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# SCANNED IIII 3 1 2017

# Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		ar year 2016 or tax year beginning 12/12/16	, and ending 12	/31/16	T	<del></del>	<del></del>
	ne of fou USS	AND TRICIA STROMBERG			A Empl	oyer identification number	
		LY FOUNDATION			81	-4714729	
		street (or P O box number if mail is not delivered to street address)		Room/surte	<del></del>	hone number (see instructions	)
2	18 1	MAIN STREET, NO. 425			42	5-503-1939	
		state or province, country and ZIP or foreign postal code			C If exe	emption application is pending	check here • X
		(AND WA 98033	<del></del>	<del></del>	4		
G	check a		um of a former public	chanty	D 1. F	oreign organizations, check hei	e
		Final return Amende				oreign organizations meeting th	r -
		Address change Name cl			_	5% test, check here and attach	computation
		ype of organization X Section 501(c)(3) exempt private			1	rate foundation status was term	unated under
			ble private foundation		section	on 507(b)(1)(A), check here	
		ket value of all assets at J Accounting method	X Cash	Accrual	1	foundation is in a 60-month ter	
	٠.	ear (from Part II, col (c),  ▶ \$ 47,260 (Part I, column (d) mus			uridei	r section 507(b)(1)(B), check he	
	e 16)   art				<del></del>	<u></u>	(d) Disbursements
	21 ( 1	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c) and (d) may not necessarily equal	(a) Revenue and expenses per		rvestment	(c) Adjusted net income	for chantable purposes
	,	the amounts in column (a) (see instructions) )	books	1110	ome 	income	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	55,0	00		<u> </u>	
	2	Check ► if the foundation is <b>not</b> required to attach Sch B			<del></del>		
	3	Interest on savings and temporary cash investments				<u> </u>	ļ
	4	Dividends and interest from securities	DEOLE	75-5	<del></del>	<b></b>	
	5a	Gross rents	PUCLE	V#U		<del> </del>	
ne	b	Net rental income or (loss)	5	ည္တ		<del></del>	<del> </del>
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	JUL 14	2017  위		<del> </del>	<del> </del>
ۅٛ	b   7		002 1 4	2017	0		
Œ	8	Capital gain net income (from Part IV, line 2)  Net short-term capital gain	OCDEAL			0	
	9	Income modifications	The second			<del>                                     </del>	
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold	<del> </del>	<del></del>		<u> </u>	
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	55,0	00	0	0	
(0	13	Compensation of officers, directors, trustees, etc		0			
Se	14	Other employee salanes and wages				<u> </u>	
)en	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule) SEE STMT 1	1,7	40			1,740
ره	b	Accounting fees (attach schedule)					
Administratív	C	Other professional fees (attach schedule)	<u> </u>	<del></del>		<b></b>	<u> </u>
štra	17	Interest Tavas (attach achadus) (ac and also )	<del> </del>	<del></del>		<del></del>	<del> </del>
ij	18	Taxes (attach schedule) (see instructions)		<del></del>			
벌	19	Depreciation (attach schedule) and depletion Occupancy	<b>-</b>			<del> </del>	<u> </u>
ĕ	21	Travel, conferences, and meetings		<del></del>			
and	22	Printing and publications				-	
	23	Other expenses (att. sch.)				<del> </del>	
<u>ii</u>	24	Total operating and administrative expenses.				<del> </del>	
Operating	ļ	Add lines 13 through 23	1,7	40	0	0	1,740
þe	25	Contributions, grifts, grants paid	6,0				6,000
<u> </u>	26_	Total expenses and disbursements. Add lines 24 and 25	7,7		0	0	7,740
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	47,2	60		L	<u> </u>
	b	Net investment income (if negative, enter -0-)			0	<del></del>	
	С	Adjusted net income (if negative, enter -0-)		_ 1		0	L

Form 990-PF (2016)

