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SCANNED NOV 3 0 2017

'Form 990-FF Department of the Treasury

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 separate instructions is at www.lrs.gov/form990pf.

For	caler	ndar year 2016 or tax year beginn	ing JUL	1, 2016	, and ending	JUN 30, 2017	
Name of foundation A Employer identification number							
			81-3098865				
		and street (or PO box number if mail is n		address)	Room/suite	B Telephone number	
	_	01 E. Knox Lane				(509) 892-	
		own, state or province, country, an		ostal code		C if exemption application is p	ending, check here
			99019				
G	neck	all that apply:			ormer public charity	D 1. Foreign organizations	s, check here
		Final re		Amended return		2 Foreign organizations me check here and attach or	eting the 85% test,
	Shook	X Addres		Name change kempt private foundation		check here and attach oc	mputation
" (type of organization: X Section 4947(a)(1) nonexempt chari	· · · · · · · · · · · · · · · · · · ·	Other taxable private founda-	ation	E If private foundation sta	
<u> </u>	_	arket value of all assets at end of ye			X Accrual	under section 507(b)(1)	. ,-
		Part II, col (c), line 16)	1 —	ther (specify)	Acciual	If the foundation is in a under section 507(b)(1)	
•	\$			mn (d) must be on cash	basis.)	1 011061 56011011 507 (1)(1)	(D), Check here
	irt I	Analysis of Revenue and Exper	nses	(a) Revenue and	(b) Net investment	(a) Adjusted not	(d) Disbursements
		 (The total of amounts in columns (b), (in necessarily equal the amounts in columns.) 	c), and (d) may not	expenses per books	income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., i		340,541.	-	N/A	(4444
	2	Check I if the foundation is not requ					
	3	interest on savings and temporary cash investments	3/104 to 0.225 001 0				
	4	Dividends and interest from secu	rities				
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets no	ot on line 10		-		
Revenue	Ь	Gross sales price for all assets on line 6a					
8	7	Capital gain net income (from Part IV, lii	ne 2)		0.		COCNED
Œ	8	Net short-term capital gain				6	FOEIAFD O
	9	Income modifications				89	2
	10a	Gross sales less returns and allowances					TA A A S A A A A A A A A A A A A A A A A
		Less Cost of goods sold) laura	2
		Gross profit or (loss)			·		IGUEN, UI
	11	Other income		740 541			
		Total. Add lines 1 through 11		340,541.	0.		
	13	Compensation of officers, directors, tru		78,410.	0.		0.
	14	Other employee salaries and wage					<u> </u>
S	15	Pension plans, employee benefits Legal fees	Stmt 1	2,757.	0.		0.
penses			Stmt 2	500.	0.		0.
ğ			Stmt 3	20,819.	0.		0.
ē Ē	17	Interest	Deme 3	20,013.	- 0.		
aţ.	18		Stmt 4	7,242.	0.		0.
istr	19	Depreciation and depletion					<u> </u>
Ē	20	Occupancy					
and Administrative	21	• •	s	95.	0.		0.
2	22	Printing and publications					
ğ g			Stmt 5	4,769.	0.		0.
aţ.	1	Total operating and administrati	ive			· ·	
Operating		expenses. Add lines 13 through	23	114,592.	0.		0.
0	25	Contributions, gifts, grants paid		27,500.			27,500.
	26	Total expenses and disburseme	nts.				
	<u> </u>	Add lines 24 and 25	<u> </u>	142,092.	0.		27,500.
	27	Subtract line 26 from line 12:					
	l	Excess of revenue over expenses and o		198,449.			
	ı	Net investment income (if negative			0.	=	
_		Adjusted net income (if negative, e	nter -0-)			N/A	<u> </u>

