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OMB No 1545-0052

2016

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

		ndar year 2016, or tax year	beginning 10-01-20)16 , a	nd er	nding 09-30-		
		indation DATION				91-6512367	entification numbe	er
Mirron	har ana	street (or P O box number if mail is no	t delivered to street address.	Room/suite		91-0312307		
		HAVE SE	t delivered to street address)	Roomy suite		,	mber (see instructio	ns)
City	or town	, state or province, country, and ZIP or f	foreign postal code			(206) 232-1980		
MER	CER ISL	AND, WA 98040	- '			C If exemption	application is pendir	ig, check here
G Ch	eck al	l that apply \Box Initial return	Initial return of a	former public charity	,	D 1. Foreign or	ganızatıons, check h	ere 🕨 🔲
		☐ Fınal return	Amended return				rganizations meeting k here and attach co	
		☐ Address chang				E If private for	undation status was	terminated \Box
		pe of organization Signature before 50 per 5	01(c)(3) exempt private				n 507(b)(1)(A), che	
				☑ Cash ☐ Accru	Jal	F If the founda	ation is in a 60-mont	h termination 🖂
		rom Part II, col (c),	Other (specify) (Part I, column (d) must				n 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and E	Expenses (The total	(a) Revenue and		1		(d) Disbursements
		of amounts in columns (b), (c), and (c equal the amounts in column (a) (see		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , i	received (attach	225,000				
		schedule)						
	2	Check ► ☐ If the foundation is r Sch B	not required to attach					
	3	Interest on savings and temporar	y cash investments					
	4	Dividends and interest from secur	rities	749		749		
	5a	Gross rents						
υ	ь 6а	Net rental income or (loss) Net gain or (loss) from sale of ass	tets not on line 10		1			
Revenue	b	- , ,						
Şek	7	Gross sales price for all assets on Capital gain net income (from Par			0			
ш.	8	Net short-term capital gain	•					
	9	Income modifications						
	10a	Gross sales less returns and allow	rances					
	b	Less Cost of goods sold	<u> </u>					
	С	Gross profit or (loss) (attach sche Other income (attach schedule)	•		1			
	11 12	Total. Add lines 1 through 11 .		225,749		749		
	13	Compensation of officers, director		223,743	1	749		
	14	Other employee salaries and wage	,					
Š	15	Pension plans, employee benefits						
nse	16a	Legal fees (attach schedule)						
<u>×</u>	b	Accounting fees (attach schedule)		% J 600				600
e F	С	Other professional fees (attach sc	hedule)					
≘	17	Interest						
<u>.</u>	18	Taxes (attach schedule) (see instr	•					
Ē	19	Depreciation (attach schedule) an	·		1			
₽ď	20 21	Occupancy			+			
Ē	22	Printing and publications						
р <u>Б</u>	23	Other expenses (attach schedule)		9 35	5			35
Operating and Administrative Expenses	24	Total operating and administra	ative expenses.					
<u>p</u>		Add lines 13 through 23		635	5	0		635
)	25	Contributions, gifts, grants paid		132,667	7			132,667
	26	Total expenses and disbursem 25	ents. Add lines 24 and	133,302	2	0		133,302
	27	Subtract line 26 from line 12						
	а	Excess of revenue over expensions disbursements	ses and	92,447	7			
	ь	Net investment income (if nega	ative, enter -0-)			749		
	С	Adjusted net income(If negative	•					
or	Paner	work Reduction Act Notice, see	instructions			Cat No. 11289	/ Fo	m 990-PE (2016)

Investments—U S and state government obligations (attach schedule)

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

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

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Unrestricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶.

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Permanently restricted . . .

10a h

C

11

12

13 14

15 16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

Part III

2

3

4

Liabilities

Fund Balances

ō

Net Assets

Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule)

261

1,035,456

1,035,456

1,035,456

1,035,456

251

1,127,892

1,127,892

1,127,892

1,127,892

1,127,892

2

3

4

5

6

1,035,456

1,127,903

1,127,892

Form **990-PF** (2016)

92,447

11

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 Part VI

instructions

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly P	Paid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		er of Expenses
1	,	
2		
3		
3		
4		
Part IX-B Summary of Program-Related Investments (see	nstructions)	
Describe the two largest program-related investments made by the foundation during the	ne tax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Table Addition of the code 2		
Total. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	
		Form 990-PF (2016)

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

3a 3h

4

5

133.302

133,302

Form **990-PF** (2016)

Amounts set aside for specific charitable projects that satisfy the

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

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

3

4

5

Page 9

55,521

55,521

Form **990-PF** (2016)

_	_	•	•	١,	_	_	_
Į	1	ı	1	1			
7	ж	1	I	Г			

a From 2011.

b From 2012. c From 2013. . .

d From 2014.

e From 2015.

