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### **Return of Private Foundation**

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Fo                              | r calen  | idar year 2015 or tax year beginning  | , 201                                    | 5, and   | ending  |  | , 20  |  |  |
|---------------------------------|----------|---|--|--|---|--|---|--|--|
| Na                              | me of fo | undation  |  | <u> </u>   | A Employe   | er identification number                             | er ·  |  |  |
|                                 |          | dy Scammon Foundation   |  |  |   | 56-2636137   |   |  |  |
|                                 |          | d street (or P O box number if mail is not delivered to street address)  NE Gren Fels Drive                   | Room                                     | v∕suite  | B Telephor  | ne number (see instructi<br>360-687-1074             | · ·   |  |  |
|                                 | -        | n, state or province, country, and ZIP or foreign postal code  Ground, WA 98604                               |  |  | C If exemption application is pending, check here ▶ |  |   |  |  |
| G                               | Check    | call that apply:  | I 2. Foreign organizations mee           |  |   | n organizations meeting                              | the 85% test,                                   |  |  |
| H                               |          | type of organization: Section 501(c)(3) exempt p  |  |  |   | foundation status was 07(b)(1)(A), check here        | terminated under                                |  |  |
| ᆜ                               |          | on 4947(a)(1) nonexempt charitable trust  |  |  |   |  | _   |  |  |
| ı                               |          | narket value of all assets at f year (from Part II, col. (c), 1,309,168.22                                    |  | ccrual   | F If the fou<br>under se                            | ndation is in a 60-mont<br>ction 507(b)(1)(B), check | h termination chere                             |  |  |
| Р                               | art I    | Analysis of Revenue and Expenses (The total of  |  |  |   |  | (d) Disbursements                               |  |  |
|                                 | <i></i>  | amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | (a) Revenue and<br>expenses per<br>books |  | investment<br>acome                                 | (c) Adjusted net income                              | for charitable<br>purposes<br>(cash basis only) |  |  |
|                                 | 1        | Contributions, gifts, grants, etc , received (attach schedule)  | 20,000.00                                |  |   |  |   |  |  |
|                                 | 2        | Check ► ☐ if the foundation is <b>not</b> required to attach Sch B  |  | <b>—</b>   |   |  |   |  |  |
|                                 | 3        | Interest on savings and temporary cash investments  |  |  |   |  |   |  |  |
|                                 | 4        | Dividends and interest from securities  | 83,693.17                                |  | 83,693.17   | 83,693.17  | i   |  |  |
|                                 | 5a       | Gross rents   |  |  |   |  |   |  |  |
|                                 | b        | Net rental income or (loss)   |  |  |   |  |   |  |  |
| <u>a</u>                        | 6a       | Net gain or (loss) from sale of assets not on line 10   |  |  |   |  |   |  |  |
| Revenue                         | ь        | Gross sales price for all assets on line 6a   |  |  |   |  |   |  |  |
|                                 | 7        | Capital gain net income (from Part IV, line 2)  |  |  |   |  |   |  |  |
|                                 | 8        | Net short-term capital gain   |  |  |   |  |   |  |  |
|                                 | 9        | Income modifications  |  |  |   |  |   |  |  |
|                                 | 10a      | Gross sales less returns and allowances   |  |  |   |  |   |  |  |
|                                 | b        | Less: Cost of goods sold  |  |  |   |  |   |  |  |
|                                 | С        | Gross profit or (loss) (attach schedule)  |  |  |   |  |   |  |  |
|                                 | 11       | Other income (attach schedule)  |  |  |   |  |   |  |  |
|                                 | 12       | Total. Add lines 1 through 11   | 103,693.17                               |  | <del>- 83,693.1</del> 7                             | 83,693.17  |   |  |  |
| ģ                               | 13       | Compensation of officers, directors, trustees, etc.   |  |  | MEUL  |  |   |  |  |
| Se                              | 14       | Other employee salaries and wages   |  | 128  |   | ျ  |   |  |  |
| penses                          | 15       | Pension plans, employee benefits  |  | 13   | MAY 0   | 3 2016 S   |   |  |  |
| X                               | 16a      | Legal fees (attach schedule)  |  | Iml  |   | S  |   |  |  |
| Q.                              | b        | Accounting fees (attach schedule)   |  | H 7  | JGDE  |  |   |  |  |
|                                 | C        | Other professional fees (attach schedule)   |  | 4  |   | \la \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \              |   |  |  |
| šfr                             | 17       | Interest  | 818.00                                   |  |   |  |   |  |  |
| E                               | 18<br>19 | Taxes (attach schedule) (see instructions)  | 2.3.00                                   |  |   |  | <u> </u>  |  |  |
| Ē                               | 20       | Occupancy   |  | -  |   | <u> </u>   | <u> </u>  |  |  |
| Ą                               | 21       | Travel, conferences, and meetings   | <del>-</del>                             | <del>                                     </del> |   | -  | <del></del>                                     |  |  |
| ď.                              | 22       | Printing and publications   |  |  |   |  |   |  |  |
| ag.                             | 23       | Other expenses (attach schedule)  | 25.00                                    | <del>                                     </del> |   | -  |   |  |  |
| Operating[āndչAdministrative}Ex | 24       | Total operating and administrative expenses. Add lines 13 through 23  |  |  |   |  |   |  |  |
| ğ                               | 25       | Contributions, gifts, grants paid   | 100,000.00                               | 1  |   |  | 100,000.00                                      |  |  |
| _                               | 26       | Total expenses and disbursements. Add lines 24 and 25   | 100,843.00                               |  |   |  | 100,000.00                                      |  |  |
|                                 | 27       | Subtract line 26 from line 12:  |  |  |   |  |   |  |  |
|                                 | a        | Excess of revenue over expenses and disbursements   | 2,850.17                                 |  |   |  |   |  |  |
|                                 | b        | Net investment income (if negative, enter -0-) .  |  |  | 83,693.17   |  |   |  |  |
|                                 | l c      | Adjusted net income (if negative, enter -0-)  |  | 1  |   | 83,693.17  |   |  |  |