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Fo	rm 99	0-PF (2016) Rayce Rudeen Foundation		81-3	3098865 Page 2
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
<u>:</u>		Columni should be for end-or-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		202,898.	202,898.
	1	Savings and temporary cash investments			
	3	Accounts receivable >			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts ▶			
\$	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	Ì	Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe ►)			— · · · · · · · · · · · · · · · · · · ·
	1	Total assets (to be completed by all filers - see the			
	ŀ	instructions. Also, see page 1, item I)	0.	202,898.	202,898.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē	21	Mortgages and other notes payable			
Ë		Other liabilities (describe Statement 6)	0.	4,449.	
	~~	Other liabilities (describe > Scacement o)	· ·	4,443.	
	١.,	Tatel lightilities (add lines 17 through 99)	0.	4,449.	
_	20	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	- 0.	4,447.	
	l	and complete lines 24 through 26 and lines 30 and 31.			
S		· •			
nces	1	Unrestricted			
a	25	Temporarily restricted			
Net Assets or Fund Balar	26	Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
F	1	and complete lines 27 through 31.		100 440	
ţ	1	Capital stock, trust principal, or current funds	0.	198,449.	
558	ı	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	0.	198,449.	
	ľ		_		
	31	Total liabilities and net assets/fund balances	0.	202,898.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
=			00	 	
1		net assets or fund balances at beginning of year - Part II, column (a), line	30	1.1	0
	•	t agree with end-of-year figure reported on prior year's return)		11	0.
-		amount from Part I, line 27a		2	198,449.
-		increases not included in line 2 (itemize)		3	400 446
		ines 1, 2, and 3		[4]	198,449.
		eases not included in line 2 (itemize)	1 (1) 1 62	5	0.
<u>6</u>	ıotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	orumn (b), line 30		198,449.
					Form 990-PF (2016)

(a) List and descr	and Losses for Tax on In tibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	., real estate,		How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						· · · · · · · · · · · · · · · · · · ·
b NOI	NE					
C						
d						
<u>e</u>		r			<u></u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		(h) Gain or (loss (e) plus (f) minus (
<u>a</u>				-		
<u>b</u>						
_ c				 		
e			····	 		
	g gain in column (h) and owned by	the foundation on	12/31/69	 	(i) Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col. (1) . (j), if any	9	ol (k), but not less that Losses (from col. (n -0-) or
a	 ,	 		 		
b						
C						
d						
e						
2 Capital gain net income or (net cap	ortal loss) { If gain, also enter of the loss of the l			2		
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		nd (6):				
If (loss), enter -0- in Part I, line 8 Qualification Us	nder Section 4940(e) for	Reduced T	ay on Net Ir	yestment in	COMA	
(For optional use by domestic private						N/A
If section 4940(d)(2) applies, leave the Was the foundation liable for the section	is part blank.	, ,		,		Yes No
If "Yes," the foundation does not qualif 1 Enter the appropriate amount in each			making any entri	190		
(a)	(b)	ISB detions before		(c)		(d) oution ratio
Base periód years Calendar year (or tax year beginnin	Adjusted qualifying die	tributions f		naritable-use asse	ts (col. (b) div	oution ratio rided by col. (c))
2015						
2014						
2013			·			
2012						
		i_				
2 Total of line 1, column (d)					2	
3 Average distribution ratio for the 5 the foundation has been in existen	-	on line 2 by 5, or t	y the number of	years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5					4	
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				6	
7 Add lines 5 and 6					7	
8 Enter qualifying distributions from Part XII, line 4					8	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and complete	that part using a	1% tax rate		

Form 990-PF (2016) Rayce Rudeen Foundation		-3098			age 4
Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ı	nstruc	πιοη	(S)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		<u> </u>			Ž
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				0.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		i			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	↓			<u>0.</u>
3 Add lines 1 and 2	3	↓			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			,	0.
6 Credits/Payments:					
a 2016 estimated tax payments and 2015 overpayment credited to 2016					
b Exempt foreign organizations - tax withheld at source		ji			
c Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld					
7 Total credits and payments. Add lines 6a through 6d	7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	J			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_10				
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	11	1			
PartVU-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		·	/es	No
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed o	r			
distributed by the foundation in connection with the activities				- }}	
c Did the foundation file Form 1120-POL for this year?			10	T	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •				1	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-				
managers. ► \$ 0.				}	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
If "Yes," attach a detailed description of the activities					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or			4	
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
b If "Yes," has it filed a tax return on Form 990-T for this year?	1	N/A	4b	1	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	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.	e law		1	i i	
remain in the governing instrument?			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 X\	,		7	$\overline{\mathbf{x}}$	
, so no total and the action of the control of the					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			i l		
WA					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				}	
of each state as required by General Instruction G? If "No," attach explanation			8b	Х	الكبي
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar				
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	-	X
	it mi	t 7	10	\mathbf{x}	<u> </u>
The state of the s	~ ~ ~ ~ ~		m 990.	_	2016)