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

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

same amount must be shown in column (a))

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

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see

6 Enter the net total of each column as

f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2011 not

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

d Excess from 2015. . .

e Excess from 2016. . .

c Excess from 2014. . . .

b Excess from 2013. .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. **b** Total for prior years

Excess distributions carryover, if any, to 2016

128.186 114,856 161 539 150.163

153,310

f Total of lines 3a through e.

4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

required—see instructions).

708.054

133,302

841,356

128.186

713,170

114.856 161,539

150.163

153,310

133.302

(a)

Corpus

(b)

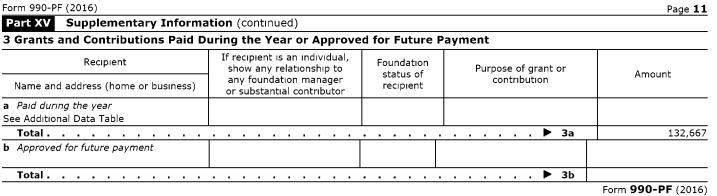
Years prior to 2015

(c)

2015

43,686

43,686



er gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
Member	and contracts from government agencies rship dues and assessments.					
ınvestr	st on savings and temporary cash					
	ds and interest from securities tal income or (loss) from real estate			14	749	
	inanced property					
	ebt-financed property.					
	ntal income or (loss) from personal property					
Other ir	vestment income					
	r (loss) from sales of assets other than					
	ory			+		
	rofit or (loss) from sales of inventory					
	evenue a					
е					740	
e	al Add columns (b), (d), and (e).			13	749	
e Subtota Total. A e worksh	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns)			749	749
e Subtota Total. A e worksh	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio Relationship of Activities to th	^{ns}) e Accomplish	ment of Exem	pt Purposes	3	
e Subtota Total. A e worksh	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio	ns) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes If Part XVI-A contribut	Bted importantly to	
eSubtota Total. A e worksh art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes If Part XVI-A contribut	Bted importantly to	
e Subtota Total. A e worksh art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculatio B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes If Part XVI-A contribut	Bted importantly to	
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, (20	•,
П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	EXEMPT Urganizations

Part	: XVII	Exempt Organ	-	rans	rers 10 a	and Iransact	ion	s and Relatio	onsnips with No	ncnarita	bie		
		rganization directly or Code (other than sect	indirectly enga							ion 501		Yes	No
a Tra	nsfers	from the reporting for	undation to a n	oncha	arıtable ex	empt organizatio	on o	f					
(1) Cash									. 1	a(1)		No
(2) Othe	er assets								1	a(2)		No
b Oth	ner trar	nsactions											
(1) Sale:	s of assets to a nonch	arıtable exemp	t orga	nization.					1	b(1)		No
(2) Purc	hases of assets from a	noncharitable	exem	npt organi:	zation				1	b(2)		No
(3) Rent	al of facilities, equipm	ent, or other a	ssets.						1	b(3)		No
(4) Reim	bursement arrangem	ents							. 1	b(4)		No
(5) Loan	s or loan guarantees.								1	b(5)		No
(6) Perfo	rmance of services or	membership o	r fund	raising so	licitations				. 1	b(6)		No
c Sh	arıng o	f facilities, equipment	mailing lists,	other	assets, or	paid employees					1 c		No
d If t	he ans	wer to any of the abo	ve ıs "Yes," cor	nplete	the follow	wing schedule C	Colun	nn (b) should a	lways show the fair	market val	ue		
		ods, other assets, or s nsaction or sharing ar											
1111	any ua	insaction or snaring ar	rangement, sn	OW III	columni (c	u) the value of the	ne g	loous, other assi	ets, or services rece	ived			
(a) Lin	e No	(b) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization		(d) Description of	f transfers, transaction:	s, and sharın	g arra	ngemen	ts
2a Is 1	the fou	ndation directly or ind	rectly affiliate	d with	, or relate	d to, one or mor	re ta	x-exempt organ	ıızatıons				
des	cribed	in section 501(c) of t	ne Code (other	than	section 50	01(c)(3)) or in se	ectio	on 527?		\square	Yes	✓ N	0
b If '	'Yes," c	complete the following	schedule										
		(a) Name of organiza	tion		(b) Type of organiza	ation		(c) Descriptio	n of relations	hip		
		ler penalties of perjury ny knowledge and beli											
Sian	1 .	ch preparer has any k		or ect	, and com	piete Deciaratio	וט ווע	preparer (other	tilali taxpayer) is t	Jaseu on ai	i iiiioi	mation	1 01
Sign	'	*****				2018-02-13		\ *****		May the IRS	discus	s this r	eturn
Here						2010-02-13		_)		with the pre	parer :	shown b	elow
		Signature of officer or	trustee			Date		/ Title		(see instr)?	<u></u> ⊔ γ	es 🗆 N	lo
	-	D		D	C					DTIN			
		Print/Type prepare	rs name	Prep	arer's Sigi	пасиге		Date	Check if self-	PTIN			
									employed ▶ □				
Paid		DIANA LONG						2018-03-12					
	arer		SELIED/ 1000:	NITENI A	TAV CVC								
_	Only	1	DELITY ACCOU	NIING	IAX SVC	•				Fırm's EIN	•		
J3E	Jiiiy		2519 15th Ave	S									
										Phone no	(206) 860-	3552
			Seattle, WA 9	8144							,200	, 555 (
		1											

