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2016

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| | | | | | | | • | |
|-------------------------|-----------|---|-----------------------|--|-----------------------|---|----------------------------------|--|
| For | caler | ndar year 2016, or tax year beginning 01-01-20 | 16 , aı | nd er | nding 12-31- | 2016 | | |
| | | Indation Phno Foundation | | | A Employer Id | entification numbe | r | |
| -9. | | | | | 20-5861148 | | | |
| | | street (or P O box number if mail is not delivered to street address) tin Luther King Jr Way S | | B Telephone number (see instructions) | | | | |
| | | | | | (206) 325-1529 |) | | |
| | | , state or province, country, and ZIP or foreign postal code 98118 | | | C If exemption | application is pending | g, check here | |
| | | | | | 1 | | P L | |
| G Cr | ieck al | I that apply □ Initial return □ Initial return of a □ Final return □ Amended return | former public charity | | _ | ganizations, check he rganizations meeting | ▶ ∟ | |
| | | Annal recum | | | | k here and attach co | | |
| H Ch | eck tv | pe of organization Section 501(c)(3) exempt private in | foundation | | | undation status was t | | |
| | , | | private foundation | | under sectio | n 507(b)(1)(A), chec | k nere | |
| | | | ☑ Cash ☐ Accru | al | | ation is in a 60-month | | |
| | | rom Part II, col (c), \$ 449,229 | | | under sectio | n 507(b)(1)(B), chec | k here | |
| | , | (Part I, column (d) must | be on cash basis) | | | | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | /h\ | Not investment | (c) Adjusted net | (d) Disbursements for charitable | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (0) | Net investment income | income | purposes | |
| | 1 | Contributions, gifts, grants, etc , received (attach | 100,000 | | | | (cash basis only) | |
| | _ | schedule) | 100,000 | | | | | |
| | 2 | Check ► ☐ If the foundation is not required to attach | | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | 5 | | 5 | 5 | | |
| | 4 | Dividends and interest from securities | 8,168 | | 8,168 | 8,168 | | |
| | 5a | Gross rents | | | | | | |
| | ь | Net rental income or (loss) | | | | | | |
| ne | 6a | Net gain or (loss) from sale of assets not on line 10 | 5,863 | | | | | |
| Revenue | ь | Gross sales price for all assets on line 6a68,876 | | | | | | |
| Re | 7 | Capital gain net income (from Part IV, line 2) | | | 5,863 | | | |
| | 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 | 114,036 | | 14,036 | 8,173 | | |
| | 13 | Compensation of officers, directors, trustees, etc | | | | | | |
| _ | 14 | Other employee salaries and wages | | | | | | |
| Ses | 15 16a | Legal fees (attach schedule) | | | | | | |
| ē | | Accounting fees (attach schedule) | 9 1,700 | | 850 | | | |
| Administrative Expenses | С | Other professional fees (attach schedule) | 1,700 | | | | | |
| Λe | 17 | Interest | 54 | | 54 | | | |
| rat | 18 | Taxes (attach schedule) (see instructions) | 34 | | | | | |
| ĭ | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| Ē | 20 | Occupancy | | | | | | |
| Ad | 21 | Travel, conferences, and meetings | | | | | | |
| n L | 22 | Printing and publications | | | | | | |
| р <u>Б</u> | 23 | Other expenses (attach schedule) | 25 | | | | | |
| Operating and | 24 | Total operating and administrative expenses. | | | | | | |
|) Ser: | | Add lines 13 through 23 | 1,779 | | 904 | | | |
| Ö | 25 | Contributions, gifts, grants paid | 156,500 | | | | 156,500 | |
| | 26 | Total expenses and disbursements. Add lines 24 and | | | | | | |
| | | 25 | 158,279 | | 904 | | 156,500 | |
| | 27 | Subtract line 26 from line 12 | 44.040 | | | | | |
| | а | Excess of revenue over expenses and disbursements | -44,243 | | | | | |
| | b | Net investment income (If negative, enter -0-) | | | 13,132 | | | |
| | С | Adjusted net income(If negative, enter -0-) | | | | 8,173 | | |
| For | Daner | work Reduction Act Notice, see instructions. | | | Cat No. 11280 | / <u>For</u> | m QQN_DF (2016 | |

