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Form 990-PF

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation Albert Haller Foundation		A Employer identification number 91-1556810	
Number and street (or P O box number if mail is not delivered to street address) PO Box 2739		B Telephone number (see instructions) (360) 683-1119	
City or town, state or province, country, and ZIP or foreign postal code Sequim, WA 98382		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 9,420,297		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .	10,000			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	2,650	2,650		
	4 Dividends and interest from securities . . . . .	186,141	186,141		
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	749,029			
	b Gross sales price for all assets on line 6a _____ 1,211,843				
	7 Capital gain net income (from Part IV, line 2) . . . . .		749,029		
	8 Net short-term capital gain . . . . .				
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold . . . . .				
	c Gross profit or (loss) (attach schedule) . . . . .				
	11 Other income (attach schedule) . . . . .	158,286	104,286		
	12 <b>Total.</b> Add lines 1 through 11 . . . . .	1,106,106	1,042,106		
	13 Compensation of officers, directors, trustees, etc . . . . .				
	14 Other employee salaries and wages . . . . .				
	15 Pension plans, employee benefits . . . . .				
	16a Legal fees (attach schedule). . . . .	3,678			1,103
	b Accounting fees (attach schedule). . . . .	9,520			4,760
	c Other professional fees (attach schedule) . . . . .	28,475	28,475		
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	2,605	2,605		
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .				
	21 Travel, conferences, and meetings. . . . .	268			134
	22 Printing and publications . . . . .				
	23 Other expenses (attach schedule). . . . .	16,189	156		2,500
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	60,735	31,236		8,497
	25 Contributions, gifts, grants paid . . . . .	545,648			545,648
	26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	606,383	31,236		554,145
	27 Subtract line 26 from line 12				
	a <b>Excess of revenue over expenses and disbursements</b>	499,723			
	b <b>Net investment income</b> (if negative, enter -0-)		1,010,870		
	c <b>Adjusted net income</b> (if negative, enter -0-) . . . .				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing . . . . .			
	2	Savings and temporary cash investments . . . . .	429,359	404,284	404,284
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ 895,965 Less allowance for doubtful accounts ▶ _____		895,965	895,965
	8	Inventories for sale or use . . . . .			
	9	Prepaid expenses and deferred charges . . . . .	4,848	2,829	2,829
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) . . . . .			
	c	Investments—corporate bonds (attach schedule) . . . . .			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____	419,873		
	12	Investments—mortgage loans. . . . .			
	13	Investments—other (attach schedule) . . . . .	6,981,885	7,031,909	8,110,458
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____)	6,060	6,761	6,761	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	7,842,025	8,341,748	9,420,297	
Liabilities	17	Accounts payable and accrued expenses . . . . .			
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule). . . . .			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities(add lines 17 through 22) . . . . .		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted . . . . .	7,842,025	8,341,748	
	25	Temporarily restricted . . . . .			
	26	Permanently restricted . . . . .			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions) . . . . .	7,842,025	8,341,748	
	31	Total liabilities and net assets/fund balances(see instructions) . . . . .	7,842,025	8,341,748	

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return) . . . . .	1	7,842,025
2	Enter amount from Part I, line 27a . . . . .	2	499,723
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	8,341,748
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	8,341,748

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	Land - Inherited A Haller Est	P	1992-01-08	2015-11-06
b	Capital Gain Distributions	P	2014-01-01	2015-12-31
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 1,100,000		462,814	637,186
b 111,843			111,843
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			637,186
b			111,843
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	749,029
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . . }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )  
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	557,998	10,961,569	0 05091
2013	507,244	10,475,156	0 04842
2012	494,914	9,907,904	0 04995
2011	491,339	9,911,741	0 04957
2010	452,279	8,909,991	0 05076

2	Total of line 1, column (d). . . . .	2	0 249612
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 049922
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	10,650,799
5	Multiply line 4 by line 3. . . . .	5	531,709
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	10,109
7	Add lines 5 and 6. . . . .	7	541,818
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	554,145

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1  
Date of ruling or determination letter \_\_\_\_\_  
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b . . . . .

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

3

Add lines 1 and 2. . . . .

3

10,109

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .

5

10,109

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

12,938

b

Exempt foreign organizations—tax withheld at source . . . . .

