EXTENDED TO AUGUST 15, 2018

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.irs.gov/form990pf

For calendar year 2016 or tax year beginning APR	5, 2017	, and ending	SEP 30, 2017	
Name of foundation	_		A Employer identification	n number
ST HELENA FOUNDATION			82-1092832	2
Number and street (or P O box number if mail is not delivered to street a	address)		B Telephone number	
570 KIRKLAND WAY		200	(206) 283-	-1137
City or town, state or province, country, and ZIP or foreign p KIRKLAND, WA 98033	ostal code		C If exemption application is p	pending, check here
G Check all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
Final return	Amended return	· ·		
Address change	Name change		For eign organizations me check here and attach co	eeting the 85% test, omputation
H Check type of organization: X Section 501(c)(3) ex	xempt private foundation	all	E If private foundation st	atus was terminated
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1	
I Fair market value of all assets at end of year J Account	ing method: X Cash	Accrual	F If the foundation is in a	60-month termination
	ther (specify)		under section 507(b)(1	. —
▶\$ 18,287. (Part I, colu	ımn (d) must be on cash b	oasis)		<u> </u>
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	200,000.		N/A	
2 Check If the foundation is not required to attach Sch. B				
Interest on savings and temporary cash investments				
4 Dividends and interest from securities				
5a Gross rents				
Net rental income or (loss)				
68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all b assets on line 6a				
B Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) A Net phort form control gain		0.		
8 Net short-term capital gain				
9 Income modifications				
Gross sales less returns and allowances				
D Less Cost of goods sold				<u> </u>
c Grass profit or (loss)				
11 Other income				
12 Total, Add lines 1 through 11	200,000.	0.		
13 Compensation of officers, directors, trustees, etc	3,000.	0.		3,000.
14 Other employee salaries and wages				
15 Pension plans, employee benefits	2 722			7 777
16a Legal fees STMT 1	3,723.	0.	 	3,723.
al, b Accounting 1003	<u> </u>			
c Other professional fees 17 Interest 2018				
1 El 40 Taura 2				
18 Taxes				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
On Other superson CTMT 2	990.	0.		990.
24 Total operating and administrative expenses. Add lines 13 through 23 Contributions gifts grants had				
expenses. Add lines 13 through 23	7,713.	0.		7,713.
25 Contributions, gifts, grants paid	174,000.	<u> </u>		174,000.
26 Total expenses and disbursements.				
Add lines 24 and 25	181,713.	0.		181,713.
27 Subtract line 26 from line 12:				
Excess of revenue over expenses and disbursements	18,287.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)	I		N/A	5 990-PE (00.16)

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

Fo	m 99	00-PF (2016) ST HELENA FOUNDATION		82-	1092832 Page 2
Œ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
<u>:</u>		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		18,287.	18,287.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	Ì	Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
w	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ąŝ		Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
	١''	Less accumulated depreciation			
	1.0	Investments - mortgage loans			
					
	13	Investments - other			
	14	Land, buildings, and equipment basis			
	١	Less accumulated depreciation	 		
		Other assets (describe			<u></u>
	16	Total assets (to be completed by all filers - see the		10 007	10 000
_	 _	instructions. Also, see page 1, item I)	0.	18,287.	18,287.
i.		Accounts payable and accrued expenses		<u> </u>	
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ia:	21	Mortgages and other notes payable	<u> </u>		į
-	22	Other liabilities (describe			
		Table Makillaton (add lines 47 Abranah 20)	0.	0.	
	23	Total liabilities (add lines 17 through 22)			
	1	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted			
ဦ	25	Temporarily restricted			
<u>a</u>		Permanently restricted			ĺ
or Fund Balanc	20	Foundations that do not follow SFAS 117, check here			
Ë	1	and complete lines 27 through 31.	1		1
ō	27	Capital stock, trust principal, or current funds	0.	0.	ĺ
ş	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	0.	18,287.	
¥			0.	18,287.	
ž	30	Total net assets or fund balances		10,201.	
	24	Total liabilities and net assets/fund balances	0.	18,287.	·]
\equiv			'	10,207.	<u> </u>
LP	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	18,287.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	ines 1, 2, and 3		4	18,287.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30		18,287.
					Form 990-PF (2016)