387,108

387,108

387.108

387,108

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431,351

-44,243

387,108

387,108 Form **990-PF** (2016)

449,229

449,417

18,066

18,066

431,351

431.351

449,417

14

15

16

17

18

19

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21

22

23

24

25

26

28

29

31

Part III

2 3

Liabilities

Balances

Fund

ō

Assets 27

Net 30 Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ _____

Less accumulated depreciation (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

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

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

Analysis of Changes in Net Assets or Fund Balances

Page **3**

| Capital Gains a | illu Losses for Tax off Tilvest | inent income | , | | | |
|--|---|--|--------------------------------------|---|---|--|
| | (a) he kınd(s) of property sold (e g , re house, or common stock, 200 shs | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | |
| 1 a 620 Vanguard Total Stock | Market ETF | Р | 2014-08-13 | 2016-12-09 | | |
| b | | | | | | |
| С . | | | | | | |
| d | | | | | | |
| e | | | | | | |
| (e) Gross sales price | (e) (f) Depreciation allowed | | | Gain d | h) or (loss) f) minus (g) | |
| a 68 | 3,876 | | ense of sale 63,01 | 1 1 1 | 5,863 | |
| b | | | · | | · · · | |
| С | | | | | | |
| d | | | | | | |
| <u>е</u> | | | | | | |
| | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | <u> </u> | 1) | |
| (i) F M V as of 12/31/69 | (i) Adjusted basis as of 12/31/69 | Excess | (k) s of col (i) l (j), if any | Gains (Col (col (k), but not | [l) h) gain minus less than -0-) or om col (h)) | |
| | as 01 12/31/09 | over co | i (j), ii aliy | 203303 (11 | 5,863 | |
| a | | | | | 3,003 | |
| | | | | | | |
| d c | | | | | | |
| • | | | | | | |
| e | | If gain, also enter in F | Name T 1 7 | | | |
| • • | ain or (loss) as defined in sections I t I, line 8, column (c) (see instruction | |)- } | 3 | | |
| Part V Qualification U | nder Section 4940(e) for Re | educed Tax on Net | Investment I | ncome | | |
| (For optional use by domestic pr | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment inco | me) | | |
| If section 4940(d)(2) applies, lea | ave this part blank | | | | | |
| If "Yes," the foundation does not | e section 4942 tax on the distributal t qualify under section 4940(e) Do | not complete this part | | | es 🗹 No | |
| | ount in each column for each year, | see instructions before | e making any entri | | | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | ole-use assets | (d) Distribution ratio (col (b) divided by col (c)) | | |
| 2015 | 55,200 | | 347,946 | | 0 15865 | |
| 2014 | 104,767 | | 384,466 | | 0 27250 | |
| 2013 | 143,082 | | 373,984 395,850 | 0 38259 | | |
| | 2012 148,377 | | | 0 37483 | | |
| 2011 | 3,350 | | 472,532 | Т | 0 00709 | |
| 2 Total of line 1, column (d | • | | 2 | | 1 195654 | |
| number of years the found | for the 5-year base period—divide to dation has been in existence if less and aritable-use assets for 2016 from | than 5 years | , or by the | | 0 239131 451,243 | |
| 5 Multiply line 4 by line 3 | | • | 5 | | 107,906 | |
| • • • | nt income (1% of Part I, line 27b) | | 6 | | 131 | |
| | | | 7 | | 108,037 | |
| | ons from Part XII, line 4 , | | 8 | | 156,500 | |
| | ater than line 7, check the box in Pa | | | ng a 1% tax rate Se | | |
| instructions | , | . , | | | orm 990-PF (2016) | |

| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b 1 | | | | | | | |
|---|---|--|---|---------------------------------------|--|--|--|
| If "Yes" to 6b, file Form 8870 | | | | | | | |
| 'a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes Vo | | | | | | | |
| b If yes, did the foundation receive an | | | | | | | |
| and Contractors | Officers, Directors, Trus | | | nployees, | | | |
| 1 List all officers, directors, trustee | es, foundation managers ar | nd their compensation | | Т | | | |
| (a) Name and address | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) (d) Contributions to emple benefit plans and deficience compensation | | | | | |
| | Director | 0 | | | | | |
| 9416 Martin Luther King Way S Seattle, WA 98118 | 2 00 | | | | | | |
| | Director | 0 | | | | | |
| 9416 Martin Luther King Jr S Seattle, WA 98118 | 2 00 | | | | | | |
| 2 Compensation of five highest-pai | id employees (other than t | hose included on line 1 | .—see instructions). If noi | ne, enter "NONE." | | | |
| (a) Name and address of each employee pa more than \$50,000 | Title, and average hours per week (b) devoted to position | (c) Compensation | Contributions to employee benefit plans and deferred (d) compensation | Expense account, (e) other allowances | | | |
| NONE | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total number of other employees paid over | er \$50,0 <mark>00</mark> | | | | | | |
| | | | | Form 990-PF (2016) | | | |