6b

c

Tax paid with application for extension of time to file (Form 8868). . . . .

6c

d

Backup withholding erroneously withheld . . . . .

6d

7

Total credits and payments. Add lines 6a through 6d. . . . .

7

12,938

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .

9

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .

10

2,829

11

Enter the amount of line 10 to be Credited to 2015 estimated tax ☒ 2,829 Refunded ☒

11

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .  
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

c

Did the foundation file Form 1120-POL for this year? . . . . .

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  
(1) On the foundation ☒ \$ \_\_\_\_\_ (2) On foundation managers ☒ \$ \_\_\_\_\_

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? . . . . .  
If "Yes," attach a detailed description of the activities.

2

No

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

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

4b

No

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .  
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  
• By language in the governing instrument, or  
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):  
☒ WA \_\_\_\_\_

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?  
If "Yes," complete Part XIV . . . . .

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .

10

No

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Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶Meyer & Company CPAs PS Located at ▶PO Box 1629 Sequim WA Telephone no ▶(360) 683-6677 ZIP+4 ▶98382			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ▶	15		
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? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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 ). . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? . . . . . <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 <b>all</b> years listed, answer "No" and attach statement—see instructions ). . . . . <input type="checkbox"/>	2b		No
c	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? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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? ( <i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i> ) . . . . . <input type="checkbox"/>	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes

☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes

☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A )? (see instructions).

☐ Yes

☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

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 service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
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	
Total. Add lines 1 through 3. ▶	



Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	8,504,503
b	Average of monthly cash balances. . . . .	1b	408,827
c	Fair market value of all other assets (see instructions). . . . .	1c	1,899,664
d	Total (add lines 1a, b, and c). . . . .	1d	10,812,994
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	10,812,994
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	162,195
5	Net value of noncharitable-use assets.Subtract line 4 from line 3 Enter here and on Part V, line 4	5	10,650,799
6	Minimum investment return.Enter 5% of line 5. . . . .	6	532,540

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	532,540
2a	Tax on investment income for 2015 from Part VI, line 5. . . . .	2a	10,109
b	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	10,109
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	522,431
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	522,431
6	Deduction from distributable amount (see instructions). . . . .	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	522,431

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	554,145
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		
a	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	554,145
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	10,109
6	Adjusted qualifying distributions.Subtract line 5 from line 4. . . . .	6	544,036

**Note:**The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				522,431
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20__, 20__, 20__				
3 Excess distributions carryover, if any, to 2015				
a From 2010.	14,135			
b From 2011.	922			
c From 2012.	5,145			
d From 2013.				
e From 2014.	20,206			
f Total of lines 3a through e.	40,408			
4 Qualifying distributions for 2015 from Part XII, line 4	\$ 554,145			
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				522,431
e Remaining amount distributed out of corpus	31,714			
5 Excess distributions carryover applied to 2015 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	72,122			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				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).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	14,135			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	57,987			
10 Analysis of line 9				
a Excess from 2011.	922			
b Excess from 2012.	5,145			
c Excess from 2013.				
d Excess from 2014.	20,206			
e Excess from 2015.	31,714			

## Part XIV

**b** Check box to indicate whether the organization is a private operating foundation described in section 170(c)(2)(B)(i) or 170(c)(2)(B)(ii): ☐ 170(c)(2)(B)(i) or ☐ 170(c)(2)(B)(ii)

**b** 85% of line 2a . . . . .

**d** Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .

**e** Qualifying distributions made directly for active conduct of exempt activities  
Subtract line 2d from line 2c . . . . .

**a** "Assets" alternative test—enter

(1) Value of all assets . . . . .

(2) Value of assets qualifying  
under section 4942(j)(3)(B)(i)

**b** "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

**(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . .

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .

