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Form 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 Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service 1, SEP 30, OCT 2014 2015 For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation 46-4400224 MCELEVEY CHARITABLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 206-932-6877 4341 SW CONCORD City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 98136 SEATTLE, WA D 1 Foreign organizations, check here G Check all that apply Initial return Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year | J | Accounting method X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 283265 . (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) income income expenses per books N/A Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 115 115. Statement 3 12. 12. Statement Dividends and interest from securities 5a Gross rents h Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2)-Net short-term capital gain L. 1 1 Income modifications Gross sales less returns 2 5 2016 b Less Cost of goods sold c Gross profit or (loss) Other income 127 127 Total Add lines 1 through 11 1000. 0. 0. Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 3 350. 0. 0. b Accounting fees c Other professional fees Administrative 0. 273 0 Stmt 4 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 0 Travel, conferences, and meetings 0. Operating and 0. 6. Printing and publications 0. Stmt 5 464. 0. Other expenses 24 Total operating and administrative 0. 0 2114 expenses. Add lines 13 through 23 15000. 15000. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 15000. 17114 0 Add lines 24 and 25 27 Subtract line 26 from line 12 <16987. 2 Excess of revenue over expenses and disbursements 127 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

15011210 754223 464400224

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Balance Sheets

2 Savings and temporary cash investments

Less allowance for doubtful accounts

Less allowance for doubtful accounts

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

17 Accounts payable and accrued expenses

21 Mortgages and other notes payable22 Other liabilities (describe ►

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

30 Total net assets or fund balances

2 Enter amount from Part I, line 27a

Add lines 1, 2, and 3

27 Capital stock, trust principal, or current funds

31 Total liabilities and net assets/fund balances

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize)

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31

Foundations that do not follow SFAS 117, check here

28 Paid-in or capital surplus, or land, bldg, and equipment fund

(must agree with end-of-year figure reported on prior year's return)

29 Retained earnings, accumulated income, endowment, or other funds

Part III Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Total net assets or fund balances at beginning of year - Part II, column (a), line 30

16 Total assets (to be completed by all filers - see the

Loans from officers, directors, trustees, and other disqualified persons

10a Investments - U.S. and state government obligations

9 Prepaid expenses and deferred charges

Receivables due from officers, directors, trustees, and other

1 'Cash - non-interest-bearing

3 Accounts receivable ►

4 Pledges receivable ►

disqualified persons

7 Other notes and loans receivable

8 Inventories for sale or use

Investments - other

18 Grants payable19 Deferred revenue

24 Unrestricted
25 Temporarily restricted
26 Permanently restricted

Less accumulated depreciation
Other assets (describe

b Investments - corporate stock
c Investments - corporate bonds
11 Investments - land, buildings, and equipment basis
Less accumulated depreciation
12 Investments - mortgage loans

5 Grants receivable

Part II

13

20

Fund Balances

Attached schedules and amounts in the description

Stmt 6

ightharpoons

column should be for end-of-year amounts only

Beginning of year

(a) Book Value

300237

0.

300237

943

0

0

282307.

282307

283250

4

299294

282307

282307.

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299294.

299294.