| Da                    | art II | Ralance Sheets Attached schedules and amounts in the description column  | Beginning of year         |               | End o |                       |
|-----------------------|--------|--|---------------------------|---------------|-------|-----------------------|
|                       |        | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | (a) Book Value            | (b) Book Valu |       | (c) Fair Market Value |
|                       | 1      | Cash-non-interest-bearing  | 3,951.71                  | 3,1           | 08.71 | 3,108.71              |
|                       | 2      | Savings and temporary cash investments   | 71,557.92                 |               |       |                       |
|                       | 3.     | A  |                           |               |       |                       |
|                       |        | Accounts receivable ►  Less: allowance for doubtful accounts ►   |                           |               |       |                       |
|                       | 4      |  |                           |               |       | <del></del>           |
|                       |        | Pledges receivable   Less: allowance for doubtful accounts   |                           |               |       |                       |
|                       | _      | Less: allowance for doubtful accounts ▶  | -                         |               |       |                       |
|                       | 5<br>6 | Grants receivable  |                           |               |       |                       |
|                       | 0      | Receivables due from officers, directors, trustees, and other  |                           |               |       |                       |
|                       | _      | disqualified persons (attach schedule) (see instructions)  |                           |               |       |                       |
|                       | 7      | Other notes and loans receivable (attach schedule) ▶   |                           |               |       |                       |
|                       |        | Less: allowance for doubtful accounts ▶  |                           |               |       |                       |
| ţ                     | 8      | Inventories for sale or use  |                           |               |       |                       |
| Assets                | 9      | Prepaid expenses and deferred charges  |                           |               |       |                       |
| As                    | 10a    | Investments – U.S. and state government obligations (attach schedule)  | 1,122,027.92              | 1,195,9       | 38.51 | 1,306,059.51          |
| 7                     | b      | Investments—corporate stock (attach schedule)  |                           |               |       |                       |
|                       | c      | Investments—corporate bonds (attach schedule)  | •                         | ·             |       |                       |
|                       | 11     | Investments—land, buildings, and equipment: basis ▶  |                           |               |       | 1                     |
|                       | ' '    | Logo: cocumulated depreciation (attach schedule)   |                           |               |       |                       |
|                       | 40     | Less: accumulated depreciation (attach schedule) ▶   |                           |               |       |                       |
|                       | 12     | Investments—mortgage loans   |                           |               |       |                       |
|                       | 13     | Investments—other (attach schedule)  |                           |               |       |                       |
|                       | 14     | Land, buildings, and equipment basis ▶   |                           |               |       |                       |
|                       |        | Less accumulated depreciation (attach schedule) ▶  |                           |               |       |                       |
|                       | 15     | Other assets (describe ▶ )   |                           |               |       |                       |
|                       | 16     | Total assets (to be completed by all filers-see the  |                           |               |       |                       |
|                       |        | ınstructions. Also, see page 1, item l)  | 1,197,537.55              | 1,199,0       | 47.22 | 1,309,168.22          |
|                       | 17     | Accounts payable and accrued expenses  |                           |               |       |                       |
| ا پر                  | 18     | Grants payable   |                           |               |       |                       |
| <u>8</u>              | 19     | Deferred revenue   |                           |               |       |                       |
| Liabilities           | 20     | Loans from officers, directors, trustees, and other disqualified persons   |                           |               |       |                       |
| <del>q</del>          | 21     | Mortgages and other notes payable (attach schedule)  |                           | <del></del>   |       |                       |
| <b>ا</b> تَـّ         | 22     |  | +                         |               |       |                       |
|                       |        | Other liabilities (describe > )  |                           |               |       |                       |
| _                     | 23     | Total liabilities (add lines 17 through 22)  |                           |               |       |                       |
| ဖွ                    |        | Foundations that follow SFAS 117, check here   |                           |               | 1     |                       |
| lances                |        | and complete lines 24 through 26 and lines 30 and 31.  |                           |               | ŀ     |                       |
| a                     | 24     | Unrestricted   |                           |               |       |                       |
| <u>ख</u>              | 25     | Temporarily restricted   |                           |               |       |                       |
| 2                     | 26     | Permanently restricted   |                           |               | ]     |                       |
| Net Assets or Fund Ba |        | Foundations that do not follow SFAS 117, check here ▶ ☑  |                           |               |       |                       |
| Œ                     |        | and complete lines 27 through 31.  |                           |               |       |                       |
| ŏ                     | 27     | Capital stock, trust principal, or current funds   | 1,197,537.55              | 1,199,0       | 47.22 |                       |
| ş                     | 28     | Paid-in or capital surplus, or land, bldg., and equipment fund   |                           |               |       |                       |
| Se                    | 29     | Retained earnings, accumulated income, endowment, or other funds   |                           |               |       |                       |
| As                    | 30     | Total net assets or fund balances (see instructions)   | 1,197,537.55              | 1,199,0       | 47.22 |                       |
| t l                   | 31     | Total liabilities and net assets/fund balances (see  | ,,                        | .,,-          |       |                       |
| ž                     | ٠.     | instructions)  | 1,197,537.55              | 1,199,0       | 47.22 |                       |
| D                     | et 111 |  | .,,                       | .,,0          |       |                       |
|                       | rt III | Analysis of Changes in Net Assets or Fund Balances   | mn (a) line 20 (          | agrae with    |       |                       |
| 1                     |        | Il net assets or fund balances at beginning of year—Part II, colur   |                           |               |       | 1 107 E27 FE          |
| _                     |        | -of-year figure reported on prior year's return)   |                           |               | 1     | 1,197,537.55          |
| 2                     |        | er amount from Part I, line 27a  |                           |               | 2     | 2,850.17              |
| 3                     |        |  |                           |               | 3     |                       |
| 4                     | Add    | lines 1, 2, and 3  |                           |               | 4     | 1,200,387.72          |
| 5                     | Decr   | reases not included in line 2 (itemize)   Bond Premium Amortization  | on                        |               | 5     | 1,340.50              |
| _6                    | Tota   | Il net assets or fund balances at end of year (line 4 minus line 5)—F  | Part II, column (b), line | 30            | 6     | 1,199,047.22          |