**(3)** Largest amount of support from an exempt organization

**(4) Gross investment income**

## Part XV

## 1

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

## 2

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

Scholarships Contact Superintendents of Public High SchoolsGrants Contact United Way for application @ 360-457-3011

**c** Any submission deadlines

Scholarships & Grants January of senior year & June

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

Restricted to residents of Clallam County, Washington

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total . . . . .			3a	545,648
b Approved for future payment				
Total . . . . .			3b	

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies						
<b>2</b> Membership dues and assessments. . . . .						
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	2,650		
<b>4</b> Dividends and interest from securities. . . . .			14	186,141		
<b>5</b> Net rental income or (loss) from real estate						
<b>a</b> Debt-financed property. . . . .						
<b>b</b> Not debt-financed property. . . . .						
<b>6</b> Net rental income or (loss) from personal property . . . . .						
<b>7</b> Other investment income. . . . .			15	104,286		
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	749,029		
<b>9</b> Net income or (loss) from special events						
<b>10</b> Gross profit or (loss) from sales of inventory . . . . .						
<b>11</b> Other revenue <b>a</b> Prior Grant Refund _____						50,000
<b>b</b> Prior Scholarship Refunds _____						4,000
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal Add columns (b), (d), and (e). . . . .				1,042,106		54,000
<b>13 Total.</b> Add line 12, columns (b), (d), and (e). . . . .						1,096,106

(See worksheet in line 13 instructions to verify calculations )

[illegible]



Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Gary Smith	President 1 00	0		
11 Sturdevent Sequim,WA 98382				
David Blake	Sec/Treas 1 00	0		
1870 Woodcock Road Sequim,WA 98382				
Richard Schneider	Vice President 0 50	0		
PO Box 385 Sequim,WA 98382				
Marc Jackson	Director 0 50	0		
216 East 4th St Port Angeles,WA 98362				
Gary Neal	Director 0 50	0		
503 N Sequim Ave Sequim,WA 98382				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PA Education Foundation PO Box 787 Port Angeles, WA 98362	N/A	501c3	To provide a basic student health needs fund for low income students	4,000
Sequim School District 503 N Sequim Ave Sequim,WA 98382	N/A	P/Schl	Pays school supplies, sport fees and band shirts for low income middle school students	1,000
First United Methodist 110 East 7th St Port Angeles,WA 98362	N/A	Church	Friendship Dinner program which provides free hot dinners weekly to the community and serves 130-150 low income citizens	8,000
Forks Food Bank PO Box 2532 Forks,WA 98331	N/A	501c3	Food for food bank	10,000
Port Angeles Food Bank PO Box 1885 Port Angeles,WA 98362	N/A	501c3	Weekend Food Bag Program purchases food to send home on Fridays to low income children to supplement their food supply	13,000
St Vincent de Paul Queen of Angels PO Box 535 Port Angeles,WA 98362	N/A	501c3	Utilities and fuel assistance for low income families	8,000
St Vincent de Paul Sequim PO Box 2114 Sequim,WA 98382	N/A	501c3	Utilities and rent assistance for low income families	8,000
Sequim Community Aid PO Box 1591 Sequim,WA 98382	N/A	501c3	Emergency aid for rent, utilities, bus passes and basic needs	7,000
Sequim Food Bank PO Box 1453 Sequim,WA 98382	N/A	501c3	Holiday meal baskets	13,000
Serenity House PO Box 4047 Port Angeles,WA 98363	N/A	501c3	Emergency shelters, housing crisis response, and solutions for single adults and families	8,000
United Way PO Box 937 Port Angeles,WA 98362	N/A	501c3	Support for annual fund drive	13,000
First Step Family Support PO Box 249 Port Angeles,WA 98362	N/A	501c3	Family resource coordinator for PA drop in center and family enrichment program	6,000
Volunteers in Medicine Olympic Clin PO Box 639 Port Angeles,WA 98362	N/A	501c3	Core services for free clinic which serves low income and uninsured patients	8,000
Clallam BaySeki Crisis Center PO Box 638 Clallam Bay,WA 98326	N/A	501c3	Emergency fund for rent, utilities, firewood, food, and holiday food baskets	3,000
MANNA 139 W 8th Port Angeles,WA 98362	N/A	501c3	Emergency rent, utilities, propane, bus passes and laundry assistance for Port Angeles residents	9,000
Total . . . . . 3a				545,648