12	Statements Regarding Activities (continued)			-3
			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		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address ▶ amplifyhealing.org	ــــــــــــــــــــــــــــــــــــــ		
14	The books are in care of ▶ B. Kirk Kappen Telephone no.▶(509)	892	-51	14
	Located at ▶ 24201 E Knox Lane, Liberty Lake, WA ZIP+4 ▶99			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	T
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, 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 the			
	foreign country			
P	Statements Regarding Activities for Which Form 4720 May Be Required			
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
_	termination of government service, if terminating within 90 days)			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			Ţ
	before the first day of the tax year beginning in 2016?	1c		X
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(1)(3) or 4942(1)(5)):]
	is 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			
٠	before 2016? Yes X No			
	If "Yes," list the years ▶ , , ,			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	of "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 foundation had excess business holdings in 2016) N/A	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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
	Fo	rm 990)-PF	(2016)

Form 990-PF (2016) 81-3098865 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation CTD Development & Family Coaching 2105 E Briarleaf Ave, Coeur d'Alene, ID 83815 Consulting Services 11,750. Peak Strategies, LLC Foundation 2130 E Briarleaf Ave, Coeur d'Alene, ID 83815 Consulting Services 3,600. Foster Pepper PLLC 1111 Third Ave, Suite 3000, Seattle, WA 98101 Legal Services 2,757. Giant Donut Marketing - 1602 East Sherman Website & Domain Ave, #104 B, Coeur d'Alene, ID 83814 Setup 1,750. Enleaf.com Website Development 1423 N Molter Rd, Liberty Lake, WA 99019 & Design 1,375. Total number of others receiving over \$50,000 for professional services Partix: A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A ParalxeB Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount All other program-related investments. See instructions.

Form **990-PF** (2016)

Total. Add lines 1 through 3

Form 990-PF (2016)

Particle Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a b Average of monthly cash balances 188,863. 1b c Fair market value of all other assets 1¢ 188,863. d Total (add lines 1a, b, and c) 10 e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 188.863. Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 2,833. 4 186,030. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 9,302. Minimum investment return. Enter 5% of line 5 6 Park XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 9,302. 1 Tax on investment income for 2016 from Part VI, line 5 2a Income tax for 2016. (This does not include the tax from Part VI) 2b Add lines 2a and 2b 2c 9,302. 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 n. 5 Add lines 3 and 4 5 9,302. 6 Deduction from distributable amount (see instructions) 6 Ω. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 302. Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 27,500. 1a Program-related investments - total from Part IX-B 16 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 27,500. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 6

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

Form **990-PF** (2016)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Оограз	rears prior to 2010	2013	
line 7				0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only	·		0.	
b Total for prior years:				
·		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	i			
b From 2012				
c From 2013				
dFrom 2014				
eFrom 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ N/A				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract		· · · · · · · · · · · · · · · · · · ·		
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:	. —		- · - · - · · · · · · · · · · · · · · ·	
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				

623581 11-23-16

	Rudeen Found			81-30	98865 Page 1
PartXIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of	the ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described	ın section	4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for					
each year listed		}		1	
b 85% of line 2a					
c Qualifying distributions from Part XII,		· · · · ·			
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of				}	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	1			1	
3 Complete 3a, b, or c for the				<u> </u>	
alternative test relied upon; a "Assets" alternative test - enter;	İ				
(1) Value of all assets		İ		ł	
, ,					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				1	
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:	-				
(1) Total support other than gross				1	
investment income (interest,				}	
dividends, rents, payments on				i	
securities loans (section					
512(a)(5)), or royalties) (2) Support from general public					
and 5 or more exempt					
organizations as provided in		į			
section 4942(j)(3)(B)(iii) (3) Largest amount of support from					
an exempt organization					
· •				 	
(4) Gross investment income Part VV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	re in assets
at any time during t			n the loundation	1 11au 40,000 01 11 1	ne iii assets
1 Information Regarding Foundation					
a List any managers of the foundation wh	_	than 20% of the total cont	ributions received by the	foundation before the elec	on of any tay
year (but only if they have contributed n			indutions received by the	HOUHUARION DEFORE THE CIO	be of any lax
See Statement 9	., ., .,	(// / /			
b List any managers of the foundation wh	n own 10% or more of th	a stock of a corporation	/or an equally large ports	on of the ownership of a n	artnerchin or
other entity) of which the foundation ha			(or an equally large port	on or the ownership of a pe	a thership of
None	v				
2 Information Regarding Contribut	ion Grant Gift Lean	Sahalarahin ata D			
Check here In the foundation of				not account uncollected requi	acte for funde. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	<u> </u>	<u>-</u>			
a The hame, address, and telephone ham	Doi of Childii addi 033 of t	are person to whom appr	oauona anoulu de audre	336u.	
See Statement 10					
b The form in which applications should b	ne submitted and informati	tion and materials they s	hould include.		
2 110 1011 III III II					
c Any submission deadlines:					
d Any restrictions or limitations on award:	s, such as by geographic	al areas, charitable fields	kinds of institutions or	other factors:	
.,	,		20 0		

