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# Form 990-PF

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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

F	or ca	lendar year 2016 or tax year beginning		2/12 , 2016, a	nd ending		12/31, 2016
	Name	of foundation ROBERT AND SOLEDAD	HURST FAMILY FO	OUNDATION		A Employer identifi	cation number
	C/0	PIONEER WEALTH PARTNERS LLC				81-463667	4
-	Numbe	er and street (or PO box number if mail is not delivered	to street address)	Ro	oom/suite	B Telephone numb	er (see instructions)
<b>&gt;</b>							
<b>%</b>	162	4 4TH AVENUE, SUITE 400				(206) 83	8-4880
» <sup>-</sup>	City or	town, state or province, country, and ZIP or foreign pos	stal code				
<b>≕</b> J						C If exemption applica pending, check here	ation is
<b>*</b>	SEA	TTLE, WA 98101				pending, onces here	
⊋ ૅ	Che	ck all that apply X Initial return	Initial return	of a former pub	lic charity	D 1. Foreign organizat	ions, check here
- P		Final return	Amended ret	urn		2. Foreign organiza	tions meeting the
<u>ű</u>		X Address change	Name change	е		85% test, check h computation	
S F	Che	ck type of organization:   X   Section 501	c)(3) exempt private f	oundation		] `	
₹ _	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr	ıvate foundatıor	ו	E If private foundation under section 507(b	)(1)(A), check here
ا ﴿	Fair	market value of all assets at J Acco	unting method: X Ca	ash Accrua	al	1	in a 60-month termination
J	end		ther (specify)			1	)(1)(B), check here . ►
_	_16)	▶\$ 3,950,880. (Part I, o	column (d) must be on cas	sh basis )			
	Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(I.) N		/	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investr income	nent	(c) Adjusted net income	for charitable purposes
_		column (a) (see instructions).)	books				(cash basis only)
_	1	Contributions, gifts, grants, etc , received (attach schedule)	3,945,190.				
	2	Check If the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments.					
	_4	_Dividends_and_interest_from_securities	70.		70.		
	5a	Gross rents					
	b	Net rental income or (loss)					
9	6a	Net gain or (loss) from sale of assets not on line 10					XX TO THE REAL PROPERTY AND THE PARTY AND TH
2	Ь	Gross sales price for all assets on line 6a				RECE	VED U
Revenue	7	Capital gain net income (from Part IV, line 2) .			0.		2017
а	8	Net short-term capital gain				S NOV 1	2017
	9	Income modifications		· · · · · · · · · · · · · · · · · · ·		[20]	
	lua	Gross sales less returns and allowances				OGDE	N, U1
		Less Cost of goods sold .					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	3,945,260.		70.		
-	12	Total. Add lines 1 through 11	3,945,260.				
u	13	Compensation of officers, directors, trustees, etc					<u> </u>
9	14	Other employee salaries and wages				<del></del>	
ģ	15	Pension plans, employee benefits					<del></del>
<u> </u>	116a	Legal fees (attach schedule)					<del> </del>
9	b	Accounting fees (attach schedule)					<del> </del>
ŧ	C	Other professional fees (attach schedule)			<del></del>		<del> </del>
÷	17	Interest	20.			<del>_</del>	
Administrative Expen	18	Taxes (attach schedule) (see instructions)	<u> </u>				<del></del>
2	19	Depreciation (attach schedule) and depletion.		· · · · · ·			<del> </del>
۵	20	Occupancy					<del> </del>
ב	21 22	Travel, conferences, and meetings					<del> </del>
ā	1 22	Printing and publications	<del> </del>				<del> </del>
2	23 24 25	Other expenses (attach schedule)	<del></del>		<del></del>		<del> </del>
ğ	24	Total operating and administrative expenses.	20.				
٤	1	Add lines 13 through 23				<del></del>	
_		Contributions, gifts, grants paid	20.				
-	26 27	Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12.	20.				<del> </del>
		Excess of revenue over expenses and disbursements	3,945,240.				
	1	Net investment income (If negative, enter -0-)	3,313,210.		70.	<del></del>	<del> </del>
	1	Adjusted net income (if negative enter -0-)		<del></del>			