| Form 990-PF (2016) | | Page 7 |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly P | aid Employees, |
| 3 Five highest-paid independent contractors for professional service | es (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 | <u> </u> | > |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ | | er of Expenses |
| 1 | iced, etc | |
| | | |
| | | |
| 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 | ne tax year on lines 1 and 2 | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| Takal Addition of the control | | |
| Total. Add lines 1 through 3 | | |
| | | Form 990-PF (2016) |

1a

1b

2

За 3b

4

5

156,500

156.500

156.369

Form 990-PF (2016)

131

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

2

3

4

5

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Page 9

22.431

22,431

Form **990-PF** (2016)

| _ | | | | ٠, | _ | _ | _ | _ |
|---|---|---|---|----|---|---|---|---|
| t | X | П | ı | 1 | | l | | |
| | | | | | | | | |

| Form 990-PF (2016) | | | | | | |
|--------------------|---|--|--|--|--|--|
| Part XIII | Undistributed Income (see instructions) | | | | | |

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. **b** Total for prior years Excess distributions carryover, if any, to 2016
- From 2011.
- **b** From 2012.
- c From 2013. . .
- **d** From 2014.
- 128,680 e From 2015.

required—see instructions).

same amount must be shown in column (a))

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

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 2015 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 2017 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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

b Excess from 2013. .

Subtract lines 7 and 8 from line 6a

indicated below:

- 124.519 86,410 38.078
- f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part XII, line 4 > \$
- a Applied to 2015, 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

128.680 124,519

86.410

38.078

134.069

(a)

Corpus

377,687

134.069

511.756

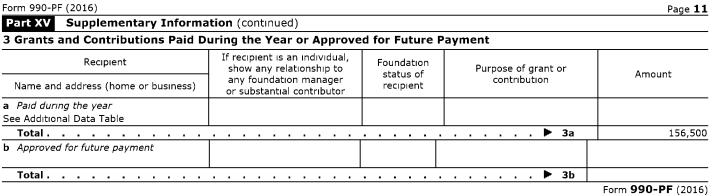
511,756

(b)

Years prior to 2015

(c)

2015



| ter gross amounts unless otherwise indicated | | Unrelated bus | iness income | Excluded by section | 512, 513, or 514 | (e) Related or exemp |
|--|--|--|----------------------|-------------------------------------|--------------------|------------------------------------|
| | service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function incom (See instruction |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | + | | |
| | | | | | | |
| Member | and contracts from government agencies rship dues and assessments. | | | | | |
| ınvestr | st on savings and temporary cash ments | | | 14 | 5 | |
| | ds and interest from securities | | | 14 | 8,168 | |
| a Debt-f | tal income or (loss) from real estate inanced property | | | | | |
| Net re | ntal income or (loss) from personal property | | | | | |
| Gain o | r (loss) from sales of assets other than | | | 18 | 5,863 | |
| Net inco | ory | | | 10 | 5,663 | |
| Other re | rofit or (loss) from sales of inventory evenue a | | | | | |
| • | | | | | | |
| | | | | | | |
| : | | | | | | |
| Subtota Total. A | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculations. Relationship of Activities to th | ^{ns}) e Accomplish r | nent of Exem | pt Purposes | 14,036 | 14,0 |
| Subtota Total. A | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14,0 |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Belationship of Activities to the Explain below how each activity for which | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Fotal. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Fotal. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Fotal. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Fotal. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Fotal. / worksh rt XVI e No. | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |
| Subtota Total. / worksh rt XVI | Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) Beet in line 13 instructions to verify calculations. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | ns) e Accomplishr Income is reported | ment of Exem | pt Purposes of Part XVI-A contribut | ted importantly to | 14, |