300237

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Part IV Capital Gains	and Lo	sses for Tax on In	vestmen	Income					
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation			acquired ay, yr)	(d) Date sold (mo , day, yr)		
1a				=					
b NC	ONE								
<u>C</u>			- · · · · · · · · · · · · · · · · · · ·		_				
<u>d</u>		<u></u>	. _		+				
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a									
<u>b</u>	-								
<u>c</u>	 	45.							
e	<u> </u>								
Complete only for assets show	ng gain in	column (h) and owned by t	he foundation	on 12/31/69			(I) Gains (C	ol (h) gain	minus
(I) F M V as of 12/31/69		(i) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any	-		òl (k), but r	not less than (from col (I	ı -0-) or
a									
<u>b</u>	 								
<u>c</u>	-								
<u>d</u>	-								
0	1	(D. A.L. Iv						
2 Capital gain net income or (net o	apıtal loss	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	in Part I, line in Part I, line	7	}	2			
3 Net short-term capital gain or (Ic If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (3	c)			}	3			
		Section 4940(e) for					come		
(For optional use by domestic priva-	te foundati	ons subject to the section 4	1940(a) tax on	net investment ii	ncome)			
If section 4940(d)(2) applies, leave	this part bi	lank							
Was the foundation liable for the se				•	rıod?				Yes X No
1 Enter the appropriate amount in					entries		·		
(a)		(b)			(c)			Dietrih	(d) ution ratio
Base period years Calendar year (or tax year beginn	ing in)	Adjusted qualifying dist		Net value of no	oncha	ritable-use asset	s	(col (b) divi	ded by col (c))
2013			0.				0.		.000000
2012									
2011 2010									
2009									
				<u>,,</u>					
2 Total of line 1, column (d)							2		.000000
3 Average distribution ratio for the			on line 2 by 5,	or by the number	r of ye	ars			
the foundation has been in exist	ence if less	than 5 years					3		.000000
4 Enter the net value of noncharita	ble-use as	sets for 2014 from Part X, I	ine 5				4		279016.
5 Multiply line 4 by line 3							5_		0.
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6		1.
7 Add lines 5 and 6							7		1.
8 Enter qualifying distributions fro							8		15000.
If line 8 is equal to or greater that See the Part VI instructions	n line 7, cl	neck the box in Part VI, line	1b, and comp	olete that part usir	ng a 1	% tax rate			

_		-440			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	Instru	CTIO	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				-
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	 			1.
	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
_	Add lines 1 and 2				1.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>			1.
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				<u>1.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u> </u>	_		
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
Pa	rt 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 participate or intervene in			Yes	No
	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		16		X
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published or	r	7		
	distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?		10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
_	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$ 0 •				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers ▶\$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
_	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		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
•	If "Yes," attach the statement required by General Instruction T			··· - · · · ·	**********
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
٠	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	
•	the foundation have at least \$5,000 in assets at any time during the year. It is rest, complete it at in, cor (c), and it at inv		 		• • • • • • • • • • • • • • • • • • • •
Ra	Enter the states to which the foundation reports or with which it is registered (see instructions)				
- Ou	WA		•		
h	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	Х	
a	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				
3	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	,	х
10			10		X
	1 1-01 arter to be a second to be a				

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3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compe	nsation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses	
1 N/A	\dashv	
	+	
0	 	
2	-	
	┪	
3		
3		
4		
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1 N/A		
2		
	_	
All other program-related investments. See instructions		
3	_	
	-	
Tetal. Add lines 1 through 3		0.
Total. Add lines 1 through 3	Form 990-PI	

	m 990-PF (2014) MCELEVET CHARITABLE FOUNDATION		40-4	100224 Faye 6
P	Minimum Investment Return (All domestic foundations must complete	this part. Foreign foui	ndations, 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	0.
b	Average of monthly cash balances		1b	
C	Fair market value of all other assets		10	283265.
d	Total (add lines 1a, b, and c)		1d	283265.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	
3	Subtract line 2 from line 1d		3	283265.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions	s)	4	4249.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.		5	279016.
6	Minimum investment return Enter 5% of line 5		6	13951.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private of	operating foundations ar	nd certain	
	foreign organizations check here and do not complete this part)			12051
1	Minimum investment return from Part X, line 6	•	1	13951.
2a	Tax on investment income for 2014 from Part VI, line 5	1.		
b	Income tax for 2014 (This does not include the tax from Part VI)		1	1
C	Add lines 2a and 2b		2c	12050
3	Distributable amount before adjustments Subtract line 2c from line 1		3	13950.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	13950.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.		7	13950.
P	Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes			1.5000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	15000.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purpose	es	2	
3	Amounts set aside for specific charitable projects that satisfy the			
а	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line	4	4	15000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			_
	income Enter 1% of Part I, line 27b		5	1.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	14999.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	whether the foundation	qualifies for the	e section