| Part   | IV Capital Gains and                                    | Losses for Tax on Investme   | ent Income       |  |  | <del></del>   |  |  |
|--|---|--|------------------|--|--|---|--|--|
|  |   | kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs MLC Co.)          |                  | (b) How acquired P-Purchase D-Donation |  | ate acquired<br>o , day, yr )                               | (d) Date sold<br>(mo , day, yr)        |  |
| <u>1a</u>                                    |   |  |                  |  |  |   |  |  |
| <u>b</u>                                     | ·   |  |                  |  |  |   |  |  |
| c  |   |  |                  |  |  |   |  |  |
| d  |   |  |                  |  |  |   |  |  |
| <u>         e                           </u> | <del></del>   |  |                  | <u> </u>                               |  |   |  |  |
|  | (e) Gross sales price                                   | (f) Depreciation allowed (or allowable)  |                  | other basis<br>nse of sale             | (h) Gain or (loss)<br>(e) plus (f) minus (g) |   |  |  |
| a_   |   |  |                  |  |  |   | <del></del>                            |  |
| <u>b</u>                                     |   |  |                  |  |  |   |  |  |
| <u> </u>                                     |   |  |                  |  |  |   |  |  |
| <u>d</u>                                     |   |  |                  |  |  |   | <del></del>                            |  |
| <u>          e                          </u> | Constitution and the constitution and the               |  | . 45 - 6         | on 10/21/60                            |  |   | <del></del>                            |  |
|  | Complete only for assets snow                           | ring gain in column (h) and owned by   |                  |  |  |   | (h) gain minus                         |  |
|  | (i) F M V as of 12/31/69                                | (j) Adjusted basis<br>as of 12/31/69   |                  | s of col (i)<br>(j), if any            |  | col (k), but not less than -0-) or<br>Losses (from col (h)) |  |  |
| <u>a</u>                                     |   |  | ***              |  |  |   |  |  |
| <u>b</u>                                     |   |  |                  |  |  |   |  |  |
| <u>c</u>                                     |   |  | <u>.</u>         |  |  |   |  |  |
| <u>d</u>                                     |   |  |                  |  |  |   |  |  |
| е  |   | ( If gain a  | lso enter in Pa  | rt Lline 7                             |  |   |  |  |
| 2  | Capital gain net income or                              | (net capital loss) { If (loss), e  | enter -0- ın Pai | rt I, line 7                           | 2  |   |  |  |
| 3  |   | or (loss) as defined in sections a<br>line 8, column (c) (see instruct                     | ions). If (loss) |  |  |   |  |  |
| Do d   | •   | r Section 4940(e) for Reduc  | and Tow on N     |  | 3  |   |  |  |
| Part   |   | ate foundations subject to the se  |                  |  |  |   |  |  |
| Was t  |   | this part blank.<br>ection 4942 tax on the distributa<br>qualify under section 4940(e). Do |                  |  | oase p                                       | period?   | ☐ Yes 🗹 No                             |  |
| 11 10  | <u> </u>  | unt in each column for each year   |                  | <u> </u>                               | akına  | any entries   | <del> </del>                           |  |
|  | (a)   | 1  | , see the instit |  | aking  | arry entries.   | (d)                                    |  |
| Cal  | Base period years endar year (or tax year beginning in) | (b) Adjusted qualifying distributions  |                  | (c)<br>f noncharitable-use as          | I  |   | tribution ratio<br>divided by col (c)) |  |
|  | 2014  | 100,000  | j.               | 1,277,328.79                           |  |   | .078                                   |  |
|  | 2013  | 70,000   | I                | 1,092,8                                |  |   | .064                                   |  |
|  | 2012  | 65,000   | I                | 1,105,8                                | 1  |   | .059                                   |  |
|  | 2011  | 50,000   | I                | 998,7                                  |  |   | .05                                    |  |
|  | 2010  | 56,000   | 0.00             | 948,4                                  | 13.63  |   | .059                                   |  |
| 2  | Total of line 1, column (d)                             |  |                  |  |  | 2   | .31                                    |  |
| 3  |   | or the 5-year base period—divid<br>ation has been in existence if les                      |                  |  |  | 3   | .062                                   |  |
| 4  | Enter the net value of nonc                             | haritable-use assets for 2015 fro  | om Part X, line  | 5                                      |  | 4   | 1,340,102.27                           |  |
| 5  | Multiply line 4 by line 3 .                             |  |                  |  | .  | 5   | 83,086.34                              |  |
| 6  | Enter 1% of net investment                              | t income (1% of Part I, line 27b)  |                  |  | .  | 6   | 836.93                                 |  |
| 7  | Add lines 5 and 6                                       |  |                  |  |  | 7   | 83,923.27                              |  |
| 8  | Enter qualifying distribution                           | ns from Part XII, line 4   |                  |  |  | 8   | 100,000.00                             |  |
| -  | If line 8 is equal to or great Part VI instructions.    | er than line 7, check the box in   | Part VI, line 1b | o, and complete t                      | that p                                       |   | % tax rate. See the                    |  |

| Part    | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i  | <u>nstru</u> | ıctioı   | 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)                               |              |          |     |  |  |  |  |  |  |
| b       | Domestic foundations that meet the section 4940(e) requirements in Part V, check   | 8            | 36.93    | -   |  |  |  |  |  |  |
|         | here ▶ ✓ and enter 1% of Part I, line 27b  |              |          |     |  |  |  |  |  |  |
| С       | 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-)  |              |          |     |  |  |  |  |  |  |
| 5       | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0   | 8            | 36.93    |     |  |  |  |  |  |  |
| 6       | Credits/Payments:  |              |          |     |  |  |  |  |  |  |
| a       | 2015 estimated tax payments and 2014 overpayment credited to 2015 6a   |              |          |     |  |  |  |  |  |  |
| b       | Exempt foreign organizations—tax withheld at source 6b  Tax paid with application for extension of time to file (Form 8868) . 6c   |              |          |     |  |  |  |  |  |  |
| c<br>d  | Tax paid with application for extension of time to file (Form 8868) . 6c   Backup withholding erroneously withheld 6d  |              |          |     |  |  |  |  |  |  |
| 7       | Total credits and payments. Add lines 6a through 6d  |              |          |     |  |  |  |  |  |  |
| 8       | Enter any <b>penalty</b> for underpayment of estimated tax. Check here  from 2220 is attached  |              |          |     |  |  |  |  |  |  |
| 9       | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 8            | 36.93    |     |  |  |  |  |  |  |
| 10      | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10   |              |          |     |  |  |  |  |  |  |
| 11      | Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 11  |              |          |     |  |  |  |  |  |  |
|         | 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   | igsqcut      | Yes      | No  |  |  |  |  |  |  |
|         | participate or intervene in any political campaign?  | 1a           |          | ~   |  |  |  |  |  |  |
| b       | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?   | 1b           |          | •   |  |  |  |  |  |  |
|         | If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.                         |              |          |     |  |  |  |  |  |  |
| С       | Did the foundation file Form 1120-POL for this year?   |              |          |     |  |  |  |  |  |  |
| d       |  |              |          |     |  |  |  |  |  |  |
|         | (1) On the foundation. ► \$ (2) On foundation managers. ► \$   |              |          |     |  |  |  |  |  |  |
| e       | 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            |          | ✓   |  |  |  |  |  |  |
| 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           |          | 1   |  |  |  |  |  |  |
| 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            | -        | 1   |  |  |  |  |  |  |
|         | 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:  |              |          |     |  |  |  |  |  |  |
|         | 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?   |              |          |     |  |  |  |  |  |  |
| -       | <u> </u>   | 7            | •        |     |  |  |  |  |  |  |
| 7<br>8a | 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 Enter the states to which the foundation reports or with which it is registered (see instructions) | -            | ~        |     |  |  |  |  |  |  |
|         | WA  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |              |          |     |  |  |  |  |  |  |
| b       | (or designate) of each state as required by General Instruction G? If "No," attach explanation   | 8b           | •        |     |  |  |  |  |  |  |
| 9       | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  | OD           |          | -   |  |  |  |  |  |  |
| 9       | 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (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           | <b>~</b> |     |  |  |  |  |  |  |

