA 02648				GENERAL SUPPORT	750
Total	_			<u> </u> ▶ 3a	6000
b Approved for future payment	_	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> ▶ 3a</u>	6000
NONE					
Total	_				
Total				> 3b	ol o

	t XVI						
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
			(a)	(b)	(c)	(d)	Related or exempt
		i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	(a) Business code	Amount	Exclusion code	(u) Amount	function income (See instructions.)
1	Progr	ram service revenue:		, , , , , ,		70	(Odd ii isti dottoris.)
	а						
	b _						
	c						
	d _						- · · · · ·
	е —						
	f -						
	g F	ees and contracts from government agencies					······································
2	-	bership dues and assessments			 		
_		est on savings and temporary cash investments			 		
3		ends and interest from securities					
5		ental income or (loss) from real estate:					
		ebt-financed property					
_		lot debt-financed property			 	····	
_		ental income or (loss) from personal property					
7		r investment income			<u> </u>		
8		or (loss) from sales of assets other than inventory	<u></u>		ļ		<u> </u>
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _						
	С						
	d ¯						
	e -						
							
12		otal. Add columns (b), (d), and (e)					
	Subt	otal. Add columns (b), (d), and (e)	L		<u> </u>	13	<u> </u>
13	Subt	I. Add line 12, columns (b), (d), and (e)				13	
13 (See	Subt Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	ıs.)			13	
13 (See Pa	Subt	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		moortantly to the
13 (See Pa	Subt Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	is.) Accomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Subt Tota work t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pure	is.) Accomplishm	ent of Exemp	t Purposes		mportantly to the
13 (See Pa	Subt Tota work t XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes		mportantly to the
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Form 99	90-PF ((2014)							P	age 13
Part	XVII		n Regarding Tran rganizations	sfers To and Transaction	ns and	Relationship	s With None	haritab		
1	in se			engage in any of the followin section 501(c)(3) organization					Yes	No
а	_		porting foundation to	a noncharitable exempt ord	anization	of			1	
41.0)	1
	(1) Cash									1
b	Othe	er transactions:						1a(2	1	_
(1) Sales of assets to a noncharitable exempt organization								16(1)	1
	(2)	Purchases of asse	ets from a noncharita)	1	
	(3) Rental of facilities, equipment, or other assets									1
	(4) Reimbursement arrangements									1
								1b(5	<u> </u>	1
	(6) Performance of services or membership or fundraising solicitations							1b(6	<u> </u>	✓
C				sts, other assets, or paid em				1c	<u> </u>	<u> </u>
d	valu valu	ie of the goods, o ie in any transacti	other assets, or servi	s," complete the following s ces given by the reporting for ement, show in column (d) to	oundation he value o	i. If the founda of the goods, o	tion received other assets, o	less than r service:	fair n s rece	narket ived.
(a) Line	e no.	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	narrtable exempt organization	(d) Desc	ription of transfers	, transactions, and	sharing ar	rangem	ents
	\rightarrow		NOT APPLICABLE		ļ					
		· · · · · · · · · · · · · · · · · · ·			ļ					
			 		ļ					
					 					
			 	· · · · · · · · · · · · · · · · · · ·	 					
					 					
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					<u> </u>					
		······································							······	
2a	des	cribed in section		filiated with, or related to, cother than section 501(c)(3))					s 🗆	No
		(a) Name of organ		(c) Description of relationship						
				(b) Type of organization						
							· · · · · · · · · · · · · · · · · · ·			
									-	
		der penalties of penury,	I declare that I have examine	ed this return, including accompanying	schedules an	d statements, and t	o the best of my kn	owledge and	belief, r	t is true,
Sign	Cor	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							uss this	return
Here		gnature of officer or tru	Gebelevu istoo	Date Tritle				preparer shown below ictions)? [Yes No		
Paid		Print/Type prepare	r's name	Preparer's signature		Date	Check	If PTIN		
Preparer HOLLY HOBART							self-employ			
Use		Firm's name ► Firm's EIN ► 0							2-7950	
		Firm's address ▶	1001 FAIRVIEW AVE	NUE NORTH, STE. 2500, SEAT	TLE, WA	98109	Phone no	206-268	-0238	

FEDERAL STATEMENTS GEBELEIN FOUNDATION

EIN: 04-6039196

FOR TAX YEAR BEGINNING MAY 1, 2014, AND ENDING APRIL 30, 2015

STATEMENT 1 FORM 990-PF, PART I, LINE 16B, C ACCOUNTING FEES

ACCOUNTING FEES HOLLY HOBART, TAX PREPARATION

\$ 400

STATEMENT 2 FORM 990-PF, PART 1, LINE 18, TAXES

FEDERAL TAXES PAID MASSACHUSETTS STATE FILING FEE	\$ 77 35
	\$ 112

STATEMENT 3 FORM 990-PF, PART 1, LINE 23, OTHER EXPENSES

BROKERAGE FEE, MERRILL LYNCH \$ 63

STATEMENT 4 FORM 990-PF, PART II, LINE 10B INVESTMENTS – CORPORATE STOCKS END OF YEAR VALUES

CORPORATE STOCK	# SHS	4/30/2014 BOOK VALUE	4/30/2015 FAIR MARKET VALUE
EXXON/MOBILE	1454	\$ 4,173	\$ 127036
TOTAL		\$ 4,173	\$ 127036

END OF FEDERAL STATEMENTS