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4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2013	(¢) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				13950.
2 Undistributed income, if any, as of the end of 2014		***************************************	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,
a Enter amount for 2013 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2014			· , , · , · , · , · , · , · , · · , ·	- 4
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 ►\$ 15000.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior	-1+ 11 1 111 11 11 11 11 11 11 11 11 11 11 1		. , . ,	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· *** '- , - '10, · ' / - ',	(
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount		-1		13950.
e Remaining amount distributed out of corpus	1050.	······································		
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.	***************************************		0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
	1050.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract	10301			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				1-10
lines 4d and 5 from line 1. This amount must	,			
be distributed in 2015				0.
7 Amounts treated as distributions out of				101-
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	***************************************		***************************************
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	1050.	······	11.11.11.11.11.11.11.11.11.11.11.11.11.	
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 1050.	`			- 222 5-
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		E FOUNDATIO			00224 Page 10
Part XIV Private Operating For	oundations (see ins	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	2014, enter the date of t	he ruling	>		
b Check box to indicate whether the found	ation is a private operatin	g foundation described in	section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 ''	
each year listed			·	 	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed	•				
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter (1) Value of all assets					
• •					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)		· · · · ·			
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(III)				 	<u> </u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				1 1 2 2 2 2 2 2	<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	ne year-see insti	ructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ributions received by the	e foundation before the clo	ise of any tax
year (but only if they have contributed in	nore than \$5,000) (See s	ection 507(d)(2))			
CHARLES MCELEVEY					
b List any managers of the foundation wh			or an equally large port	ion of the ownership of a p	partnership or
other entity) of which the foundation ha	s a 10% or greater intere	st			
None					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	Scholarship, etc., Pr	ograms:		
Check here if the foundation of	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	nder other conditions, o	complete items 2a, b, c, an	d d
a The name, address, and telephone num	ber or e-mail address of	the person to whom appli	cations should be addre	essed	-
CHARLES MCELEVEY, 20					
4341 SW CONCORD ST,		98136			
b The form in which applications should t			ould include		
- The form in which applications should t					
c Any submission deadlines					
d Any restrictions or limitations on award	s such as by neographic	al areas, charitable fields	kinds of institutions, or	other factors	
e my restrictions of militations on award	o, saon as by goograpino	u. u. uuu, ullaittavie lielus,	oo or monunions, or	Caron Indiana	

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Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or **Amount** any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year ROYAL FAMILY KIDS PUBLIC CHARITY PROVIDE CAMP 3000 W MACARTHUR BLVD EXPERIENCE FOR VICTIMS SANTA ANA, CA 92704 OF CHILD ABUSE 1000. ST LABRE INDIAN SCHOOL EDUCATIONAL PUBLIC CHARITY HELP PROVIDE QUALITY EDUCATION FOR POVERTY ASSOCIATION 1000 TONGUE RIVER RD STRICKEN NATIVE ASHLAND, OR 59003 AMERICAN CHILDREN 1500. PORT GAMBLE SKALLAM FOUNDATION PUBLIC CHARITY HELP IMPROVE QUALITY OF LIFE FOR TRIBAL 31912 LITTLE BOSTON RD NE MEMBERS 1000. KINGSTON, WA 98346 PUBLIC CHARITY HELP PREVENT, TREAT SEATTLE CHILDREN'S HOSPITAL 4800 SAND POINT WAY NE AND ELIMINATE PEDIATRIC DISEASE 1000. SEATTLE, WA 98105 MARY'S PLACE PUBLIC CHARITY HELP PROVIDE SHELTER 1830 9TH AVE AND OTHER RESOURCES TO HOMELESS WOMEN AND SEATTLE, WA 98101 CHILDREN 2000. See continuation sheet(s) ➤ 3a 15000. Total b Approved for future payment None Total

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

Enter gross amounts unless otherwise indicated	Unrelated	business income		ed by section 512, 513, or 514	(e)	
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income	
1 Program service revenue	code	Amount	code	Amount	Tunction income	
a	_	· · · · · · · · · · · · · · · · · · ·				
b					· , · ·	
<u> </u>	-					
e	_					
g Fees and contracts from government agencies	-				· · · · · · · · · · · · · · · · · · ·	
2 Membership dues and assessments						
3 Interest on savings and temporary cash			14	115.		
investments 4 Dividends and interest from securities	 		14	12.		
5 Net rental income or (loss) from real estate	 					
a Debt-financed property	<u> </u>					
b Not debt-financed property						
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue						
a	_					
b						
C						
d						
e						
12 Subtotal Add columns (b), (d), and (e)		(0.	127.	0	
13 Total Add line 12, columns (b), (d), and (e)				13	127	
(See worksheet in line 13 instructions to verify calculations)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