| Par  | Statements Regarding Activities (Continued)   |             |     |          |  |
|------|---|-------------|-----|----------|--|
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the   |             | Yes | No       |  |
| • •  | meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)   | 11          |     | -        |  |
| 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          |     |          |  |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?   | 13          | •   |          |  |
| 14   | Website address ► NA  The books are in care of ► Francis Robert Graham  Telephone no. ► 366   | 60-687-1074 |     |          |  |
|      | The books are in care of ► Francis Robert Graham  Telephone no. ► 360  Located at ► 11516 NE Gren Fels Drive Battle Ground, WA  ZIP+4 ►   | 98604       |     |          |  |
| 15   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in fieu of Form 1041—Check nere   |             |     | ▶ [      |  |
|      | and enter the amount of tax-exempt interest received or accrued during the year   |             |     | T        |  |
| 16   | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?   |             | Yes | No       |  |
|      | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of  | 16          |     | ~        |  |
|      | the foreign country ▶   |             |     |          |  |
| Part | VII-B Statements Regarding Activities for Which Form 4720 May Be Required   |             |     |          |  |
|      | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.   |             | Yes | No       |  |
| 1a   | During the year did the foundation (either directly or indirectly):   |             |     |          |  |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ✔ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                                       |             |     |          |  |
|      | disqualified person?  |             |     |          |  |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?   Yes  No  | i           |     |          |  |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  |             |     |          |  |
|      | (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)?   |             |     |          |  |
|      | (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    | termination of government service, if terminating within 90 days.)  |             |     |          |  |
| -    | 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  |             |     |          |  |
| С    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that  |             |     |          |  |
| 2    | were not corrected before the first day of the tax year beginning in 2015?  | 1c          | -   | ~        |  |
|      | operating foundation defined in section 4942(j)(3) or 4942(j)(5)):  |             |     |          |  |
| а    | At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?   |             |     |          |  |
|      | 6e, Part XIII) for tax year(s) beginning before 2015?   |             |     |          |  |
| b    | Are there any years listed in 2a for which the foundation is <b>not</b> 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  |             |     |          |  |
|      | all years listed, answer "No" and attach statement—see instructions.)   | 2b          |     | •        |  |
| С    | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  ▶ 20 , 20 , 20 , 20  |             |     |          |  |
| 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 2015 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  |             |     |          |  |
|      | foundation had excess business holdings in 2015.)   | 3b          |     |          |  |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?   | 4a          |     | <b>V</b> |  |
| b    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b          |     | -        |  |

| Part  | t VII-B  | Statements Regarding Activities   | s for V   | Vhich Form                                       | 4720           | May Be R                             | equire | ed (c <u>o</u> ntii                          | nued)               |                      |                    | _      |
|-------|--|---|-----------|--|----------------|--------------------------------------|--------|--|---------------------|----------------------|--------------------|--------|
| 5a    | During t   | he year did the foundation pay or incur a   | ny amo    | ount to:   |                |                                      |        |  |                     |                      |                    |        |
|       |  | y on propaganda, or otherwise attempt t<br>ence the outcome of any specific public        |           | _  | •              | · · ·                                | •      | ☐ Yes  | <b>☑</b> No         |                      |                    | i      |
|       |  | ctly or indirectly, any voter registration dr   |           |  |                | •                                    | •      | ☐ Yes  | ₩ No                |                      |                    |        |
|       | (3) Prov   | ride a grant to an individual for travel, stu   | dy, or    | other similar                                    | ourpos         | es?                                  |        | _  | ✓ No                |                      |                    |        |
|       |  | vide a grant to an organization other that<br>ion 4945(d)(4)(A)? (see instructions)       |           |  |                |                                      |        | ☐ Yes  | <b></b> No          |                      |                    |        |
|       |  | ride for any purpose other than religious<br>poses, or for the prevention of cruelty to o |           |  |                |                                      |        | _  | <b>☑</b> No         |                      |                    |        |
| b     |  | nswer is "Yes" to 5a(1)-(5), did any of the   |           |  |                |                                      |        | _  |                     | 1 1                  |                    |        |
|       |  | ons section 53.4945 or in a current notice  |           |  |                |                                      |        |  |                     | 5b                   |                    |        |
|       | Organiz  | ations relying on a current notice regardi  | ng disa   | ster assistan                                    | ce che         | ck here .                            |        |  | ▶□                  |                      |                    |        |
| C     | c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? |   |           |  |                |                                      |        |  |                     |                      |                    |        |
|       |  | attach the statement required by Regula   |           |  |                |                                      |        |  |                     | 1 1                  |                    |        |
| 6a    |  | foundation, during the year, receive any rsonal benefit contract?                         |           |  |                |                                      |        |  | F3                  |                      |                    |        |
| h     | •  |   |           |  |                |                                      |        |  | ຼ <b>⊌</b> No       |                      |                    |        |
| b     | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 6b   If "Yes" to 6b, file Form 8870.            |   |           |  |                |                                      |        |  |                     |                      |                    |        |
| 7a    | 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  |   |           |  |                |                                      |        |  |                     |                      |                    |        |
|       |  | did the foundation receive any proceed  |           | <u></u>  |                |                                      |        |  |                     | 7b                   |                    |        |
|       | VIII   | Information About Officers, Direct and Contractors  |           | ,  |                |                                      |        |  |                     | mploye               | ees,               |        |
| 1     | List all   | officers, directors, trustees, foundation   | ,         |  |                | <u> </u>                             |        |  | <del></del> _       |                      |                    |        |
|       |  | (a) Name and address  | hou       | e, and average<br>irs per week<br>ed to position | ` (lf r        | mpensation<br>not paid,<br>iter -0-) | emplo  | Contributions<br>byee benefit<br>erred compe | plans               | (e) Exper            | nse acc<br>Illowan |        |
|       | ls Robert<br>NE Gren   | Graham<br>Fels Drive Battle Ground, WA 98604  | President |  | o              |                                      |        | 0  |                     |                      |                    | 0      |
|       | ndria Win<br>NE Ceda   | g<br>r Drive Battle Ground, WA 98604  | Secret    | ary/Treasurer                                    | 1 0            |                                      | 0      |  | 0                   |                      |                    | 0      |
|       | McCarty  |   |           | ulanata a  |                | 0                                    |        | <del></del>                                  | 0                   |                      |                    | 0      |
|       |  | ve Woodland, WA 98674   | ,         | Irector  |                |                                      |        |  |                     |                      |                    |        |
|       | Graham   | Fels Drive Battle Ground, WA 98604  | D         | Irector  |                | 0                                    | 0      |  | 0                   |                      |                    | 0      |
| 2     |  | nsation of five highest-paid employee   | e (oth    | er than the                                      | e incl         | uded on li                           | 20.1   | ego inetr                                    | uctions             | a) If no             |                    |        |
|       | "NONE.   |   |           | er triali trios                                  |                | raded on in                          |        | see msu                                      | ucuons              | s). II IIC           | ле, е<br>          | miler_ |
| ĺ     | (a) Name ar  | nd address of each employee paid more than \$50,00  | 00        | (b) Title, and a<br>hours per v<br>devoted to pe | veek           | (c) Comper                           | sation | (d) Contribution employee plans and compens  | benefit<br>deferred | (e) Exper<br>other a | nse acc<br>llowand | ount,  |
|       |  |   | ·         |  |                |                                      |        |  |                     |                      |                    |        |
|       |  |   |           |  |                |                                      |        |  |                     |                      | <del>.</del>       |        |
|       |  |   |           |  |                |                                      |        |  |                     |                      |                    |        |
|       |  |   |           |  |                |                                      |        |  |                     |                      |                    |        |
|       |  |   |           |  |                |                                      |        |  |                     |                      |                    |        |
|       |  |   |           | -  |                |                                      |        |  |                     |                      |                    |        |
| Total | number o   | of other employees paid over \$50,000 .   |           |  | <del>.</del> . |                                      |        |  | . ▶                 |                      | 0                  |        |
|       |  | <del></del>   |           |  |                |                                      |        |  |                     |                      |                    |        |