Par	t IV Capital Gains	and Losses for Tax on Inv	estment Income			
		d describe the kind(s) of property sold		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story b	rick warehouse; or common stock, 200	shs. MLC Co)	P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1 a						
b						
С						
d						
е						
	(-) O color	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	ss)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	ıs (g)
a						
С_						
d						
е						
	Complete only for assets s	showing gain in column (h) and owned	d by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	aın mınus
	E M M 4 40/04/00	(i) Adjusted basis	(k) Excess of col. (ı)		(k), but not less t	han -0-) <b>or</b>
(1)	F.M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l. (h))
a						
b	-					
C						
d						
	"-		-	-		
		( If a	pain, also enter in Part I, line 7			
2	Capital gain net income	or (not canital loss)	loss), enter -0- in Part I, line 7	2		
3	Net short-term capital g	pain or (loss) as defined in sections				
		Part I, line 8, column (c) (see ins				
	D 111 A		1	3		
Par			duced Tax on Net Investment li	ncome		
_			ne section 4940(a) tax on net investi		me )	
(	optional doc by domestic	o privato roundationo dabject to tr	10 0001,011 10 10 (a) tax 011 110 111100.			
If sec	ction 4940(d)(2) applies,	leave this part blank NO'	T AVAILABLE FOR INITIAL	YEAR I	RETURNS	
000	30011 10 10(d)(2) applico,	touvo irio pari biariti.				
Was	the foundation liable for	the section 4942 tax on the distril	butable amount of any year in the b	ase perio	d?	Yes No
		not qualify under section 4940(e)		•		
1	<del></del>		ear, see the instructions before maki	ng anv er	ntries.	<del></del>
	(a)	(b)	(c)	]	(d)	
Cale	Base period years ndar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	atio
	2015		-	<del>-</del>	(00. (0) 000 2)	
	2014		<del></del>	-		
	2013	<del></del>	<del></del>	-		<u></u>
	2012	<del></del>		-		
	2011			<del>                                     </del>		<del></del>
	2011			<del>                                     </del>		<del></del>
^	Take of line 4 1 /	'a\				
				2		
	_		ide the total on line 2 by 5, or by the			
	number of years the for	indation has been in existence if le	ess than 5 years	3		
4	Enter the net value of n	oncharitable-use assets for 2016	from Part X, line 5	4		<u>-</u>
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	nent income (1% of Part I, line 27b)	)	6		
		,				
7	Add lines 5 and 6			7		
						<del></del>
8	Enter qualifying distribut	tions from Part XII, line 4		8		
			x in Part VI, line 1b, and complete	that par	t using a 1% ta	ax rate. See th
	Part VI instructions.					

foundation had excess business holdings in 2016.)

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2016? | 4b | X
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Pai	t VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3	Five h	ighest-paid independent contractors for professional services (see instructions). If none, enter "NONI	
_		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE		
Tota	Loumbe	er of others recovered over \$50,000 for professional convecs	· -
		er of others receiving over \$50,000 for professional services	
Pai	t IX-A	Summary of Direct Charitable Activities	
	st the four	dation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of	_
		s and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	N/A		
-			
_			
2			
_			
_			
_3_			
_			
4 _			
-			
Par	t IX-B	Summary of Program-Related Investments (see instructions)	
		e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	The largest program related intestinents made by the foundation during the tax year of miles i and 2	
•			
-			
2			
_			
Al	other pro	gram-related investments See instructions	
3 _	NONE		
_			
Tota	I. Add I	nes 1 through 3	

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Pari	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foun	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		_
а	Average monthly fair market value of securities	1a	2,248,010.
b	Average of monthly cash balances	1b	1,700,025.
C	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,948,035.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,948,035.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	59,221.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,888,814.
6	Minimum investment return. Enter 5% of line 5	6	10,625.
Pari	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	10,625.
2 a			
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		_
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,624.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	10,624.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		10.604
	line 1	7	10,624.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculatin	g whether the foundation