	Part II	Balance Sheets Attached schedules and amounts in the description columns to the description of the should be for and of year amounts only (See instructions		Beginning of year	End o	f year
	-ait II	should be for end-of-year amounts only (See instructions	)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			47,260	47,260
- 1	2	Savings and temporary cash investments				
- 1	3	Accounts receivable ▶				
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
ļ		Less allowance for doubtful accounts ▶				
ļ	5	Grants receivable				
i	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
i		Less allowance for doubtful accounts ▶	0			
Ø	8	Inventones for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments - U.S. and state government obligations (attach schedule)				
Į	b	Investments - corporate stock (attach schedule)				
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach sch.)				
Ì	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment basis				
- 1		Less accumulated depreciation (attach sch.) ▶				
	15	Other assets (describe ▶	)			
	16	Total assets (to be completed by all filers – see the	,			
		instructions. Also, see page 1, item I)		o	47,260	47,260
	17	Accounts payable and accrued expenses	· · · · · · ·			
	18	Grants payable				
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
폡	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶	)			
İ	23	Total liabilities (add lines 17 through 22)	,	0	0	
		Foundations that follow SFAS 117, check here	<b>▶</b> X			
g		and complete lines 24 through 26 and lines 30 and 31.	· L			
일	24	Unrestricted			47,260	•
alances	25	Temporanly restricted				
ĕ	26	Permanently restricted				
핔		Foundations that do not follow SFAS 117, check here	▶ 🗍			
픠		and complete lines 27 through 31.		<u>'</u>		
ō	27	Capital stock, trust principal, or current funds				
Net Assets or Fund B	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
7	30	Total net assets or fund balances (see instructions)		0	47,260	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		0	47,260	
_	Part I	Analysis of Changes in Net Assets or Fund Balar	nces			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line		agree with		
	end-o	f-year figure reported on prior year's return)			1	0
2	Enter	amount from Part I, line 27a			2	47,260
3	Other	increases not included in line 2 (itemize) ▶			3	
4	Add li	nes 1, 2, and 3			4	47,260
5	Decre	ases not included in line 2 (itemize) ▶			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b),	line 30	6	47,260

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

7

7 Add lines 5 and 6

Part VI instructions

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2016) RUSS AND IRICIA SIRUMBERG 81-4/14/29				Pa	ige 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	ĺ				
	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	1				
	here I and enter 1% of Part I, line 27b	Ì				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
_	Part I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0
3	Add lines 1 and 2	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				<u>0</u>
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				
6	Credits/Payments					
a	2016 estimated tax payments and 2015 overpayment credited to 2016					
b	Exempt foreign organizations – tax withheld at source	i				
C	Tax paid with application for extension of time to file (Form 8868)  6c	İ				
d -	Backup withholding erroneously withheld 6d 6d	_				
7	Total credits and payments Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check hereif 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				
11 Da	Enter the amount of line 10 to be Credited to 2017 estimated tax	11				
	rt VII-A Statements Regarding Activities				Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			1a	163	X
<b>L</b>	participate or intervene in any political campaign?			- <del>'a</del>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			1b	[	x
	Instructions for the definition)?			10		
	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			4.0	ł	х
C	Did the foundation file Form 1120-POL for this year?			1c		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			[	(	
_	(1) On the foundation > \$ (2) On foundation managers > \$	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			ļ		
•	on foundation managers  \$			2		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?					
3	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
h	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		, <b></b>	5		x
-	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?		1	6	х	
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	х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ļ			
	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		1	8b	x	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses STMT	2		10	X	
			F	om 99	0-PF	(2016)

FUIII	990-PF (2016) ROSS AND TRICIA STROMBERG 81-4/14/2	9			P	age 🧿
_Pa	rt VII-A Statements Regarding Activities (continued)		•			
					Yes	No
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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			Ì		
	person had advisory privileges? If "Yes," attach statement (see instructions)			12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?		13	Х	
	Website address ► N/A					_
14		phone no	425-5	03-	1939	9
	218 MAIN STREET, NO. 425					
	Located at ► KIRKLAND WA	ZIP+4 ▶	98033			. —
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here		ı			▶
	and enter the amount of tax-exempt interest received or accrued during the year	▶ [	15	-		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority				Yes	No
	over a bank, secunities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					1
- Da	the foreign country			<u> </u>		L
	rt 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.				V	Na
10	, , , , , , , , , , , , , , , , , , , ,				Yes	No
1a	During the year did the foundation (either directly or indirectly)  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	l les	IN NO			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	□ .63	<u></u>			1
	the benefit or use of a disqualified person)?	Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		٠.٠٠ ت			
	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)	Yes	X 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 Regulation	_				
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		►∏			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that					
	were not corrected before the first day of the tax year beginning in 2016?		N/A	1c		
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))					
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	_	_			
	6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No			j
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
þ	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		1-			
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here					
	<b>▶</b> 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ŀ		
	at any time during the year?	Yes	X No			
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		AT / A			
4	foundation had excess business holdings in 2016)		N/A	3b		х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		<del>  ^</del>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	62		4b		x
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	<u>u '</u>		om 9	90-PF	•
			Į.	Unit 🔾	-U-I I	(2010)