| 3 Five highest-paid independent contractors for professional services (see instructions). If none  | , enter "NONE."        |
|--|------------------------|
| (a) Name and address of each person paid more than \$50,000 (b) Type of ser  | vice (c) Compensation  |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
| `  |                        |
|  |                        |
|  |                        |
|  |                        |
|  |                        |
| otal 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 chantable activities during the tax year. Include relevant statistical information such as organizations and other beneficianes served, conferences convened, research papers produced, etc. | the number of Expenses |
| 1  |                        |
|  |                        |
|  |                        |
| 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                 |
| 1  |                        |
|  |                        |
|  |                        |
| 2  |                        |
|  |                        |
| All other program-related investments See instructions   |                        |
| 3  |                        |
|  |                        |
| <u> </u>   |                        |

Form **990-PF** (2015)

| Part   | see instructions.)   | ign tour | idations,         |
|--------|--|----------|-------------------|
| 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       | 1,357,104.11      |
| b      | Average of monthly cash balances   | 1b       | 3,405.81          |
| C      | Fair market value of all other assets (see instructions)   | 1c       |                   |
| d      | <b>Total</b> (add lines 1a, b, and c)  | 1d       | 1,360,509.92      |
| е      | Reduction claimed for blockage or other factors reported on lines 1a and   |          |                   |
|        | 1c (attach detailed explanation)   |          |                   |
| 2      | Acquisition indebtedness applicable to line 1 assets   | 2        |                   |
| 3      | Subtract line 2 from line 1d   | 3        | 1,360,509.92      |
| 4      | Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see   |          |                   |
|        | instructions)  | 4        | 20,407.65         |
| 5      | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5        | 1,340,102.27      |
| 6      | Minimum investment return. Enter 5% of line 5  | 6        | 67,005.11         |
| Part   |  | oundati  | ons               |
|        | and certain foreign organizations check here ▶ □ and do not complete this part.)   |          | 67,005.11         |
| 1      | Minimum investment return from Part X, line 6  | 1        | 07,005.11         |
| 2a     | Tax of investment income for 2015 from Fait VI, line 5   | 1        |                   |
| b      | Income tax for 2015. (This does not include the tax from Part VI.)   | -        | 836.93            |
| C      | Add lines 2a and 2b  | 2c       | 66,168.18         |
| 3      | Distributable amount before adjustments Subtract line 2c from line 1   | 3        | 00,100.10         |
| 4      | Recoveries of amounts treated as qualifying distributions  | 5        | 66,168.18         |
| 5<br>6 | Add lines 3 and 4  | 6        |                   |
| 7      | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,   | - 6      |                   |
| •      | line 1   | 7        | 66,168.18         |
|        |  | <u> </u> |                   |
| Part   | XII Qualifying Distributions (see instructions)  |          |                   |
| 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       | 100,000.00        |
| 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        |                   |
| 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        | 100,000.00        |
| 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        | 836.93            |
| 6      | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6        | 99,163.07         |
|        | 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. | g wheth  | er the foundation |

| Part | XIII Undistributed Income (see instruction          | ons)        | ·                   |      |            |
|------|---|-------------|---------------------|------|------------|
|      |   | (a)         | (b)                 | (c)  | (d)        |
| 1    | Distributable amount for 2015 from Part XI,         | Corpus      | Years prior to 2014 | 2014 | 2015       |
|      | line 7  |             |                     |      | 66,168.18  |
| 2    | Undistributed income, if any, as of the end of 2015 |             |                     |      |            |
| а    | Enter amount for 2014 only                          |             |                     | 0    |            |
| b    | Total for prior years: 20,20,20                     |             | 0                   |      |            |
| 3    | Excess distributions carryover, if any, to 2015:    |             | •                   |      |            |
| а    | From 2010   |             |                     |      |            |
| b    | From 2011   |             |                     |      |            |
| С    | From 2012   |             |                     |      |            |
| d    | From 2013 16,026.92                                 |             |                     |      |            |
| е    | From 2014   |             |                     |      |            |
| f    | Total of lines 3a through e                         | 96,337.58   |                     |      |            |
| 4    | Qualifying distributions for 2015 from Part XII,    |             |                     |      |            |
|      | line 4: ▶ \$ 100,000.00                             |             |                     |      |            |
| а    | Applied to 2014, but not more than line 2a .        |             |                     | 0    |            |
| b    | Applied to undistributed income of prior years      |             |                     |      | "          |
|      | (Election required – see instructions)              |             | 0                   |      |            |
| С    | Treated as distributions out of corpus (Election    |             |                     |      |            |
|      | required—see instructions)                          | 0           |                     |      |            |
| d    | Applied to 2015 distributable amount                |             |                     |      | 100,000.00 |
| е    | Remaining amount distributed out of corpus          | 33,831.82   |                     |      |            |
| 5    | Excess distributions carryover applied to 2015      | 0           |                     |      | 0          |
|      | (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   | 130,169.40  |                     |      |            |
| b    | Prior years' undistributed income. Subtract         |             |                     |      |            |
|      | line 4b from line 2b                                |             | 0                   |      |            |
| С    | Enter the amount of prior years' undistributed      |             |                     |      |            |
|      | income for which a notice of deficiency has         | 1           |                     |      |            |
|      | 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                   |      |            |
| е    | Undistributed income for 2014. Subtract line        |             |                     |      |            |
|      | 4a from line 2a. Taxable amount-see                 |             |                     |      |            |
|      | instructions  |             |                     | 0    |            |
| f    | Undistributed income for 2015. Subtract lines       |             |                     |      |            |
|      | 4d and 5 from line 1. This amount must be           |             |                     |      |            |
|      | distributed in 2016                                 |             |                     |      | 0          |
| 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)                          | 0           |                     |      |            |
| 8    | Excess distributions carryover from 2010 not        |             |                     |      |            |
|      | applied on line 5 or line 7 (see instructions).     | 51,907.75   |                     |      |            |
| 9    | Excess distributions carryover to 2016.             | <del></del> |                     |      |            |
|      | Subtract lines 7 and 8 from line 6a                 | 78,261.65   |                     | •    |            |
| 10   | Analysis of line 9:                                 |             |                     |      |            |
| а    | Excess from 2011 1,075.45                           |             |                     |      |            |
| b    | Excess from 2012 10,375.92                          |             |                     |      |            |
| c    | Excess from 2013                                    |             |                     |      |            |
| ď    | Excess from 2014 16,951.54                          |             |                     |      |            |
|      | Excess from 2015 33,831.82                          | ]           |                     |      |            |