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

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Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				10,624.
2	Undistributed income, if any, as of the end of 2016				
	Enter amount for 2015 only				
b	Total for prior years 20 14 ,20 13 ,20 12				
3	Excess distributions carryover, if any, to 2016.				
а	From 2011				
b	From 2012				}
С	From 2013				
d	From 2014				
е	From 2015				
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ▶ \$				
а	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				
	required - see instructions)				
	Applied to 2016 distributable amount				
	Remaining amount distributed out of corpus	<del>-</del>			
5	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same				
	amount must be shown in column (a), the same.				
6	Enter the net total of each column as				
	indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	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				
е	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				10,624.
7	Amounts treated as distributions out of corpus				<del></del>
•	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.			1	
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
	Excess from 2012				
b	Excess from 2013				
С	Excess from 2014				
	Excess from 2015				
е	Excess from 2016				

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

c Any submission deadlines.

factors:

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Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	T
Recipient Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
:				
		İ		
		ŀ		
		1		
		<u> </u>		
		l		
		1		
		1		
				:
	<del></del>		<u> </u>	
<b>b</b> Approved for future payment	II.			
		•		
		<b>!</b> .		
	i			
		:		
Total		1	L	
Total	<u> </u>	<u> </u>	▶ 3b	l

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Part XV	-A Analysis of Income-Prod					
•	amounts unless otherwise indicated.	(a)	(b)	(c)	(d)	(e) Related or exempt function income
-	n service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
			-			
c						
e						
g Fees	and contracts from government agencies			<del>-</del>		
-	rship dues and assessments					
	on savings and temporary cash investments •			1.4		
	ds and interest from securities			14	70.	
	tal income or (loss) from real estate.					
	debt-financed property					
	al income or (loss) from personal property.					
	vestment income	1				
8 Gain or (	loss) from sales of assets other than inventory					
	ome or (loss) from special events					
•	rofit or (loss) from sales of inventory			_		
				_		
d						
е				1	70.	
	Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)					
(See works)	heet in line 13 instructions to verify calci	ulations)				
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of Ex	xempt Pur	poses	
Line No. ▼	Explain below how each activity accomplishment of the foundation					
-		<u> </u>	<u> </u>	<del></del>		
					·-···	
					· · · · · · · · · · · · · · · · · · ·	
-					· · · · · · · · · · · · · · · · · · ·	
			<del> ,</del>			
			<del></del> ,			
	<del> </del>		<del></del>			
<del></del>						•
				······································		<del></del>
	*				<del></del>	
						<del>-</del> ·
			<del>,</del>			
	<u> </u>					

#### T AND SOLEDAD HURST FAMILY FOUNDATION Form 990-PF (2016) 81-4636674 Information Regardi Part XVII tionships With Noncharitable Transfers To and Transactions and F **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X (2) Other assets.... b Other transactions: x (1) Sales of assets to a noncharitable exempt organization.... X Х 1b(3) X 1b(4) X X 1b(6) X d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations Yes X No described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . . . . . . . . . . . . . b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of penury, I declare that, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, er (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return the preparer Here Signature of officer or trustee Title Х (see instructions)?

Form 990-PF (2016)