'	the foundation's exempt purposes (other than by providing funds for such purposes)
+	
	······································
$\neg \uparrow$	

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Part XVII	Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonch	aritable	
-	anization directly or indi	ectly engage in any of the follow	• •			Yes No
=		(3) organizations) or in section !		ations?		
	rom the reporting founda	ition to a noncharitable exempt o	organization of		10/11	x
(1) Cash	annata.				1a(1) 1a(2)	$\frac{\lambda}{X}$
(2) Other b Other trans					18(2)	
	of assets to a noncharital	hie exempt organization			16(1)	x
		ncharitable exempt organization			1b(2)	X
	of facilities, equipment,	· -			1b(3)	X
	oursement arrangements				1b(4)	X
, ,	or loan guarantees				1b(5)	X
(6) Perfo	mance of services or me	mbership or fundraising solicital	tions		1b(6)	X
c Sharing of	facilities, equipment, ma	iling lists, other assets, or paid e	mployees		10	X
				ays show the fair market value of the good in any transaction or sharing arrangemen		ts,
column (d) the value of the goods,	other assets, or services receive	<u> </u>	T 400		
(a) Line no	(b) Amount involved	(c) Name of noncharitat	ole exempt organization	(II) Description of transfers, transactions, a	nd shanng arra	ngements
		N/A				
						
			······································			

ın section	501(c) of the Code (othe	l	· · ·	ations described	Yes	X No
h If "Yes," co	implete the following sch		1 7/1 = 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) Barrathan of relative		
	(a) Name of org	janization	(b) Type of organization	(c) Description of relation	nsnip	
	N/A					
						
-			1			
	····					
Sign Here		mplete Declaration of Traparer (other t		statements, and to the best of my knowledge stion of which preparer has any knowledge Title	May the IRS di return with the shown below (X Yes	preparer
	Print/Type preparer's na	ame Preparer's	signature ,	Date Check X If PT	IN	
	BARBARA R.	4	Ind V	self- employed		
Paid	CHARBONNEA		me -		00236	
Preparer	Firm's name ► RAY	NER & CHARBONN	EAUX LLC	Firm's EIN ► 26-	-287152	27
Use Only						
		03 CALIFORNIA		(200		4400
	I SE	ATTLE, WA 9811	0-3///	Phone no (206	5) 937-	
					ruiii 990)-PF (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

	MCELEVEY CHARITABLE FOUNDATION	46-4400224
Organization type (ch	eck one)·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ation is covered by the General Rule or a Special Rule . 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally any one contributor. Complete Parts I and II See instructions for determining a contribu	
Special Rules		
sections 509 any one conf	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 tributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am 90-EZ, line 1. Complete Parts I and II	6a, or 16b, and that received from
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received frontributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or each of cruelty to children or animals. Complete Parts I, II, and III	
year, contrib is checked, e purpose. Do	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received frutions exclusively for religious, charitable, etc., purposes, but no such contributions totale enter here the total contributions that were received during the year for an exclusively religion not complete any of the parts unless the General Rule applies to this organization becauseritable, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box lous, charitable, etc.,
but it must answer *N	ation that is not covered by the General Rule and/or the Special Rules does not file Schedi No* on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
LHA For Paperwork	Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedu	ıle 8 (Form 990, 990-EZ, or 990-PF) (2014

Name of organization

Employer identification number

MCELEVEY CHARITABLE FOUNDATION

46-4400224

Part I	Contributors	(see instructions)	Use duplicate co	pies of Part I if	additional space is needed.
--------	--------------	--------------------	------------------	-------------------	-----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES MCELEVEY 4341 SW CONCORD SEATTLE, WA 98136	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MCELEVEY CHARITABLE FOUNDATION

rt II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		* *	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

lame of orga	nization		Employer identification number					
MCELEV	EY CHARITABLE FOUNDATIO	N	46-4400224					
Part III	Exclusively religious, charitable, etc., contrit the year from any one contributor. Complete co	outions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	completing Part III, enter the total of exclusively religious,	chantable, etc., contributions of \$1,000 c	or less for the year (Enter this info once) \$					
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
 .								
								