| Part    | XIV Private Operating Founda  | tions (see instru   | uctions and Part                        | VII-A, question 9    | 9)                   |                                       |
|---------|---|---------------------|---|----------------------|----------------------|---------------------------------------|
| 1a      | •   | •                   |   |                      |                      |                                       |
|         | foundation, and the ruling is effective fo  |                     | -                                       |                      |                      | (0) 0.0 [] 4040()(5)                  |
| b<br>2a | Check box to indicate whether the four<br>Enter the lesser of the adjusted net        | Tax year            | e operating tounda                      | Prior 3 years        | ection 4942(J)       | (3) or 4942(j)(5)                     |
| Za      | income from Part I or the minimum   | (a) 2015            | (b) 2014                                | (c) 2013             | (d) 2012             | (e) Total                             |
|         | investment return from Part X for each year listed                                    | (4) 2515            | (5) 2014                                | (0) 2010             | (4) 2012             | <del></del>                           |
| b       | 85% of line 2a  |                     |   | <u> </u>             |                      | · · · · · · · · · · · · · · · · · · · |
|         | 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 |                     |   |                      |                      |                                       |
| е       | 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:                            |                     |   |                      |                      |                                       |
| а       | "Assets" alternative test - enter:  |                     |   |                      |                      |                                       |
|         | (1) Value of all assets   |                     |   |                      |                      |                                       |
|         | (2) Value of assets qualifying under  |                     |   |                      |                      |                                       |
| b       | section 4942(j)(3)(B)(i)  |                     |   |                      |                      |                                       |
| J       | of minimum investment return shown in   |                     |   |                      |                      |                                       |
| С       | Part X, line 6 for each year listed "Support" alternative test—enter:                 |                     |   | <del> </del>         |                      |                                       |
| ·       | (1) Total support other than gross  |                     |   |                      |                      |                                       |
|         | investment income (interest,  |                     |   |                      |                      |                                       |
|         | dividends, rents, payments on<br>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)                               |                     |   |                      |                      |                                       |
|         | (3) Largest amount of support from an exempt organization                             |                     |   |                      |                      |                                       |
| Dowl    | (4) Gross investment income   | (0                  | hia mant ambaid t                       | ha farmalation k     |                      |                                       |
| Part    | Supplementary Information   |                     |   | ne toungation r      | iad \$5,000 or m     | ore in assets at                      |
| 1       | Information Regarding Foundation  |                     | 113.j                                   |                      | <u></u>              |                                       |
| -       | List any managers of the foundation   |                     | uted more than 29                       | % of the total cont  | ributions received   | by the foundation                     |
|         | before the close of any tax year (but o   | only if they have c | ontributed more th                      | nan \$5,000). (See s | section 507(d)(2).)  |                                       |
|         | s Robert Graham   |                     |   |                      |                      |                                       |
| b       | List any managers of the foundation   |                     |   |                      |                      | rge portion of the                    |
| N/A     | ownership of a partnership or other el  | nity) of which the  | Houndation has a                        | 10% of greater in    | erest                |                                       |
| 2       | Information Regarding Contribution  | n. Grant. Gift. Lo: | an. Scholarship.                        | etc Programs:        |                      |                                       |
| _       | Check here ► ✓ If the foundation  |                     |   | _                    | organizations and    | does not accept                       |
|         | unsolicited requests for funds. If the f  | oundation makes     | gifts, grants, etc.                     | (see instructions)   | to individuals or or | ganizations under                     |
|         | other conditions, complete items 2a,  |                     |   | . <u>.</u>           |                      |                                       |
| а       | The name, address, and telephone nu   | ımber or e-mail a   | ddress of the pers                      | on to whom applic    | ations should be a   | iddressed:                            |
|         |   |                     |   |                      |                      |                                       |
| b       | The form in which applications should   | he submitted an     | nd information and                      | materials they sho   | anly include.        |                                       |
| 3       | to to the time is approaction of touc   | . 50 odbrimtod ari  |   | a.oa.o aloy oli      |                      |                                       |
|         |   |                     |   |                      |                      |                                       |
| С       | Any submission deadlines:   |                     | ` |                      |                      |                                       |
|         | Any restrictions or limitations on av   | varde such as t     | v geographical a                        | reas charitable fi   | elds kinds of the    | titutions or other                    |
| u       | factors:  | raius, sucii as L   | y geograpilical a                       | ireas, criantable li | cius, kilius Ul IIIS | aradons, or other                     |
|         |   |                     |   |                      |                      |                                       |