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Form 990-PF (2016) ST HELENA FOUNDATION	82-109) 2832	Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b),	4940(e), or 4948 - see	instruction	s)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line	1 1 1		
Date of ruling or determination letter: (attach copy of letter if necessary-see instru	uctions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter	1%		<u>0.</u>
of Part I, line 27b			į
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12,	col. (b).		ال
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		0.
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		0.
6 Credits/Payments:	1 1		
a 2016 estimated tax payments and 2015 overpayment credited to 2016			1
b Exempt foreign organizations - tax withheld at source			į.
c Tax paid with application for extension of time to file (Form 8868)	 		į
d Backup withholding erroneously withheld		<u> </u>	<u>-</u> 1
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		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	9		<u> </u>
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Defended 10		
Part VII-A Statements Regarding Activities	Refunded 11		
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it par	dicinate or intervene in	Yes	No
any political campaign?	ticipate of fintervene in	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instruction	ins for the definition\?	16	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	•	 ''' 	
distributed by the foundation in connection with the activities	materials published of	1 1	
c Did the foundation file Form 1120-POL for this year?		1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.	1 1	1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	on foundation	1 1	
managers. ► \$ 0 .			1
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	s of 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
b 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?		5	X
If "Yes," attach the statement required by General Instruction T		1 1	
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		[
By language in the governing instrument, or	and a shall a state	[
By state legislation that effectively amends the governing instrument so that no mandatory directions that company is the appropriate that appropriately appropriatel	onflict with the state law		J
remain in the governing instrument?		6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, co	ol (c), and Part XV	7 X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)]	
WA		-]]	r
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (o	or decignate)	-]]	
of each state as required by General Instruction G? If "No," attach explanation	i ucoigiiaic)	8b X	, ,
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	r 4942(i)(5) for calendar	00 22	
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XI		9 -	\mathbf{x}
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names		10 X	
		Form 990-PF	(2016)

623531 11-23-16

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

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a

Form 990-PF (2016) ST HELENA FOUNDATION	'arm 4700 May Da D		82-10928	3 2 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be R	equirea _{(contin}	ued)	
,5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y€	es X No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire		\	1 1
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	32	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1	
4945(d)(4)(A)? (see instructions)		Y6	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f	or		
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?	-	N/A	5b -
Organizations relying on a current notice regarding disaster assistance check h	•		·►□□□	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned		
expenditure responsibility for the grant?			es 🔲 No	
If "Yes," attach the statement required by Regulations section 53 4945		·/		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay premiums on		es X No	
•	account handit contract?	- 10		6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	Dersonal Denemi Contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.	-h-h		্তা	
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	es X No	
 b. If "Yes," did the foundation receive any proceeds or have any net income attributed by the foundation of the part VIII. Information About Officers, Directors, Trustomers, Trustomers		anna Uinbh	N/A	7b
Part VIII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Mar	nagers, Hignly		
List all officers, directors, trustees, foundation managers and their	componentian			
List all officers, directors, distees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) Evpance
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
<u> </u>	to position	`enter`-0-)'	compensation	allowances
HAE JOO PARK	PRESIDENT/CHA	IRMAN		
570 KIRKLAND WAY, SUITE 200	4			_
KIRKLAND, WA 98033	1.00	0.	0.	0.
COURTNEY BANKS	SECRETARY/TRE	ASURER		
570 KIRKLAND WAY, SUITE 200				
KIRKLAND, WA 98033	1.00	3,000.	0.	0.
	_			
	j	i	ļ	
]			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
]			
	1			
	 			