		(e) Transfer of gi	ft					
	To and made an analysis of the second	1710 4	Delaking this of the section of the section					
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
.								
		(e) Transfer of gr	ft					
	Transferee's name, address, and	JZIP+4	Relationship of transferor to transferee					
Γ.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
ļ								
		(e) Transfer of gi	ift					
	(e) Hallster of girt							
-	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee					
			· · · · · · · · · · · · · · · · · · ·					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gi	ift					
	Toron delication of the second	Details action of the second of the second						
-	Transferee's name, address, and	3 ZIP + 4	Relationship of transferor to transferee					
1								

Part XV Supplementary Information 3 Grants and Contributions Paid During the Yea	ar (Continuation)			
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NORTHWEST HARVEST	or socialitial contributor	 	HELP PROVIDE HEALTHY	
PO BOX 12272			FOOD THROUGH NONPROFIT	
SEATTLE, WA 98102			DISTRIBUTOR TO HUNGRY	
Jan 122, W. 1910			PEOPLE IN WASHINGTON	
			STATE	1500
				2340
SALVATION ARMY		PUBLIC CHARITY	HELP PROVIDE SUPPORT	
2525 RUCKER AVENUE			THROUGH SALVATION	
EVERETT, WA 98201			ARMY'S MANY DIFFERENT	
,			PROGRAMS	1500
BREAD OF LIFE MISSION		PUBLIC CHARITY	HELP PEOPLE OVERCOME	
975 MAIN STREET			THE CYCLE OF	
SEATTLE, WA 98104			HOMELESSNESS	1500
THE NAVIGATORS	· · · · · · · · · · · · · · · · · · ·	PUBLIC CHARITY	HELP THE NAVIGATOR'S	
PO BOX 6000			IN THEIR	
COLORADO SPRINGS, CO 80934			INTERNATIONAL,	
·			INTERDENOMINATIONAL	
			CHRISTIAN MINISTRY	1000
LEADERSHIP INSTITUTE		PUBLIC CHARITY	HELP WITH LEADERSHIP	
4010 LAKE WASHINGTON BLVD NE			DEVELOPMENT THROUGH	
KIRKLAND, WA 98033			EDUCATION	1500
HILLSDALE COLLEGE		PUBLIC CHARITY	HELP IN THEIR GOALS TO	
33 E COLLEGE ST			PROVIDE EDUCATION	
HILLSDALE, MI 49242			ALONG WITH MORAL AND	
			SOCIAL INSTRUCTION	1500
		1		
i			1	

Form 990-PF Intere	st on Savi	ngs and Temp	porary	Cash In	vestments	Statement	1
Source	Reve	(a) Revenue Per Books		(b) vestment come	(C) Adjusted Net Income		
WASHINGTON FEDERAL		<u></u>	115.		115.		
Total to Part I, li		115.		115.			
Form 990-PF	Dividend	s and Inter	est fro	m Secur	ities	Statement	2
Source	Gross Amount	Capital Gains Dividend	Re	(a) venue Books	(b) Net Inves ment Inco		
FIDELITY INVESTMENTS	12		0.	12.	1	12.	
To Part I, line 4	12		0.	12.	1	12.	
Form 990-PF		Accounti	ng Fees			Statement	3
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
TAX PREPARATION	_	350.		0.			0.
To Form 990-PF, Pg	1, ln 16b	350.		0.			0.
Form 990-PF		Tax	es			Statement	<u> </u>
Description		(a) Expenses Per Books	(b Net In ment I	vest-	(c) Adjusted Net Incom		
PAYROLL TAX	_	273.		0.			0.
To Form 990-PF, Pg	1, ln 18	273.		0.		<u></u>	0.

Form 990-PF	Other Expenses			Statement 5		
Description	(a) Expenses Per Books	(b) Net Invesment Incom	t- Adj	c) usted Income	(d) Charita Purpos	
OFFICE EXPENSE FILING FEES INVESTMENT FEES POSTAGE	364. 15. 64. 21.		0. 0. 0.			0. 0. 0.
To Form 990-PF, Pg 1, ln 23	464.		0.			0.
Form 990-PF	Other Inv	restments			Statement	6
Description		aluation Method	Book Val		Fair Marke Value	t
FIDELITY INVESTMENTS		FMV	199	944.	1999	59.
Total to Form 990-PF, Part II	[, line 13	_	199	944.	1999	59.