| Part | XVII | Information Re Exempt Organi | | ransi | fers To a | and Transact | ior | s and R | elatio | nships With No | ncharit | able | | |
|----------------|---|--|--|----------------|------------------------|--|----------|------------------|-----------|---------------------------------------|--------------------------|------------|------------|----|
| 1 Did (c) | the or of the | rganization directly or in | or indirectly engage in any of the following with any other organization described in se section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | n described in sect organizations? | ion 501 | | Yes | No |
| a Trai | a Transfers from the reporting foundation to a noncharitable exempt organization of | | | | | | | | | | | | | |
| (1) | | | | | | | | | | No | | | | |
| (2) | - ' ' | | | | | | | | No | | | | | |
| b Oth | er trai | nsactions | | | | | | | | | | | | |
| ` ' | | s of assets to a nonchar | | _ | | | | | | | | 1b(1) | | No |
| | | hases of assets from a r | | | | | | | | | | 1b(2) | | No |
| | | al of facilities, equipme | - | | | | | | | | | 1b(3) | | No |
| | | nbursement arrangemer | | | | | | | | | • | 1b(4) | | No |
| | | s or loan guarantees. | | | | | | | | | • • | 1b(5) | | No |
| ٠., | | rmance of services or m | • | | _ | | | | | | • | 1b(6) | | No |
| | - | f facilities, equipment, r wer to any of the above | | | • | | | | | | · market: | 1c | | No |
| of tl | ne god | ods, other assets, or ser insaction or sharing arra | vices given b ingement, sh | y the ow in | reporting column (d | foundation If the distance of the value of the value of the terms of the distance of the dista | ne f | oundation | receive | d less than fair ma | rket valu | | | |
| (a) Line | No | (b) Amount involved | (c) Name of | noncha | arıtable exe | mpt organization | | (d) Descr | iption of | transfers, transactions | s, and sha | rıng arraı | ngement | ts |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | \vdash | | | | | | | |
| 2a Is t | ne fou | indation directly or indir | ectly affiliated | d with | , or relate | d to, one or mo | re t | ax-exemp | t organı | zations | | | | |
| | | in section 501(c) of the | • | | | • | | | - | | [| Yes | ✓ N | 0 |
| b If "\ | ′es," c | complete the following s | chedule | | | . , . , , | | | | | | | | |
| | | (a) Name of organizati | on | | (1 | b) Type of organiza | atıor | n | | (c) Descriptio | n of relatio | nship | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sign | of n | der penalties of perjury, ny knowledge and belie ch preparer has any kno | f, it is true, co | | | | | | | | | | | |
| Here | | ***** | | | | 2017-06-23 | | *** | **** | | May the II | | | |
| | | Signature of officer or t | rustee | | | Date | | — ▶ _ | e | | with the p (see instr | · — | | |
| | • | Print/Type preparer's | s name | Prepa | arer's Sigi | nature | | Date | | Check if self- | PTIN | P00206 | 000 | |
| Paid | | Kell B Rabern | | | | | | | | employed ▶ □ | | ruu20b | OUE | |
| Prep Use (| | THIN S Haine F Hack | chinson & Wa | lter CF | PAs | | | | | | Fırm's E | IN ► | | |
| | -··· y | | 107 116th Av | e NE S | Suite 222 | | | | | | | | | |
| | | Firm's address ► 1407 116th Ave NE Suite 222 Bellevue, WA 98004 Phone no (425) 455-: | | | | | | 455-1 | 1620 | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Gonzaga Prep School None 501(c)(3) Support the public charity's 500 1224 East Euclid Avenue mission Spokane, WA 99207 Intercommunity Peace Justice Center None 501(c)(3) Support the public charity's 15,500 1216 NE 65th Street mission Seattle, WA 98115 Jesuit Volunteer Corps Northwest None 501(c)(3) Support the public charity's 3,000 2780 SE Harrison St 102 mission Portland, OR 97269 2,000 Maryknoll Fathers Brothers None 501(c)(3) Support the public charity's 958 16th Avenue East mission Seattle, WA 98112 Maryknoll Missionaries None Support the public charity's 2,000 501(c)(3) 40 Somerstown Road mission Ossining, NY 10562 Matt Talbot Center 2313 Third Avenue None 501(c)(3) Support the public charity's 1,000 Seattle, WA 98121 mission Fulcrum Foundation 710 Ninth Avenue None Support the public charity's 1.000 501(c)(3) Seattle, WA 98104 mission Support the public charity's 10,000 Seattle Prep School None 501(c)(3) 2400 11th Avenue East mission Seattle, WA 98102 Youthcare 2500 NE 54th Street None 501(c)(3) 2,000 Support the public charity's Seattle, WA 98105 mission 2,000 Maryknoll Sisters PO Box 312 None 501(c)(3) Support the public charity's Maryknoll, NY 10545 mission Operation Nightwatch PO Box 21181 None 10,000 501(c)(3) Support the public charity's Seattle, WA 98111 mission Ignatian Spirituality Center None 501(c)(3) Support the public charity's 4,000 732 18th Avenue East mission Seattle, WA 98112 Spiritual Exercises in Everyday Lif None 501(c)(3) Support the public charity's 5,000 4250 S Mead Street mission Seattle, WA 98118 Massachusetts Eve Ear Curing Kids F None 501(c)(3) Support the public charity's 10,000 243 Charles Street mission Boston, MA 02114 PC 5,000 One Equal Heart PO Box 20099 None Support for public charity's Seattle, WA 98102 mission