Part XV

Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year **Oxfam America** 501-c-3 To end hunger & poverty 5,000.00 226 Causeway St. 5th Floor Boston, MA 02114 **Doctors Without Borders** To provide medical care 501-c-3 30,000.00 P.O. Box 5030 Hagerstown, MD 21741 **Mercy Corps** 20,000.00 501-c-3 To end hunger & poverty P.O. Box 2669 Dept W Portland, OR 97208-2669 Clark County Food Bank 501-c-3 To end hunger 15,000.00 P.O. Box 61833 Vancouver, WA 98666 **Living Water** 501-c-3 To provide clean water 6,000.00 P.O. Box 35496 Houston, TX 77235-5496 My Little Walting Room 501-c-3 Provide hospital daycare 2.000.00 9205 SW Barnes Rd. Portland, OR 97225 **North Beach Citizens** 501-c-3 To assist the homeless 5,000.00 720 Columbus Ave. San Francisco, CA 94133 Peace Health Foundation Hospice House 501-c-3 2,000.00 Hospice care 2112 E Mill Plain blvd. Vancouver, WA 98661 **North County Food Bank** 501-c-3 To end hunger 15,000.00 P.O. Box 2106 Battle Ground, WA 98604 100.000.00 Approved for future payment **Total** 3ь

|                     | t XVI-A Analysis of Income-I   |                   | ·                    | usiness income | Excluded by sect      | ion 512, 513, or 514 | <u> </u>   |
|---------------------|--|-------------------|----------------------|----------------|-----------------------|----------------------|--|
|                     |  | .ou.ou.           | (a)<br>Business code | (b)<br>Amount  | (c)<br>Exclusion code | (d)<br>Amount        | (e) Related or exempt function income (See instructions) |
| 1                   | Program service revenue:   |                   |                      |                |                       |                      | <u>`                                    </u>             |
|                     | a  |                   |                      |                |                       |                      | <del> </del>   |
|                     | b  |                   |                      |                |                       |                      |  |
|                     | ·  |                   |                      |                |                       |                      |  |
|                     | d  |                   |                      |                |                       |                      |  |
|                     | e  |                   |                      |                |                       |                      |  |
|                     | f  |                   |                      |                |                       | _                    |  |
|                     | g Fees and contracts from governm  | nent agencies     |                      |                |                       |                      |  |
| 2                   | Membership dues and assessments  |                   |                      |                |                       |                      |  |
| 3                   | Interest on savings and temporary casl   | h investments     |                      |                |                       |                      |  |
| 4                   | Dividends and interest from securitie  |                   |                      |                |                       |                      | 83,693.17  |
| 5                   | Net rental income or (loss) from real  |                   |                      |                |                       |                      |  |
| •                   |  |                   |                      |                |                       |                      |  |
|                     | <b>b</b> Not debt-financed property  |                   |                      |                |                       |                      |  |
| •                   | · · · · · · · · · · · · · · · · · · ·  |                   |                      |                |                       |                      |  |
| _                   | Net rental income or (loss) from person  |                   |                      | <del>-</del>   | ļ                     | <del></del>          |  |
| 7                   | Other investment income  |                   |                      |                |                       |                      |  |
| 8                   | Gain or (loss) from sales of assets other  | -                 |                      |                |                       |                      |  |
| 9                   | Net income or (loss) from special eve  |                   |                      |                |                       |                      |  |
| 10                  | Gross profit or (loss) from sales of inv   | ventory           |                      |                |                       | _                    |  |
| 11                  | Other revenue: a   |                   |                      |                |                       |                      |  |
|                     | b  |                   |                      |                |                       |                      |  |
|                     | c  |                   |                      |                |                       |                      | _  |
|                     | d  |                   |                      |                |                       |                      |  |
|                     | e  |                   |                      |                |                       |                      |  |
| 12                  | Subtotal. Add columns (b), (d), and (e   | e)                |                      |                |                       |                      | 83,693.17  |
|                     |  | •                 |                      |                |                       |                      | 00 000 17  |
| 13                  | Total. Add line 12, columns (b), (d), a  | and (e)           |                      |                |                       | 13                   | 83,693.17  |
|                     | <b>Total.</b> Add line 12, columns (b), (d), a worksheet in line 13 instructions to ve |                   |                      |                |                       | 13                   | 83,693.17  |
| (See                |  | erify calculation | ıs.)                 |                |                       | 13                   | 83,693.17  |
| (See<br>Par         | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |
| (See<br>Par<br>Line | worksheet in line 13 instructions to vert XVI-B Relationship of Activ                  | erify calculation | is.)<br>Accomplishm  | ent of Exemp   | t Purposes            |                      |  |

|          |        | Exempt Of                | yanızauons                   |  |                     |                     |                            |           |              |          |
|----------|--------|--------------------------|------------------------------|--|---------------------|---------------------|----------------------------|-----------|--------------|----------|
| 1        | ın se  |                          |                              | r engage in any of the follon<br>section 501(c)(3) organiz |                     |                     |                            |           | Yes          | No       |
| а        | _      |                          | norting foundation           | to a noncharitable exemp                                   | t organization      | of:                 |                            |           |              |          |
| a        |        |                          | _                            |  | -                   |                     |                            | 1a(1)     |              | 1        |
|          | • •    | other assets .           |                              |  |                     |                     |                            | 1a(2)     |              | <u> </u> |
| h        |        | r transactions:          |                              |  |                     |                     |                            | 10(2)     |              | _        |
|          |        |                          | a noncharitable ex           | empt organization  |                     |                     |                            | 1b(1)     |              | 4        |
|          |        |                          |                              | table exempt organization                                  |                     |                     |                            | 1b(2)     |              | ~        |
|          |        |                          |                              | er assets  |                     |                     |                            | 1b(3)     |              | Ť        |
|          |        |                          |                              |  |                     |                     |                            | 1b(4)     |              | ~        |
|          |        | oans or loan gua         |                              |  |                     |                     |                            | 1b(5)     |              | ~        |
|          |        | _                        |                              |  |                     |                     |                            | 1b(6)     | +            | <u> </u> |
| _        |        |                          |                              | lists, other assets, or paid                               |                     |                     |                            | 1c(0)     |              | ~        |
| c        |        |                          | -                            |  |                     |                     |                            | -         |              | •        |
| d        |        |                          |                              | es," complete the followir<br>vices given by the reportir  |                     |                     |                            |           |              |          |
|          |        |                          |                              | gement, show in column (                                   |                     |                     |                            |           |              |          |
| (a) Line |        | (b) Amount involved      |                              | charitable exempt organization                             |                     |                     | s, transactions, and sha   |           |              |          |
| (a) Line | 9 110  | (b) Amount involved      | (c) Name of non              | charitable exempt organization                             | (a) Descr           | iption of transfers | s, transactions, and sna   | ring arra | ngemer       | 115      |
|          |        |                          | ··                           | · · · · · · · · · · · · · · · · · · ·                      |                     |                     |                            |           |              |          |
|          |        |                          | · · · · · ·                  |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              | ·  |                     |                     |                            |           |              |          |
|          |        | = -                      |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          | <del></del>                  |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
| 2a       |        |                          |                              | ffiliated with, or related t                               |                     |                     |                            |           |              |          |
|          |        |                          |                              | (other than section 501(c)                                 | (3)) or in section  | on 527?             | [                          | ] Yes     | <b></b> ✓ N  | lo       |
| b        | If "Ye | es," complete the        | following schedul            | e.   |                     |                     |                            |           |              |          |
|          |        | (a) Name of organ        | ization                      | (b) Type of organization                                   | ation               | (0                  | c) Description of relation | iship     |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     |                            |           |              |          |
|          |        |                          |                              | I  |                     |                     |                            |           |              |          |
|          |        |                          |                              |  |                     |                     | <u> </u>                   |           |              |          |
|          |        |                          |                              | ned this return, including accompan                        |                     |                     |                            | ge and b  | elief, it is | s true,  |
| Sign     | Corre  | ct, and complete Deci    | aration of preparer (other t | han taxpayer) is based on all inform                       | ation of which prep | arer nas any know   | leage<br>May the IF        | RS discus | s this re    | eturn    |
| Here     |        | F Klet 2                 | rulom                        | 15-2-20K   | Pire                | ς                   | with the p                 |           |              |          |
|          |        | ature of officer or trus | stee                         | Date   | Title 7             |                     | (see instruc               | ,uuis) f  | _ res_       | ) MO     |
| Paid     | •      | Print/Type preparer      | 's name                      | Preparer's signature                                       |                     | Date                | Check ☐ If                 | TIN       | -            |          |
|          | arer   |                          |                              |  |                     |                     | self-employed              |           |              |          |
| Prep     |        | Firm's name ▶            |                              |  |                     | <u> </u>            | Firm's EIN ▶               |           |              |          |
| Use (    | Jilly  | Firm's address ▶         | <del></del>                  | <del> </del>   | <del> </del>        |                     | Phone no                   |           |              |          |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