Form 990-PF (2016) RUS: Part VII-B Statem		A STROMBERG		714729	auod)		Page 6
			m 4/20 Way be Re	equirea (contin	iuea)		
	da, or otherwise attemp	t to influence legislation (sectio	` ''	Y	es X No		
		c election (see section 4955), o	or to carry on,		es X No		
•	, any voter registration		•	<b>—</b>	h <del>1</del>		
		study, or other similar purposes		<b>□</b> ¥	es X No		ł
· · · · · · · · · · · · · · · · · · ·	<del>.</del>	an a chantable, etc , organization	on described in	$\sqcap$	es X No		į.
, , , , ,	A)? (see instructions)	is charitable scientific literary	or adjustional	· U	es X No		1
• • •	pose other than religion prevention of cruelty to	is, chantable, scientific, literary,	or educational	$\sqcap$	es X No		
	-	the transactions fail to qualify u	nder the excentions desc	ليبا	63 [] 110		
		tice regarding disaster assistan		ilbed III	N/A	5b	
		ding disaster assistance check	,		▶ 🗂		
	_	he foundation claim exemption			,	1	
because it maintained e		•	TOTAL CITE LEAX	N/A ∏ Y	es No		
	,	ulations section 53 4945–5(d)			°°		
·		funds, directly or indirectly, to	nav premiums				
on a personal benefit of	• • •	,so, uncoup or moneous, to	po, promisino	□ ∨	es X No		
•		ims, directly or indirectly, on a	nersonal benefit contract?	لبنا		6ь	x
If "Yes" to 6b, file Form	- , . , , .	ario, directly of intercony, or d	porconar bonom contract		ľ		
·		ation a party to a prohibited tax	shelter transaction?	ГΊγ	es X No		- 1
•	•	ds or have any net income attn			N/A	7b	
		s, Directors, Trustees,			aid Employed	es,	
	ntractors	-,,			. ,	•	
•		n managers and their comp	ensation (see instruction	ons).			
	(a) Name and address		(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
RUSSEL M. STROMBERG		KIRKLAND	PRESIDENT				
218 MAIN STREET, NO.	. 425	WA 98033	5.00	o	0	ļ	0
PATRICIA M. STROMBER		KIRKLAND	SECRETARY	-			
218 MAIN STREET, NO.		WA 98033	5.00	o	0		0
2 Compensation of five "NONE."	highest-paid employe	es (other than those include	ed on line 1 – see instru	uctions). If none,	enter		
(a) Name and add	ress of each employee paid mo	re than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
NONE							-11 -
		· · · · · · · · · · · · · · · · · · ·					
		N					
		· · · · · · · · · · · · · · · · · · ·				ļ	
Total number of other employ	yees paid over \$50,000				<u> </u>	1	0

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	ormation About Officers, Direct	ors, Trustees, Foundation	n Managers, Highly Paid	Employees,
	d Contractors (continued)	danal analysis (analysis)	N II (NONE !!	
3 Five nignest-pa	id independent contractors for profess			
NONE	(a) Name and address of each person paid mo	ore than \$50,000	(b) Type of service	(c) Compensation
410111				
		<del></del>		
_				
	· · · · · · · · · · · · · · · · · · ·			
		ı		
otal number of others	s receiving over \$50,000 for professional s	ervices		<b>&gt;</b>
Part IX-A S	ummary of Direct Charitable Ad	ctivities	-	
	rgest direct chantable activities during the tax year Indium neficianes served, conferences convened, research pape		number of	Expenses
1 N/A				
2				
3	<del></del>			
<del></del>				
4				
Part IX-B S	ummary of Program-Related In	vestments (see instruction	ns)	
	ogram-related investments made by the foundation during	g the tax year on lines 1 and 2		Amount
1 N/A				
2				
All other program-related in	nvestments See instructions			
3				
Fotal Add lines 1 thro	ugh 2			<b>•</b>

Form 990-PF (2016)

Form	990-PF (2016) RUSS AND TRICIA STROMBERG 81-4714729		Page <b>8</b>
Pa	Irt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	four	
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	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	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	ound	ations
	and certain foreign organizations check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3_	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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,		
	line 1	7	0
	A VIII Overlife in Distribution (see a section)		
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a_	7,740
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	7,740
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	6	7,740
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ח	
	qualifies for the section 4940(e) reduction of tax in those years		