156,500

Total . .

За

| | Year or Approved for Future | rayment |
|--------------------------|--|--|
| elationship to status of | Purpose of grant or contribution | Amount |
| | | |
| | | |
| PC | Support for public charity's mission | 2,000 |
| PC | Support for public charity's mission | 1,000 |
| PC | Support for public charity's mission | 2,000 |
| PC | Support for public charity's mission | 500 |
| PC | Support for public charity's mission | 2,000 |
| PC | Support for public charity's mission | 500 |
| PC | Support for pubic charity's mission | 500 |
| PC | Support for public charity's mission | 70,000 |
| PC | Support for public charity's mission | 5,000 |
| 3 | PC P | relationship to status of recipient status of recipient contribution PC Support for public charity's mission PC Support for public charity's mission |

156,500

Total . . 3a

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|----------------------------------|------------------------------|--------------------------|------------------------|---|--|--|--|--|
| TY 2016 Accounting Fees Schedule | | | | | | | | |
| | | | | | | | | |
| | Name: Ignatiu | s Ohno Foundation | | | | | | |
| EIN: 20-5861148 | | | | | | | | |
| Softv | Software ID: 16000303 | | | | | | | |
| Software \ | Version: 2016v3 | .0 | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | | |
| Accounting fees | 1,70 | 0 850 | 0 | 0 | | | | |

TY 2016 General Explanation Attachment

Name: Ignatius Ohno Foundation

EIN: 20-5861148

Software ID: 16000303 **Software Version:** 2016v3.0

General Explanation Attachment

| Cheful Explanation Accomment | | | | | | | |
|------------------------------|---------------------|--|--|--|--|--|--|
| Identifier | Return Reference | Explanation | | | | | |
| 1 | | General Explanation Supplemental Information for Form 990-PF | Part VII-B Question 1a(4) - Office/administrative expenses. The Foundation is managed by its two directors on a part-time basis. Both directors are employees of a corporation that is a disqualified person, and the corporation provides office space and all administrative support to the directors in their roles as directors, as well as providing administrative support to the foundation itself. The foundation reimburses the corporation for office and administrative expenses at amounts determined by the corporation. The amounts are fair and reasonable, as a fairly minor allocation of the corporation's general and administrative expenses. The foundation has no general and administrative expenses except as reimbursed to the corporation, and professional services incurred directly by the foundation. Form 4720 is not required based on the exception for reasonable compensation as provided in IRC 4941(d)(2)(E). | | | | |

| Identifier | Return | Explanation | Reference | Explanation | Reference | Return |

| | | <u> </u> |
|---|------------------------------|---|
| 2 | General Explanation | Nonoperating private foundation - This is a nonoperating private foundation and |
| | Supplemental Information for | is not required to complete Column (c), Page 1, Part I, analysis of revenue and |
| | Form 990-PF | expenses, (c) Adjusted net income |