Supplementary Information				
3 Grants and Contributions Paid During the	If recipient is an individual	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
Safe Passage	None	Public Charity	Donate to qualifying	
850 N 4th Street			501(c)(3) organization	
Coeur D'Alene, ID 83814				15,500.
			1	
Redeemer Lutheran Church	None	Public Charity	Donate to qualifying	
3606 S Old Schafer Rd			501(c)(3) organization	
Spokane Valley, WA 99206		ļ		12,000.
		İ]	
			1	
		 		
	İ			
			<u> </u>	
			! !	
			ļ	
Total			▶ 3a	27,500.
b Approved for future payment			, , , , , , , , , , , , , , , , , , ,	
			1	
None				
			ļ	
			1	
	 	 		
•				
Total			▶ 3b	_0.
				orm 990-PF (2016)

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated I	ousiness income	Excluded	by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a			+ +		
b	-		+		
C	-				
d	-		1 1		
e			1 1		
ſ					
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		• • •
3 Interest on savings and temporary cash			1 1		
investments			1		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
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:			1 [
â	_				
b	_				
C	_		 .		
d			+		
6	-				
12 Subtotal. Add columns (b), (d), and (e)		0	•	0.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
PartXVIII Relationship of Activities	to the Accom	aplishment of E	Exempt F	Purposes	
Line No. Explain below how each activity for which inc	nome is reported in a	olumn (a) of Part V/I	A contribute	ud importantly to the secon	nlighment of
the foundation's exempt purposes (other than			-A COMMINUIC	a importantly to the accom	pistitient of
		, , , , , , , , , , , , , , , , , , , ,			
	<u> </u>				
				-	
					·
	•				
	_				
		·			

Part XVII	Information Re Exempt Organ		sfers To	and Transactions	and Relations	hips With Noncha	ritable		
1 Did the or			of the following	ng with any other organizati	ion described in sect	on 501(c) of	7	Yes	No
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
		1 1							
Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash									X
(2) Other							1a(1) 1a(2)		X
b Other tran							1		
(1) Sales		1b(1)		Х					
٠,,		1b(2)	$\neg \neg$	_X					
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets									X
(4) Reimbursement arrangements									X
	s or loan guarantees						1b(4) 1b(5)		X
	ormance of services or me	embership or fundra	using solicitation	ons			1b(6)		X
	of facilities, equipment, ma						1c		X
d If the answ	wer to any of the above is	"Yes," complete the	following sch	edule. Column (b) should a	lways show the fair n	narket value of the goods, o	other asse	ets,	
				ed less than fair market val					
column (d	d) the value of the goods,	other assets, or ser	vices received.	<u> </u>					
(a) Line no	(b) Amount involved	(c) Name o	of noncharitabl	e exempt organization	(d) Description	of transfers, transactions, and	sharing arra	ngeme	nts
			<u> N/A</u>						
		<u> </u>							
		-	 						
		 							
	<u> </u>	 							
		 							
		 			 				
		 							
		 				·			
		 							
						 _			
									
		 							
2a Is the four	ndation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	uzations described				
	501(c) of the Code (othe					Γ	Yes	Γx	No
	omplete the following sch	•							
	(a) Name of org			(b) Type of organization		(c) Description of relations	nıp		
	N/A								
		 							