#### Schedule B

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

Department of the Treasury

Organization type (check one):

### **Schedule of Contributors**

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

OMB No 1545-0047

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** The Trudy Scammon Foundation 56-2636137

| 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 foundation   |  |  |  |  |
|                    |  | 527 political organization   |  |  |  |  |
| Form 990-PF        |  | 501(c)(3) exempt private foundation  |  |  |  |  |
|                    |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |
|                    |  | 501(c)(3) taxable private foundation   |  |  |  |  |
|                    |  |  |  |  |  |  |
|                    | nly a section 501(c)(7)  | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 1, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  |  |  |  |  |
| Genera             | l Rule   |  |  |  |  |  |
| <b>~</b>           | For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.  |  |  |  |  |  |
| Special            | Rules  |  |  |  |  |  |
|                    | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. |  |  |  |  |  |
|                    | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.   |  |  |  |  |  |
|                    | contributor, during the contributions totaled during the year for ar General Rule applies  | described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one ne year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the is to this organization because it received nonexclusively religious, charitable, etc., contributions ore during the year |  |  |  |  |

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The Trudy Scammon Foundation

Employer identification number 56-2636137

| Part I      | art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                            |   |  |  |  |  |
|-------------|--|----------------------------|---|--|--|--|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 1           | Francis Robert Graham  11516 NE Gren Fels Drive  Battle Ground, WA 98604                             | \$                         | Person Payroll Noncash  (Complete Part II for noncash contributions.) |  |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions    | (d) Type of contribution  |  |  |  |  |
|             |  | \$                         | Person  |  |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |  |  |
| <del></del> |  | \$                         | Person  |  |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |  |  |
|             |  | \$                         | Person  |  |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d) Type of contribution  |  |  |  |  |
|             |  | \$                         | Person  |  |  |  |  |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|             |  | <b>\$</b>                  | Person  |  |  |  |  |

Name of organization
The Trudy Scammon Foundation

Employer identification number 56-2636137

| Part II                   | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |  |                      |  |  |  |
|---------------------------|---|--|----------------------|--|--|--|
| (a) No.<br>from<br>Part I | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | s   \$                                   |                      |  |  |  |
| a) No.<br>from<br>Part I  | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | <br><br><br>\$                           |                      |  |  |  |
| a) No.<br>from<br>Part I  | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | \$                                       |                      |  |  |  |
| a) No.<br>from<br>Part I  | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | <br><br><br>\$                           |                      |  |  |  |
| a) No.<br>from<br>Part I  | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | <br> <br>  \$                            |                      |  |  |  |
| a) No.<br>from<br>Part I  | (b)  Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received |  |  |  |
|                           |   | <br>                                     |                      |  |  |  |
|                           |   | \$                                       |                      |  |  |  |

Cabadula B (Farm 000 000 E7 au 000 DD (0045)

| Name of or<br>The Trudy   | ganization<br>Scammon Foundation   |  |                                       |                                      | Employer identification number 56-2636137 |  |  |  |  |
|---------------------------|--|--|---------------------------------------|--------------------------------------|---|--|--|--|--|
| Part III                  | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$  Use duplicate copies of Part III if additional space is needed. |  |                                       |                                      |   |  |  |  |  |
| (a) No.<br>from           | (b) Purpose of gift  |  |                                       |                                      |   |  |  |  |  |
| Part I                    | (b) Furpose of gift  | (c) Use of gift                          |                                       | (d) Description of now girt is field |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  | -                                     |                                      |   |  |  |  |  |
|                           | (e) Transfer of gift   |  |                                       |                                      |   |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferor   |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       | ·                                    |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c)  |  | e of gift (d) De                      |                                      | scription of how gift is held             |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  | · · · · · · · · · · · · · · · · · · · |                                      |   |  |  |  |  |
|                           | (e) Transfer of gift   |  |                                       |                                      |   |  |  |  |  |
| _                         | Transferee's name, address, a  | ING ZIP + 4                              | Relation                              | snip of tra                          | nsferor to transferee                     |  |  |  |  |
|                           |  |  |                                       |                                      | ·   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c) Use  |  | of gift                               | (d) Des                              | scription of how gift is held             |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
| L                         |  |  |                                       |                                      |   |  |  |  |  |
|                           | (e) Transfer of gift   |  |                                       |                                      |   |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4 Relation   |  |                                       | ship of tra                          | nsferor to transferee                     |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift (c   |  | se of gift                            |                                      | scription of how gift is held             |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
| Γ                         | (e) Transfer of gift   |  |                                       |                                      |   |  |  |  |  |
|                           | Transferee's name, address, a  | Relationship of transferor to transferee |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |
|                           |  |  |                                       |                                      |   |  |  |  |  |

# Form **990-PF**

# **SCHEDULES**

The Trudy Scammon Foundation 56-2636137 FYE 12/31/2015

Part I, Line 18, Taxes

Excise Tax

818.00

Part I, Line 23, Other Expenses

License

25.00

## Part VII-A, Line 8b

The foundation will provide a copy of the completed form 990-PF to the Attorney General of WA or designate upon request.

## Part VII-A, Line 10

Substantial Contributions:

20,000.00

Francis Robert Graham 11516 NE Gren Fels Drive Battle ground, WA 98604