	1	1		
	 			
	1			
	 	 '		
	1			
Tabel number of other employees and every \$50,000	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000			··· ·	000-PF (040)

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	e instructions)
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	0.
b	Average of monthly cash balances	16	33,995.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	33,995.
е	Reduction claimed for blockage or other factors reported on lines 1a and	2 - 3	
	1c (attach detailed explanation)	20.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	33,995.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	510.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	33,485.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	821.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	11	821.
2a	Tax on investment income for 2016 from Part VI, line 5	- Jan 18	
b	Income tax for 2016. (This does not include the tax from Part VI.)	24	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	821.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	821.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	821.
Ē	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	• ﴿	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	181,713. 0.
þ	Program-related investments - total from Part IX-B	1b	<u> </u>
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:	74	
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	181,713.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	181,713.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	e section

Part XIII	Undistributed	Income	(see instructions)
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	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				821.
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				
b From 2012				
c From 2013 d From 2014				
e From 2015				
f Total of lines 3a through e	· · · · · · · · · · · · · · · · · ·			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 181,713.				
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				821.
e Remaining amount distributed out of corpus	180,892.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount	0.	<u> </u>		0.
must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	180,892.			
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		0.		
assessed d Subtract line 6c from line 6b. Taxable		· · ·		
		0.		
amount - see instructions e Undistributed income for 2015. Subtract line		_		<u> </u>
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		i i		
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.	100 000	ļ		
Subtract lines 7 and 8 from line 6a	180,892.			
10 Analysis of line 9:		i		
a Excess from 2012				
b Excess from 2013 c Excess from 2014				
d Excess from 2015				
e Excess from 2016 180,892.				
0 EXCOSS ITOIN EVILO 100 / 00 / 20		L	L	- 000 DE 100 101

623581 11-23-16

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Part XIV Private Operating Fo	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter tha	t it is a private operating			
foundation, and the ruling is effective for	· ·	•	▶		<i></i>
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		-l
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 20,13	(e) Total
investment return from Part X for			1	1	
each year listed	 				
b 85% of line 2a	 				
 Qualifying distributions from Part XII, 				P	
line 4 for each year listed		<u> </u>		<i>y</i> ^f	<u> </u>
d Amounts included in line 2c not		1	1		
used directly for active conduct of				\	
exempt activities		<u> </u>			
e Qualifying distributions made directly					
for active conduct of exempt activities.					1
Subtract line 2d from line 2c		<u>] </u>			<u> </u>
3 Complete 3a, b, or c for the			/		
alternative test relied upon; a "Assets" alternative test - enter;	ı	1	ĺ	\	
(1) Value of all assets				ļ	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		/			
(1) Total support other than gross		1/	}		1
investment income (interest,		<i>V</i>	 	1	1
dividends, rents, payments on	/			i:	1
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					1
and 5 or more exempt				ì	ì
organizations as provided in section 4942(j)(3)(B)(iii)				1	
(3) Largest amount of support from	7				
an exempt organization	`	ł			
(4) Gross investment income			· · · · · · · · · · · · · · · · · · ·		
Part XV Supplementary Info	rmation (Comple	te this part only i	the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	than 2% of the total contr	butions received by th	e foundation before the clo	se of any tax
year (but only if they have contributed m	iore than \$5,000). (See s	ection 507(d)(2).)	-		•
HAE JOO PARK					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large port	tion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution	on, Grant. Gift. Loan	Scholarship, etc. Pre	ograms:		
Check here 🕨 🗶 if the foundation o	nly makes contributions	to preselected charitable (organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	riduals or organizations ui	nder other conditions, o	complete items 2a, b, c, and	
a The name, address, and telephone numb	er or e-mail address of t	he person to whom applic	ations should be addre	essed:	
b The form in which applications should b	e submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards	s, such as by geographica	al areas, charitable fields,	kınds of institutions, or	other factors;	
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Part XV Supplementary Information	(continued)		_		
3 Grants and Contributions Paid During the Y		Payment T			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution		Amount
Name and address (home or business)	or substantial contributor	recipient			
a Paid duning the year					
				1	
UNIVERSITY OF WASHINGTON FOUNDATION	NONE	₽C	GENERAL SUPPORT		
407 GERBERDING HALL		1			400 000
SEATTLE, WA 98195-1210	- 				100,000.
THE HUMANE SOCIETY OF THE UNITED	NONE	PC	GENERAL SUPPORT		
STATES				-	
2100 L STREET NW					15 000
WASHINGTON, DC 20037		 	 	-	15,000.
				ŀ	
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	NONE	PC	GENERAL SUPPORT		
262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678					1,000.
<u> </u>			-		
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD SUITE 200	NONE	PC	GENERAL SUPPORT		
JACKSONVILLE , FL 32256					2,000.
· · · · · · · · · · · · · · · · · · ·					
COVENANT HOUSE	NONE	PC	GENERAL SUPPORT		
5 PENN PLAZA 3RD FLOOR					
NEW YORK, NY 10001			ļ <u></u>		1,000.
	NTINUATION SHEE	T(S)		3a	174,000.
Approved for future payment					
NONE				ļ.	
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		1			
Total				3Ь	0.