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Port Angeles School District 216 E 4th Port Angeles, WA 98362	N/A	P/Schl	Americorps tutor/mentor programfor K-12 in Port Angeles and Crescent schools	9,000
The Caring Place PO Box 2111 Forks, WA 98331	N/A	501c3	Basic resources and outreach support for families in need	5,000
Healthy Families 1210 E Front St C Port Angeles, WA 98362	N/A	501c3	Rent, groceries, medical services, clothing and supplies for families fleeing domestic violence	6,000
Forks Abuse Program PO Box 1775 Forks, WA 98331	N/A	501c3	Holiday meal for individuals & children fleeing from domestic abuse	3,000
Olympic Community Action 823 Commerce Loop Port Townsend, WA 98368	N/A	501c3	Meals on Wheels program	5,500
Peninsula Behavioral Health 118 East 8th St Port Angeles, WA 98362	N/A	501c3	Provides emergency housing, transportation, clothing and personal hygiene items for low income patients with mental health needs	6,000
Joyce Education Foundation PO Box 20 Joyce, WA 98343	N/A	501c3	Mini grants to teachers and for low income students It will provides coats, shoes, boots, glasses and school supplies & fees	4,000
Quillayute Valley School Distr 411 S Spartan Ave Forks, WA 98331	N/A	P/Schl	Winter coats/boots/shoe vouchers for students from low income families	2,000
Boys Girls Club Olympic Peninsula PO Box 4167 Sequim, WA 98382	N/A	501c3	Back to School program provides supplies, tutors and clothing for under-resourced students ages 5-18	6,000
Clallam Mosaic PO Box 3081 Sequim, WA 98382	N/A	501c3	Parent Network meeting provides respite care, and scholarships for programs that promote life skills for clients with developmental disabilities	8,000
Dungeness Valley Health Wellness PO Box 3434 Sequim, WA 98382	N/A	501c3	Operating costs Core Programs for the working poor and under-insured	8,000
Makah Tribe Food Bank PO Box 115 Neah Bay, WA 98357	N/A	Govt	Food for food bank	6,000
Sequim Education Foundation PO Box 3065 Sequim, WA 98382	N/A	501c3	Select 4-6 teams of teachers and fund projects that enhance learning with an emphasis on applied sciences	4,000
New Leash on Life 183 Alderwood Creek Dr Port Angeles, WA 98362	N/A	501c3	Training service dogs for disabled veterans	4,000
Camp Beausite Northwest PO Box 1227 Port Hadlock, WA 98339	N/A	501c3	Respite weekends, augmentative communication camp and equine therapy programs for low income developmentally disabled people in Clallam County	5,000
<b>Total . . . . .</b>				545,648

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Soroptimists Intl Olympic Rain Fore PO Box 329 Forks, WA 98331	N/A	501c3	Forks Jr High recognizes and rewards students' good grades, behavior, homework completion, respect and responsibility	3,000
New Hope Food Bank PO Box 336 Clallam Bay, WA 98326	N/A	Church	Food for food bank	6,000
Lutheran Community Services 301 Lopez Ave Port Angeles, WA 98362	N/A	501c3	Healthy Families Project for families in crisis-funds a resource specialist to connect families with stabilizing services	5,000
Clallam County Pro Bono Lawyers 228 W Fir St N Port Angeles, WA 98362	N/A	501c3	Provides legal aid services to low income clients and funds overhead costs	5,000
Crescent Co-op Preschool PO Box 20 Joyce, WA 98343	N/A	501c3	Pre-3 years old/pre-school programs provide nutrition, winter clothing, supplies, books for children and evening classes for parents	5,000
Peninsula College Foundation 1502 E Lauridsen Blve Port Angeles, WA 98362	N/A	501c3	Funding "Promise" scholarships for Clallam County students	117,187
Parenting Matters Foundation PO Box 3323 Sequim, WA 98382	N/A	501c3	Funding for monthly newsletter	5,000
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	Helen Haller Elementary reading tutor program	400
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	Helen Haller Elementary reading at home program for K-3 age groups	800
American Red Cross PO Box 188 Carlsborg, WA 98324	N/A	501c3	Emergency disaster relief services	3,000
Concerned Citizens PO Box 1787 Forks, WA 98331	N/A	501c3	Heat pump for adult family home	1,000
The Salvation Army PO Box 2229 Port Angeles, WA 98362	N/A	501c3	Purchase food for a Christmas Meal to benefit needy families	10,000
The Answer for Youth PO Box 633 Port Angeles, WA 98362	N/A	501c3	Funds NUTS and SWEETS programs for homeless and at risk youth and young adults	6,500
Bonny Hazelett 52321 Hwy 112 Port Angeles, WA 98363	N/A	N/A	Scholarship	1,961
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	Helen Haller Elementary mental health counseling program for at risk students	6,000
<b>Total . . . . .</b>			<b>3a</b>	545,648