Pa	rt XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI	,	Corpus	Years pnor to 2015	2015	2016
	line 7					0
2	Undistributed income, if any, as of the end	of 2016				
а	Enter amount for 2015 only					
b	Total for pnor years 20 , 20	, 20				
3	Excess distributions carryover, if any, to 20					
а	From 2011					
b	From 2012					
С	From 2013					
d	From 2014	• •				
е	From 2015					
	Total of lines 3a through e					
4	Qualifying distributions for 2016 from Part	XII.				
	line 4 ▶ \$ 7,740					
а	Applied to 2015, but not more than line 2a				· ·	
	Applied to undistributed income of prior ye	ars				-
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ction				
	required - see instructions)					
d	Applied to 2016 distributable amount					
е	Remaining amount distributed out of corpu	ıs	7,740			
5	Excess distributions carryover applied to 2	Г				
	(If an amount appears in column (d), the s					
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below.					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5	7,740			
b	Prior years' undistributed income Subtrac	t				
	line 4b from line 2b					
С	Enter the amount of prior years' undistribu	ted				
	income for which a notice of deficiency ha	s				
	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 lii	ne i				
	4a from line 2a Taxable amount - see					
	instructions					
f	Undistributed income for 2016 Subtract lii	nes			1	
	4d and 5 from line 1 This amount must be	•				
	distributed in 2017	ļ	<u>.                                    </u>			0
7	Amounts treated as distributions out of co	rpus				
	to satisfy requirements imposed by section	n į				
	170(b)(1)(F) or 4942(g)(3) (Election may b	oe e				
	required—see instructions)					
8	Excess distributions carryover from 2011	not			1	
	applied on line 5 or line 7 (see instructions	s)				
9	Excess distributions carryover to 2017	'.				
	Subtract lines 7 and 8 from line 6a	ļ	7,740			
10	Analysis of line 9					
а	Excess from 2012					
b	Excess from 2013				}	1
С	Excess from 2014					
d	Excess from 2015					
<u>e</u>	Excess from 2016	7,740	. 4.7		<u></u>	<u> </u>

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

factors N/A

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year BLINKNOW FOUNDATION PO BOX 453 509(A)(1) MENDHAM NJ 07945 UNRESTRICTED-**GENERAL** 2,500 THE NATIONAL WWII MUSEUM, INC 945 MAGAZINE STREET 509(A)(1) **NEW NJ 07945** UNRESTRICTED-GENERAL 1,000 MALIBU MIRAGE SAFETY AND TRAINING PO BOX 1832 509(A)(1) BOTHELL WA 98041 UNRESTRICTED-**GENERAL** 1,000 MUSEUM OF FLIGHT FOUNDATION 509(A)(1) 9404 EAST MARGINAL WAY S **GENERAL** 1,000 SEATTLE WA 98108 UNRESTRICTED-WASHINGTON ELKS THERAPY PROGRAM 509(A)(1) PO BOX 110760 UNRESTRICTED-**GENERAL** 500 TACOMA WA 98411 6,000 ▶ 3a Total b Approved for future payment N/A ▶ 3b Total