Under	r penalties of perjury, I declare elief, it is true, correct, and cor	that I have examined th mplete Declaration of p	us return, includu reparer (other tha	ng accompanying schedules and in taxpayer) is based on all infort	d statements, and to the mation of which preparer	best of my knowledge has any knowledge	the IRS di	scuss t	his
Sign Here And belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge characteristic with the shown below. The correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge characteristic with the shown below. The correct is and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The correct is and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The correct is an and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. The correct is a correct is a correct in the correct in the correct is a correct in the correct in th							<u>wn</u> below (see ins	<u>(</u>)?
							Yes		оИ Г
Sign	nature of officer or trustee		I Danasas la a	Daté /	Title	Chook DTIN			
	Print/Type preparer's na	ame	Preparer's s	signature	Date	Check if PTIN			
Paid	Debest 7 "	[am]ed	Vob	Hadi PA	10/12/17	self- employed	0005	242	
Preparer	Robert J H		1 0000	1 200 - 172	1. 1 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm's EIN ► 20-5	00358		
Use Only		rinancla	rr serv	rices, inc.		rumsein > 20-5	#OT0;	ブブ	
July		Box 102	1			 			
Firm's address ► PO Box 1024 Davenport, WA 99122 Phone n							215	-04	0.3

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

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

Rayo	e Rudeen Foundation	81-3098865					
Organization type (check one)							
Filers of: Se	ection:						
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						
• •	vered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions					
General Rule							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
sections 509(a)(1) and any one contributor, di	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
year, total contribution	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.							
but it must answer "No" on Par	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F t IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F ling requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA 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)

Name of organization

Employer identification number

Rayce Rudeen Foundation

81-3098865

Paúl	Contributors (See instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kevin Rudeen 24201 E Knox Lane Liberty Lake, WA 99019	\$ 179,976.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Rick & Kris Buttice 12309 E Dishman Mica Spokane, WA 99206	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Bentley Apartment LLC 24201 E Knox Lane Liberty Lake, WA 99019	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hager Realty Services, Inc. 14532 169th Dr SE Monroe, WA 98272	\$ 18,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Sky Mesa Realty Inc 3909 S Maryland, Parkway Ste 205 Las Vegas, NV 89119	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Kent & Marj Rudeen PO Box 456 Liberty Lake, WA 99019	\$ 7,250.	Person X Payroll

Name of organization

Employer identification number

Rayce Rudeen Foundation

81-3098865

itay cc	Rudeen Toundation		<u> </u>		
Pert I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	B. Kirk Kappen 24201 E Knox Lane Liberty Lake, WA 99019	\$8,200.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	Rudeen Management Co 24201 E Knox Lane Liberty Lake, WA 99019	\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	Mission 30, LLC 24201 E Knox Lane Liberty Lake, WA 99019	\$7,150.	Person X Payroll		
(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 Oncash (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)		
200450 40 40	16	Schodula D (Carm)	000 000 E7 AZOON DE1/90161		

Employer identification number

Rayce Rudeen Foundation

81-3098865

Part II	Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed				
(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		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
623453 10-18		\$Shedula B./Fare	990, 990-EZ, or 990-PF) (2016)		

Employer identification number

Rayce	Rudeen Foundation		81-3098865		
	Exclusively religious, charitable, etc., continued the year from any one contributor. Complete a completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the following line	ion 501(c)(7), (8), or (10) that total more than \$1,000 for e entry. For organizations the year (fine this into one) \$		
	Use duplicate copies of Part III if addition	al space is needed	(Enter this who once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	<u> </u>		
}	Transferee's name, address, a	nd ZIP + 4 F	telationship 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			
ļ	Transferee's name, address, a	nd ZIP + 4 F	telationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
					
ł		(e) Transfer of gift			
	Transferee's name, address, a	ress, and ZIP + 4 Relationship of transferor to transferee			
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		· · · · · · · · · · · · · · · · · · ·			
ł	(e) Transfer of gift				
Transferee's name, address, and ZIP + 4 Relationship of transferor to transfe					
Ī					
l					

Legal	Fees	S	tatement 1
(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes
2,757.	0.		0.
2,757.	0.		0.
Accounti	ng Fees	S	tatement 2
		(c) Adjusted Net Income	(d) Charitable Purposes
500.	0.	"	0.
500.	0.		0.
ther Profes	sional Fees	S	tatement 3
(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes
11,750.	0.		0.
9,069.	0.		0.
20,819.	0.		0.
Тах	es	S	tatement 4
(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
			