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Volunteer Hospice of Clallam County 540 E 8th St Port Angeles, WA 98362	N/A	501c3	Renovation of hospice house	8,000
Soroptimist Intl Olympic Rain Fores PO Box 329 Forks, WA 98331	N/A	501c3	Weekend Backpack Program for Forks Elementary, Middle and High School students-targets chronic hunger	3,000
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	High School Activities Fees Assistance Progarm	1,000
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	Greywolf Elementary READBOX reading incentive program to increase literacy	1,000
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	P/Schl	Greywolf Elementary clothing closet for students in need of coats, shoes, and in some cases vision/dental services	500
My Choices 824 E 8th Suite A Port Angeles, WA 98362	N/A	501c3	Earn While You Learn Program for young parents	3,000
Shipley Center 921 E Hammond Sequim, WA 98382	N/A	501c3	Funds annual memberships, activities and foot care for low income seniors	3,000
Amanda Larson 184 W Maple St Sequim, WA 98382	N/A	N/A	Scholarship	4,000
Briauna Joy Luchte 1011 Thornton Dr Sequim, WA 98382	N/A	N/A	Scholarship	4,000
Justin Moon 1910 West Duval Place Port Angeles, WA 98363	N/A	N/A	Scholarship	4,000
Chase Sharp 2642 S Francis St Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Austin Joel Roberson PO Box 2670 Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Madison A Hinrichs 2810 West Bay St Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Nicholas Johnston 1046 Heuhslein Rd Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Evan William Messinger PO Box 74 Forks, WA 98331	N/A	N/A	Scholarship	4,000
<b>Total . . . . .</b>				545,648

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
Feiro Marine Life Center PO Box 625 Port Angeles,WA 98362	N/A	501c3	Free passes to low income for people during school breaks	2,000
Port Angeles School District 216 E 4th Port Angeles,WA 98362	N/A	P/Schl	Academic support for Native American Students-purchased kindles downloaded with required reading for 9th-12th grades	3,000
Sequim School District 503 N Sequim Ave Sequim,WA 98382	N/A	P/Schl	Supplements medical supply/services/health care needs for students	800
Boys and Girls Club Olympic Peninsu PO Box 4167 Sequim,WA 98382	N/A	501c3	USDA summer food and nutrition program for youth under age 18 from low income families	7,000
Clallam County Homeless Outreach PO Box 804 Port Angeles,WA 98362	N/A	501c3	Food, supplies etc for annual Homeless Connect event for at risk-homeless people	1,000
St Matthew Lutheran Church 123 E 13th St Port Angeles,WA 98362	N/A	Church	Weekly Free Community Dinners for the hungry	7,000
Sequim Elks Lodge 2642 143 Port Williams Rd Sequim,WA 98382	N/A	501c8	Backpack food program-targets weekend hunger	3,500
Voices for Veterans PO Box 2810 Port Angeles,WA 98362	N/A	501c3	Medical supplies, exams, and storage for clothing ans supplies during stand down program for veterans and their dependents	3,000
Kathleen Sutton Fund PO Box 727 Kingston,WA 98346	N/A	501c3	Travel expenses for Clallam County women with cancer for treatment and follow up appointments	4,500
Volunteers in Medicine Olympic Clin PO Box 639 Port Angeles,WA 98362	N/A	501c3	Adult Dental Program for the under and un-insured	3,000
Captain Joseph House Foundation 1108 S Oak Port Angeles,WA 98362	N/A	501c3	Renovation of respite stay house for gold star military families	2,000
Concerned Citizens PO Box 1787 Forks,WA 98331	N/A	501c3	Promotes healthy learning and early intervention services for young children	6,000
Green Alliance for Veteran Educatio 216 S Francis Port Angeles,WA 98362	N/A	501c3	Expands Robin Hill veterans victory garden by purchasing more beds, garden coordinator and chipper/shredder for composting	3,000
Olympic Community Action 823 Commerce Loop PortTownsend,WA 98368	N/A	501c3	Adult day care service that is a music based cognitive function program for seniors	4,000
Prevention Works PO Box 1913 Port Angeles,WA 98362	N/A	501c3	Funds parent resource packets for anti-bullying trainer, early education materials and library access for pre-school curriculum	2,000
<b>Total . . . . .</b>				545,648