_P	art XVI-A Analysis of Income-Producing Act	ivities		_		
Ente	er gross amounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
	Program service revenue					(See instructions)
	a	<u> </u>		<del> </del>		
	b					
	c			<del>                                     </del>		<del></del>
	d	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del></del> _
	f	<del></del>	<del></del>	-		
	g Fees and contracts from government agencies	ļ- <del></del>		<del>                                     </del>		
2	Membership dues and assessments			† — ·		
	Interest on savings and temporary cash investments			<del> </del>		
	Dividends and interest from securities					
	Net rental income or (loss) from real estate					
	a Debt-financed property					
	b Not debt-financed property					
6	Net rental income or (loss) from personal property					
	Other investment income			1		
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a			<u> </u>		l
	b			L		
	c			L		
	d			Ļ		
	e		ļ	<b></b> _		
12	Subtotal Add columns (b), (d), and (e)	l	0	<u> </u>	0	0
	Total. Add line 12, columns (b), (d), and (e)				13	0
(Se	e worksheet in line 13 instructions to verify calculations)		ant of France D			0
(Se	e worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the A				<u> </u>	0
(Se	e worksheet in line 13 instructions to verify calculations )  Part XVI-B Relationship of Activities to the Activities No.  Explain below how each activity for which income in	s reported in co	umn (e) of Part XVI-A	contribut	s ed importantly to the	
(Se	Part XVI-B Relationship of Activities to the Activities to the Activities to the Activities to the Activities to the Activities to the Activities to the Activities to the Activities to the Activity for which income accomplishment of the foundation's exempt purpose	s reported in co	umn (e) of Part XVI-A	contribut	s ed importantly to the	
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га	II VVII	Exempt Organiza	-	ansters to and	ransaction	is and Relationships wit	n Noncharitable		
1	Did the orga			e in any of the follow	wing with any oth	er organization described		Yes	No
						on 527, relating to political		1:00	<del>- 110</del>
	organization			(-)(-)	, , , , , , , , , , , , , , , , , , , ,	on only reading to pention			1
а	Transfers fro	om the reporting founda	tion to a no	nchantable exempt	organization of				İ
	(1) Cash						1a(*	ار	x
	(2) Other a	ssets					1a(2		X
b	Other trans	actions							
	(1) Sales o	f assets to a noncharita	ble exempt	organization			16(	)	X
	(2) Purchas	ses of assets from a no	nchantable e	exempt organization	ı		1b(2	2	X
	(3) Rental (	of facilities, equipment, of	or other asse	ets			<u> 1ь(</u> ;	)	X
		rsement arrangements					1b(4	4	X
		or loan guarantees					1b(	_	X
		nance of services or me	•	-			1b(	9	X
		acilities, equipment, mai				(fa) absolute them a share the form	<u> 1c</u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
a						(b) should always show the fair r			
			=			e foundation received less than fa ie goods, other assets, or services			
-	(a) Line no	(b) Amount involved		me of nonchantable exemp			ransactions and sharing arrangen	ents	
N/Z	<del></del>	<del>                                     </del>				(-,			
-,	<del></del>	†		<del></del>					
		<del> </del>							
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		<del> </del>		<del></del>					
	<del></del>	<del> </del>	<del>                                     </del>			<del> </del>	<del></del>		
2a	Is the found	lation directly or indirectly	v affiliated w	with or related to or	ne or more tax-e	vempt organizations			
		section 501(c) of the C	•	•		, •		Yes X	. No
b		mplete the following sch	,		-,,			_	_
		(a) Name of organization		(b) Type of o	organization	(c) Descri	ption of relationship		
_1	N/A								
							·		
				<u> </u>			<del></del>		
						ules and statements, and to the best of my nich preparer has any knowledge	<del></del>		
	İ		- 1	/			May the IRS discuss thi with the preparer shown		1
Sign •			1	4				Yes	No.
lere	3	K	Sa. X	france		7 1/1 /~ A DDEG	IDENT	<del>-</del>	
	Sign	ature of officer or trustee		5 myces	Date	1-10-17 PRES	TDENT		
	<del></del> -	<del></del>	<del></del>			7 1100	- T Pote	$\overline{}$	$\overline{}$
	Phnuty	pe preparer's name			Pregaler's signatur	<u>ሰ</u> በ	Date	Check	
aid	MARK	I. REED				MW C/A	(-21-)7	self-em	holen
repa	Firm's r	2,27777	AMS &	NULLE, PI	LC, CPA	Ys	PTIN P0105	1415	
Jse (	Only		INE ST				Firm's EIN ▶ 91-05		
			VERNO		273-3853		Phone no 360-3		
							Form	990-P	F (2016)

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

Department of the Treasury Internal Revenue Service

Name of the organization

RUSS AND TRICIA STROMBERG

### **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

Employer identification number

2016

FAMILY FOUNDAT	TON	81-4714729
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	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 Special Rule Se	e
General Rule		
<del></del> -	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining abutions.	
Special Rules		
regulations under section 13, 16a, or 16b, and the	scribed 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 ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and	line
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, ourposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III	
contribution, during the y contributions totaled mo during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the contribution because it received nonexclusively religious, charitable, etc., contribution during the year.	
990-EZ, or 990-PF), but it must	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	EZ or on its

KIRKLAND

(c)

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Total contributions

(c)

Total contributions

\$

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\$

\$

Name of organization

Part I

(a)

No.

1

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

RUSS AND TRICIA STROMBERG

RUSSEL M. STROMBERG

218 MAIN STREET, NO. 425

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

WA 98033

Employer identification number 81-4714729 Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) Total contributions Type of contribution Person Payroll 55,000 Noncash (Complete Part II for noncash contributions) (d) **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Total contributions Type of contribution Person Payroll

Noncash

Person Payroll Noncash

Person Payroll

Noncash (Complete Part II for noncash contributions)

(Complete Part II for noncash contributions)

(Complete Part II for noncash contributions)

(d)

Type of contribution

(d) Type of contribution

Schedule	В	(Form	990.	990-EZ.	or	990-PF)	(2016