ter gross amounts unless otherwise indicated	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code		eboo	Amount	
a			-		
·					
·			\vdash		
·			\vdash		
·			\vdash		
	———— 		\vdash		
Fees and contracts from government age	ncies		-		
Membership dues and assessments	 				
nterest on savings and temporary cash			1	}	
nvestments	ļ				
Dividends and interest from securities	<u> </u>		├		
let rental income or (loss) from real estate:			<u> </u>		
Debt-financed property	 		<u> </u>		
Not debt-financed property			 		
let rental income or (loss) from personal	}				
roperty					
Other investment income	<u> </u>				
Gain or (loss) from sales of assets other			1	1	
han inventory					
let income or (loss) from special events					
Gross profit or (loss) from sales of inventor	y				
Other revenue:			i i	į	
ı			\perp		
)	b				
·					
d					
e					
Subtotal. Add columns (b), (d), and (e)		0.		0.	
Total. Add line 12, columns (b), (d), and (e)	, <u></u>			13	
e worksheet in line 13 instructions to verify					
	Activities to the Accom	plishment of Ex	empt	Purposes	
	for which income is reported in		contrib	uted importantly to the accom	plishment of
the foundation's exempt purpos	ses (other than by providing fund	s for such purposes).			
				 	· · · · · · · · · · · · · · · · · · ·
					
					

623621 11-23-16

Port VV		TENA LOOM		- 1 =		D - I - A' I		1032032	Pa	ige 13
Part XVI			sters Io a	nd Ir	ansactions ai	na Helationsr	lips with None	cnaritable		
	Exempt Organ								IV	
	organization directly or indi						on 501(c) of]	Yes	No
	le (other than section 501(c)					izations?		}		ĺ
a Transfe	rs from the reporting founda	ation to a noncharitat	ole exempt org	ganizatio	n of:			ł		٠ ــ ا
(1) Cas								1a(1)		X
(2) Oth	ner assets							1a(2)		X
b Other tr	ansactions:							i		_
(1) Sal	les of assets to a noncharital	ble exempt organizat	ion					1b(1)		X
(2) Pui	rchases of assets from a no	ncharitable exempt o	rganization					16(2)		X
(3) Rei	ntal of facilities, equipment,	or other assets						1b(3)	Ĺ	X
(4) Rei	imbursement arrangements							1b(4)		X
(5) Loa	ans or loan guarantees							1b(5)		X
	rformance of services or me	mbership or fundrais	ana solicitatio	ns				1b(6)		X
	of facilities, equipment, ma		=					10		X
_	nswer to any of the above is	•			dumn (h) should alv	ways show the fair r	narket value of the o	oods, other ass	ets.	
	ces given by the reporting for								,	
	(d) the value of the goods,						ar arrangan			
(a) Line no	(b) Amount involved		noncharitable	exemp	t organization	(d) Description	of transfers, transaction	s. and sharing arr	angem el	nts
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)	107	N/A			(3/3333			•	
			21/22							
		 				 				