6,922. 320.	0. 0.		0. 0.
	(a) Expenses Per Books 2,757. 2,757. Accounti (a) Expenses Per Books 500. 500. 500. Other Profes (a) Expenses Per Books 11,750. 9,069. 20,819. Tax (a) Expenses	Expenses Net Invest- Per Books ment Income 2,757. 0. 2,757. 0. Accounting Fees (a) (b) Expenses Per Books ment Income 500. 0. 500. 0. Other Professional Fees (a) (b) Expenses Net Invest- Per Books ment Income 11,750. 0. 9,069. 0. 20,819. 0. Taxes (a) (b) Expenses Net Invest- Per Books ment Income 11,750. 0. 9,069. 0. 20,819. 0.	(a) (b) (c) Expenses Net Invest- Adjusted Per Books ment Income Net Income 2,757. 0. 2,757. 0. Accounting Fees S: (a) (b) (c) Expenses Net Invest- Adjusted Per Books ment Income Net Income 500. 0. 500. 0. Other Professional Fees S: (a) (b) (c) Expenses Net Invest- Adjusted Per Books ment Income Net Income 11,750. 0. 9,069. 0. 20,819. 0. Taxes S: (a) (b) (c) Adjusted Net Income 11,750. 0. 9,069. 0. 20,819. 0.

Form 990-PF	Other E	xpenses		Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom		
Office Supplies Dues & Subscriptions Staff Training Bank Fees	4,556. 139. 39. 35.	0. 0. 0.			0. 0. 0.
To Form 990-PF, Pg 1, ln 23	4,769.	0.			0.
Form 990-PF	Other Lia	bilities		Statement	6
Description		во	Y Amount	EOY Amount	:
Payroll Taxes Payable			0.	4,4	49.
Total to Form 990-PF, Part II	I, line 22		0.	4,4	49.
	Substantia Part VII-A,	l Contributor Line 10	S	Statement	7
Name of Contributor	Addr	ess 			
Kevin Rudeen	_	1 E. Knox Landrty Lake, WA	_		
Rick & Kris Buttice		9 E Dishman M ane, WA 99206	ica		
Bentley Apartments LLC		1 E. Knox Landrty Lake, WA			
Hager Realty Services, Inc.		2 169th Dr SE oe, WA 98272	, #166		
Sky Mesa Realty Inc		S Maryland, Vegas, NV 891		≥ 205	
Brian K Kappen		1 E. Knox Landrty Lake, WA			
Kent & Marj Rudeen		ox 456 rty Lake, WA	99019		

Mission 30, LLC

24201 E. Knox Lane Liberty Lake, WA 99019

Rudeen Management Co Inc.

24201 E. Knox Lane Liberty Lake, WA 99019

	of Officers, Di Foundation Manage				
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Chelsea Dickinson 2105 E Briarleaf Ave Coeur d'Alene, ID 83815	Chief Executive	Officer 70,500.	0.	0.	
Katrina Reese 1517 E Satre Ave Coeur d'Alene, ID 83815	Development Coor 20.00	rdinator 7,910.	0.	0.	
Kent Rudeen 24201 E. Knox Lane Liberty Lake, WA 99019	Chairman 1.00	0.	0.	0.	
Makenzie Malsam 2611 200th Ave SE Sammamish, WA 98075	Treasurer 1.00	0.	0.	0.	
Kevin K Rudeen 24201 E. Knox Lane Liberty Lake, WA 99019	Vice Chairman 3.00	0.	0.	0.	
K Remington Rudeen 24201 E. Knox Lane Liberty Lake, WA 99019	Director 1.00	0.	0.	0.	
Jon Hager 214 E Lynn St Seattle, WA 98012	Secretary 1.00	0.	0.	0.	
Totals included on 990-PF, Page 6,	Part VIII	78,410.	0.	0.	

Form 990-PF Part XV – Line 1a Statement List of Foundation Managers

Name of Manager

Kent Rudeen Kevin K Rudeen Form 990-PF

Grant Application Submission Information Part XV, Lines 2a through 2d

Statement 10

Name and Address of Person to Whom Applications Should be Submitted

Chelsea Dickinson 24201 E Knox Lane Liberty Lake, WA 99019

Telephone Number

Name of Grant Program

(208) 262-1691

Amplify Healing

Email Address

info@amplifyhealing.org

Form and Content of Applications

Apply for help for drug addiction treatment on online website of Amplify Healing

Any Submission Deadlines

None

Restrictions and Limitations on Awards

Program benefits are paid out upon the direction of the CEO and the board of directors based on need and available funds.