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PEPPERDINE UNIVERSITY ΡF CHARITABLE CONTRIBUTION 2,500

24255 PACIFIC COAST HIGHWAY MALIBU, CA 90263		CHARTABLE CONTRIBUTION	
UC REGENTS U OF CALIFORNIA 1156 HIGH STREET	PF	SCHOLARSHIP	

OF CALIFORNIA 1156 HIGH STREET SANTA CRUZ, CA 95064			
REE WHEELCHAIR MISSION POBOX 52001 DEPT 921	PF	CHARITY CONTRIBUTION	

FREE WHEELCHAIR MISSION POBOX 52001 DEPT 921 PHOENIX, AZ 85072	PF	CHARITY CONTRIBUTION	

3a

PHOENIX, AZ 85072			
HEALING THE CULTURE PO BOX 517 MONROE, WA 98272	PF	CHARITY CONTRIBUTION	5,000
CHRIST THE CORNERSTONE CHURCH	PF	CHARITY CONTRIBUTION	5 000

MONROE, WA 98272			,
CHRIST THE CORNERSTONE CHURCH 10608 NE 125TH PL KIRKLAND, WA 98034	PF	CHARITY CONTRIBUTION	5,000

56,667

10,000

MONROE, WA 98272			
CHRIST THE CORNERSTONE CHURCH 10608 NE 125TH PL KIRKLAND, WA 98034	PF	CHARITY CONTRIBUTION	5

OGOS NE 125TH PL (IRKLAND, WA 98034	FI	CHARITY CONTRIBUTION	
Total	 		132,667

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year URBAN IMPACT 7728 RAINIER AVE S PF CHARITY CONTRIBUTION 5,000 SEATTLE, WA 98118 DE CHARTTY CONTRIBUTION F 000

111 QUEEN ANNE AVENUE NO SEATTLE, WA 98109	PF	CHARITY CONTRIBUTION	5,000
NICOLAS FUND FOR EDUCATION 9311 SE 36TH ST SUITE 202	PF	CHARITY CONTRIBUTION	10,000

NICOLAS FUND FOR EDUCATION 9311 SE 36TH ST SUITE 202 MERCER ISLAND, WA 98040	PF	CHARITY CONTRIBUTION	10,000
THE URBAN ALTERNATIVE PO BOX 4000	PF	CHARITY CONTRIBUTION	2,000
DALLAS TV 75208			

THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208	PF	CHARITY CONTRIBUTION	2,000
LEGACY INSTITUTE PO BOX 82746	PF	CHARITY CONTRIBUTION	3,000

THE URBAN ALTERNATIVE PO BOX 4000 DALLAS, TX 75208	PF	CHARITY CONTRIBUTION	2,0
LEGACY INSTITUTE PO BOX 82746	PF	CHARITY CONTRIBUTION	3,0

JALLAS, 1X 75200			
LEGACY INSTITUTE PO BOX 82746 KENMORE, WA 98028	PF	CHARITY CONTRIBUTION	3,0

LEGACY INSTITUTE PO BOX 82746 KENMORE, WA 98028	PF	CHARITY CONTRIBUTION	3,
Tatal		_	122 667

KENMORE, WA 98028		
Total	 	132,667

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year EASTERN NEW MEXICO UNIVERSITY PF 5,000

CHARITY CONTRIBUTION

2,500

2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

1500 SOUTH AVENUE K PORTALES, NM 88130			
UNION GOSPEL MISSION PO BOX 202 SEA⊤LE, WA 98111	PF	CHARITY CONTRIBUTION	

OPERATION NIGHT WATCH 302 14TH AVE S SEATTLE, WA 98144	PF	CHARITY CONTRIBUTION	
VITAE FOUNDATION	PF	CHARITY CONTRIBUTION	

VITAE FOUNDATION 1731 SOUTHBRIDGE DRIVE SUITE D JEFFERSON CITY, MO 65109	PF	CHARITY CONTRIBUTION	5,000
BRIDGES INTERNATIONAL	PF	CHARITY CONTRIBUTION	1,000