										
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	 					- 				
										
	 									
										
							 			
		l					 			
2a Is the fo	oundation directly or indirec	tly affiliated with, or i	related to, one	or mor	e tax-exempt organi	zations described			_	_
ın sectio	on 501(c) of the Code (other	than section 501(c)	(3)) or in sect	ion 527	?			Yes	<u>X</u>	∏No
b If "Yes,"	complete the following sch									
	(a) Name of org	janization		(b) Ty	pe of organization		(c) Description of re	lationship		
	N/A			<u> </u>		<u> </u>				
]					_	
Unc	der penalties of perjury, I declare t	hat I have examined this	return, including	accompa	nying schedules and st	atements, and to the be	st of my knowledge	May the IRS	discussi	this
Sign and	belief, it is true, correct, and com	plete Declaration of pre	parer (other than	taxpayer	is based on all informat	SECRE	የእ ሺሂፖ/ተኛEas	return with the	e prepar	er
Here	Couchum	- Ban	}	1	08/10/18	URER		X Yes] No
S	ignature of officer or trustee	177.000			Date	Title		- [-]		
	Print/Type preparer's na	ıme	Preparer's s	ionature	!	Date	Check If	PTIN		
	7,5 5,5 5,5 5,10			J		1	self- employed			
							P00428	963		
Prepare						(-,, -0, +0)	Firm's EIN ▶ 9			
Use Only	111111111111111111111111111111111111111	o included H					Thin schi P J.	_ 0_0/0		
	Firm's address ▶ 13	01 A STRE	Pr CII	ITE	600		 			
			•				Dhamas 25	2_572 4	1 00	ı
	TACOMA, WA 98402-4205 Phone no. 253-572-4100									

Phone no. 253-572-4100 Form **990-PF** (2016)

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.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization **Employer identification number** ST HELENA FOUNDATION 82-1092832 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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. 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.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF).

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

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)

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

Name of organization

Employer identification number

ST HE	LENA FOUNDATION	8:	2-1092832
Part I	Contributors (See instructions) Use duplicate copies of Part I if	additional space is needed	_
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAE JOO PARK 570 KIRKLAND WAY APT. NO. 200 KIRKLAND, WA 98033	\$\$	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
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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)

Name of organization

Employer identification number

ST HELENA FOUNDATION

82-1092832

Part II	Noncash Property (See instructions). Use duplicate copies of Part I	I 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
		s	
(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
		 \$	000 E7 a- 000 BE\ /2018\

		(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠. ۶

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

623454 10-18-16

Name of organization

Part III

(a) No. from Part I

(a) No. from Part I

(a) No. from Part I

(a) No. from

FORM 990-PF	LEGAL FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
LEGAL FEES	3,723.	0.		3,723.	
TO FM 990-PF, PG 1, LN 16A	3,723.	0.		3,723.	
					
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-	(C) ADJUSTED	TATEMENT 2 (D) CHARITABLE PURPOSES	
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE	

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	3
NAME OF CONTRIBUTOR	ADDRESS		
HAE JOO PARK	570 KIRKLAND WAY APT. NO. 2 KIRKLAND. WA 98033	200	

Part XV Supplementary Information				
Grants and Contributions Paid During the Y	ear (Continuation)		· ,	<u> </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
	}			Ì
ISSIONARY OBLATES OF MARY IMMACULATE	NONE	PC	GENERAL SUPPORT	
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ASHINGTON, DC 20017	 	 		55,000
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Total from continuation sheets		<u> </u>		55,00