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Shipley Center 921 E Hammond Sequim, WA 98382	N/A	501c3	Senior nutrition and dinner meal program, room fees and newsletter	2,000
The Museum of Arts 175 W Cedar Sequim, WA 98382	N/A	501c3	Elevator lift for the Dungeness School House	20,000
Tyler Rixon c/o PA School District 216 E 4th St Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Sabrina Marie Williams 2134 W 12 St Port Angeles, WA 98363	N/A	N/A	Scholarship	4,000
Bailee N Palmer 233 W 11th st Port Angeles, WA 98362	N/A	N/A	Scholarship	4,000
Wyatt Randolph Frantz 948 Joyce Piedmart Rd Port Angeles, WA 98363	N/A	N/A	Scholarship	4,000
Javier Contreras PO Box 1493 Forks, WA 98331	N/A	N/A	Scholarship	4,000
Kassidy Coburn 1150 Bogachiel Way Forks, WA 98331	N/A	N/A	Scholarship	4,000
Kathyrn Bertelson 583 Camp Hayden Rd Port Angeles, WA 98363	N/A	N/A	Scholarship	4,000
Sarah Kaytlyn Thomas 525 McCurdy Rd C101 Sequim, WA 98382	N/A	N/A	Scholarship	4,000
Cheyenne Sokkappa 341 Amethyst Dr Sequim, WA 98382	N/A	N/A	Scholarship	4,000
Josiah David Anastasi 102 Madera Place Sequim, WA 98382	N/A	N/A	Scholarship	4,000
Inga Erickson 151 Vista Dr Sekiu, WA 98381	N/A	N/A	Scholarship	4,000
<b>Total . . . . .</b>  <b>3a</b>				545,648

TY 2015 Accounting Fees Schedule

**Name:** Albert Haller Foundation

**EIN:** 91-1556810

**Software ID:** 15000324

**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Meyer & Company CPAs PS	9,520	0	0	4,760

TY 2015 Legal Fees Schedule

**Name:** Albert Haller Foundation

**EIN:** 91-1556810

**Software ID:** 15000324

**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Alan Millet PS	3,678	0	0	1,103

TY 2015 Other Assets Schedule

**Name:** Albert Haller Foundation

**EIN:** 91-1556810

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Dividends in Transit	6,060	6,761	6,761



**TY 2015 Other Expenses Schedule****Name:** Albert Haller Foundation**EIN:** 91-1556810**Software ID:** 15000324**Software Version:** 2015v2.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Fees	250	156		
Excise Tax	10,109			
Liability Insurance	3,330			
United Way-Grant Review	2,500			2,500

## TY 2015 Other Income Schedule

**Name:** Albert Haller Foundation

**EIN:** 91-1556810

**Software ID:** 15000324

**Software Version:** 2015v2.0

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income	104,286	104,286	
Prior Grant Refund	50,000		
Prior Scholarship Refunds	4,000		

**TY 2015 Other Professional Fees Schedule****Name:** Albert Haller Foundation**EIN:** 91-1556810**Software ID:** 15000324**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ameritrade Management Fees	28,475	28,475	0	0

TY 2015 Taxes Schedule

**Name:** Albert Haller Foundation

**EIN:** 91-1556810

**Software ID:** 15000324

**Software Version:** 2015v2.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Foreign Tax Credit per 1099	2,605	2,605		

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>Albert Haller Foundation</div>	<div>Employer identification number</div> <div>91-1556810</div>
---	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)( ) (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ 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 other 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 33<sup>1</sup>/<sub>3</sub>% 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.
- ☐ 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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> Albert Haller Foundation	<b>Employer identification number</b> 91-1556810
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person <input checked="" type="checkbox"/>
	John Birch Estate	\$ 10,000	Payroll <input type="checkbox"/>
	20 Quarry Point		Noncash <input type="checkbox"/>
	Hudson, Quebec JOP1HO CA		(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/>
		\$	Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions )

<b>Name of organization</b> Albert Haller Foundation	<b>Employer identification number</b> 91-1556810
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**Part II** **Noncash Property**  
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

<b>Name of organization</b> Albert Haller Foundation	<b>Employer identification number</b> 91-1556810
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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.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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-			
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
-			
-			
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