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|--|--------------------------|---------------------|--|--|--|--|
| TY 2016 Investments Corporate Stock Schedule | | | | | | |
| Name: | Ignatius Ohno Foundation | | | | | |
| EIN: | 20-5861148 | | | | | |

Software ID: 16000303

Guggenheim S&P 500 ETF

Select Sector SPDR Tr Utilities Index

| Software Version: 2016v3.0 | | | |
|---------------------------------------|--|---------------------------|----------------------------------|
| Name of Stock | | End of Year Book Value | End of Year Fair Market Value |
| Marketable securities: Duke Energy | | 16,590 | 25,847 |
| Marketable securities: Microsoft Inc. | | 30,307 | 62,140 |
| Vanguard Total Stock Mkt ETF | | 186,622 | 208,153 |

23,884

24,285

24,353

24,316

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | a - DLN: 93491174009137 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|
| TY 2016 Other Expenses Schedule | | | | |
| | | | | |
| Name: | : Ignatius Ohno Foundation | | | |
| EIN: | : 20-5861148 | | | |
| Software ID: | D: 16000303 | | | |
| Software Version: | 2016v3.0 | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| Licenses, bank and other fees | 25 | | | |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491174009137 | | | | | |
|--|---|---|--|--|--|
| Schedule B (Form 990, 990-EZ, | Schedule of Contributors | OMB No 1545-0047 | | | |
| or 990-PF) Department of the Treasury Internal Revenue Service | 0-PF) ► Attach to Form 990, 990-EZ, or 990-PF ment of the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at | | | | |
| Name of the organizat Ignatius Ohno Foundatio | | nployer identification number | | | |
| | | -5861148 | | | |
| Organization type (ch | eck one) | | | | |
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | ☐ 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | ☐ 527 political organization | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| ☐ 501(c)(3) taxable private foundation | | | | | |
| | ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions r property) from any one contributor. Complete Parts I and II. See instructions for dete | | | | |
| Special Rules | | | | | |
| under sections : received from a | tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ sup $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Part I my one contributor, during the year, total contributions of the greater of (1) \$5,000 or (ne 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | I, line 13, 16a, or 16b, and that | | | |
| during the year, | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received total contributions of more than \$1,000 exclusively for religious, charitable, scientific, the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | |
| during the year, If this box is che purpose Do no | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year for an exclusive case, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because, contributions totaling \$5,000 or more during the year | utions totaled more than \$1,000 lusively religious, charitable, etc., use it received nonexclusively | | | |
| 990-EZ, or 990-PF), bu | on that is not covered by the General Rule and/or the Special Rules does not file Schot it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Sc | fits | | | |
| For Paperwork Reduction for Form 990, 990-EZ, or 9 | | (Form 990, 990-EZ, or 990-PF) (2016) | | | |

| Name of organi Ignatius Ohno Fo | | 20-5861148 | 20-5861148 | | |
|---|--|----------------------------|---|--|--|
| Part I | Contributors (see instructions) Use duplicate copies of Part I if ac | dditional space is needed | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | Yoshio A Ohno 9416 Martin Luther King Wy S | \$ 100,000 | Person Payroll Noncash | | |
| | Seattle, WA98118 | | (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| - | | | Person Payroll | | |
| | | <u>\$</u> | Noncash | | |
| | | | (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| - | | | Person Payroll | | |
| | | <u>\$</u> | Noncash | | |
| | | | (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| - | | | Person Payroll | | |
| | | <u>\$</u> | Noncash | | |
| | | | (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| - | | | Person Payroll | | |
| | | <u>\$</u> | Noncash | | |
| | | | (Complete Part II for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| - | | | Person Payroll | | |
| | | <u>\$</u> | Noncash | | |
| | | | (Complete Part II for noncash contributions) | | |
| | | Schedule B (F | orm 990, 990-EZ, or 990-PF) (2016) | | |

| Schedule B (Form 99 | 90, 990-EZ, or 990-PF) (2016) | | Page 3 |
|---|--|--|--------------------------------|
| Name of organization Ignatius Ohno Foundation | | Employer identification number | |
| - Ignatias onno roanaa | natius Onno Foundation | | 61148 |
| Part II | Noncash Property | | |
| (a) No.from Part I | (see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| = | | \$ | |
| (a) No.from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| = | | \$ | |
| | | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2016) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)