P00184712

PTIN

206-838-4880

Check

Firm's EIN > 20-8379993

11.07,2017 self-employed

Phone no

**Paid** 

**Preparer** 

**Use Only** 

Print/Type preparer's name

Firm's name

Firm's address

KRISTIN L ERICKSON

SEATTLE,

▶ PIONEER SQUARE ADVISORS, LLC

▶ 1624 4TH AVENUE SUITE 400

WA

Date

98101

#### Schedule B

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

Department of the Treasury
Internal Revenue Service
Name of the organization

### **Schedule of Contributors**

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

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

OMB No 1545-0047

2016

Employer identification number

ROBERT AND SOLEDAD HUX		81-4636674
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
- <del>-</del>	vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule. See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contribu property) from any one contributor Complete Parts I and II. See instructions	
Special Rules		
regulations under sect 13, 16a, or 16b, and th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/2 ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions are amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Co	or 990-EZ), Part II, line of the greater of <b>(1)</b>
contributor, during the	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received year, total contributions of more than \$1,000 exclusively for religious, child purposes, or for the prevention of cruelty to children or animals. Complet	arıtable, scientific,
contributor, during the contributions totaled me during the year for an of General Rule applies to	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revear, contributions exclusively for religious, charitable, etc., purposes, but note than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of the pothis organization because it received nonexclusively religious, charitable reduring the year	t no such that were received parts unless the , etc., contributions
Caution: An organization that isn	n't covered by the General Rule and/or the Special Rules doesn't file Sche	dule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

6)

Name of organization ROBERT AND SOLEDAD HURST FAMILY FOUNDATION
C/O PIONEER WEALTH PARTNERS LLC

Employer identification number

Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	ROBERT J HURST  1624 4TH AVENUE, SUITE 400  SEATTLE, WA 98101	\$\$	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ROBERT J HURST  1624 4TH AVENUE, SUITE 400  SEATTLE, WA 98101	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part I! for noncash contributions.)

16)

Name of organization ROBERT AND SOLEDAD HURST FAMILY FOUNDATION C/O PIONEER WEALTH PARTNERS LLC

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	9,400 SHS OF GOLDMAN SACHS STOCK		
		\$	12/29/2016
(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

AD HURST FAMILY FOUNDATION

Emplo	yer	identification	number

•	C/O PIONEER WEALTH PARTNERS LLC
art 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
	he 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.) ▶\$
	los duplicate capias of Bort III if additional capación paeded

Use	duplicate copies of Part III if additi	onal space is needed.	,				
a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
-							
_							
		(e) Transfer of	gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
_							
a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
—							
_							
	(e) Transfer of gift						
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
_							
:	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
_			·				
a) No. from Part I	(b) Purpose of gift (c) Us		ift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar		Relationship of transferor to transferee				
			· · · · · · · · · · · · · · · · · · ·				
		<b>_</b>					

81-4636674 	•			•	
81-ATTACHMENT 1		ENDING <u>FMV</u>	2,250,830.	2,250,830.	
		ENDING BOOK VALUE	171,860.	171,860.	
2016 FORM 990-PF					
ROBERT AND SOLEDAD HURST FAMILY FOUNDATION	FORM 990PF, PART II - CORPORATE STOCK	DESCRIPTION	MARKETABLE SECURITIES	TOTALS	
ROBI	면	DE	MA		

ATTACHMENT 1

R&S HFF

2016 FORM 990-PF

ROBERT AND SOLEDAD HURST FAMILY FOUNDATION 81-4636674

ATTACHMENT 2

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

EXCESS OF DONOR'S FMV OVER COST BASIS OF SECURITIES CONTRIBUTED TO THE FOUNDATION

2,073,330.

TOTAL

2,073,330.

ROBERT AND SOLEDAD HURST FAMILY FOUNDATION

FORM 990PF,

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ATTACHMENT

ROBERT J HURST 1624 4TH AVENUE, SUITE 400 SEATTLE, WA 98101

ROBERT J HURST 1624 4TH AVENUE, SUITE 400 SEATTLE, WA 98101

R&S HFF

ATTACHMENT 3

ATTACHMENT 4

2016 FORM 990-PF

ROBERT AND SOLEDAD HURST FAMILY FOUNDATION

FORM 990PF,

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES PART VIII TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

TRUSTEE

1624 4TH AVENUE, SUITE 400

ROBERT J HURST

SEATTLE, WA 98101

TRUSTEE

1624 4TH AVENUE, SUITE 400

SOLEDAD D HURST

SEATTLE, WA 98101

TO EMPLOYEE

EXPENSE ACCT ALLOWANCES AND OTHER CONTRIBUTIONS

COMPENSATION

BENEFIT PLANS

GRAND TOTALS

ATTACHMENT 4

R&S HFF