JEFFERSON CITY, MO 65109			
BRIDGES INTERNATIONAL 12012 TECHNOLOGY BLVD 103 AUSTIN. TX 78727	PF	CHARITY CONTRIBUTION	1,0

EFFERSON CITY, MO 65109			
BRIDGES INTERNATIONAL 2012 TECHNOLOGY BLVD 103 AUSTIN, TX 78727	PF	CHARITY CONTRIBUTION	1,0

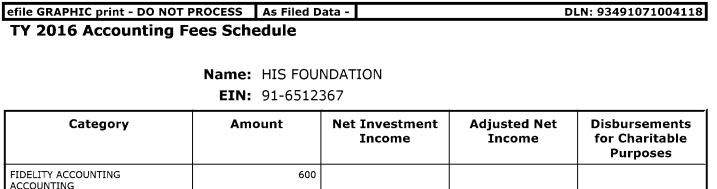
Total				132,667
12012 TECHNOLOGY BLVD 103 AUSTIN, TX 78727				
DIVIDUES IN LENNALIONAL	1	, , ,	CHARTICONTRIBUTION	

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation If recipient is an individual, Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year FOCUS OF THE FAMILY PF CHARITY CONTRIBUTION 2,500 8605 EXPLORER DRIVE

MUSEUM OF THE BIBLE 409 3RD ST SW C-700 WASHINGTON DC 20024	PF	CHARITY CONTRIBUTION	10,000
Total			132,667

Total . 3a



efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 9349107100	4118	
TY 2016 Other Decreases Schedule					
Name:	HIS FOUNDATION	I			
EIN:	91-6512367				
De	escription		Amount		
PRIOR YEAR ADJUSTMENT				11	

Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
Other Expenses Schedule						
EIN: 91-6512367						
Name:	HIS FOUNDATION	ON				
TY 2016 Other Expenses Schedule						
efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491071004118		

Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DUES AND SUBSCRIPTIONS	35			35

OFFICE SUPPLIES

efile GRAPHIC print -	DO NOT PROCESS As Filed Data -		DLN: 93491071004118	
Schedule B (Form 990, 990-EZ,	Schedule of Contributors		OMB No 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	PO-PF) ★ Attach to Form 990, 990-EZ, or 990-PF The Treasury ★ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at			
Name of the organizat	ion	Employer id	entification number	
		91-6512367		
Organization type (ch	eck one)			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	tion		
	☐ 527 political organization			
Form 990-PF	√ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
501(c)(3) taxable private foundation				
	ration filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution represently) from any one contributor. Complete Parts I and II. See instructions for a			
Special Rules				
under sections received from a	tion described in section $501(c)(3)$ filing Form 990 or 990-EZ that met the $33^13\%$ s $509(a)(1)$ and $170(b)(1)(A)(vi)$, that checked Schedule A (Form 990 or 990-EZ), Pany one contributor, during the year, total contributions of the greater of (1) \$5,000 one 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	art II, line 13,	16a, or 16b, and that	
during the year	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scienti the prevention of cruelty to children or animals. Complete Parts I, II, and III			
during the year If this box is che purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contecked, enter here the total contributions that were received during the year for an extended to the parts unless the General Rule applies to this organization beable, etc., contributions totaling \$5,000 or more during the year	tributions tota e <i>xclusively</i> rel ecause it rece	led more than \$1,000 ligious, charitable, etc , eived <i>nonexclusively</i>	
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special Rules does not file S t it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line F Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of	H of its		
For Paperwork Reduction for Form 990, 990-EZ, or 9		le B (Form 990,	, 990-EZ, or 990-PF) (2016)	

Name of organi HIS FOUNDATION		Employer identification 91-6512367	number
Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	Iditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	CASSAN ENTERPRISES INC		Person 🗸
1			Payroll
	2737 78TH AVE SE STE 201	\$ 200,000	Noncash
	MERCER ISLAND, WA 98040		(Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DOLLAR PARK N FLY INC		Person 🗸
2	2727 70TH AVE CE CTE 201		Payroll
	2737 78TH AVE SE STE 201	\$ 25,000	Noncash
	MERCER ISLAND, WA98040		(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
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions)
		Schodulo P (E	orm 990 990-E7 or 990-DE) /2016)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3	
Name of organization HIS FOUNDATION		Employer identification number		
THIS TOURDATION		91-65	12367	
Part II	Noncash Property			
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
=				
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
<u> </u>		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)	

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