

Form **990-PF**Department of the Treasury
Internal Revenue Service**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 instructions is at www.irs.gov/form990pf.

2017**Open to Public
Inspection****For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017**

<p>Name of foundation PINNACLE GARDENS FOUNDATION</p> <p>Number and street (or P O box number if mail is not delivered to street address) 906 18TH AVE E</p> <p>City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98112</p> <p>G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> <p>H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p>I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 6,011</p>		<p>A Employer identification number 20-1142283</p> <p>B Telephone number (see instructions) (216) 346-8046</p> <p>C If exemption application is pending, check here ► <input type="checkbox"/></p> <p>D 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/></p> <p>E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/></p> <p>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/></p>		
		<p>J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p> <p>(Part I, column (d) must be on cash basis)</p>		
<p>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) (see instructions))</p>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)		38,666	
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B			
	3 Interest on savings and temporary cash investments		8	8
	4 Dividends and interest from securities			
	5a Gross rents			
	b Net rental income or (loss)			
	6a Net gain or (loss) from sale of assets not on line 10	► <input checked="" type="checkbox"/>	-153	
	b Gross sales price for all assets on line 6a	10,380		
	7 Capital gain net income (from Part IV, line 2)			
	8 Net short-term capital gain			
	9 Income modifications			
	10a Gross sales less returns and allowances			
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11		38,521	8	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc			
	14 Other employee salaries and wages			
	15 Pension plans, employee benefits			
	16a Legal fees (attach schedule)			
	b Accounting fees (attach schedule)	► <input checked="" type="checkbox"/>	1,400	1,400
	c Other professional fees (attach schedule)			
	17 Interest			
	18 Taxes (attach schedule) (see instructions)			
	19 Depreciation (attach schedule) and depletion			
	20 Occupancy			
	21 Travel, conferences, and meetings			
	22 Printing and publications			
	23 Other expenses (attach schedule)	► <input checked="" type="checkbox"/>	234	234
	24 Total operating and administrative expenses.		1,634	0
25 Contributions, gifts, grants paid		36,875		36,875
26 Total expenses and disbursements. Add lines 24 and 25		38,509	0	38,509
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements		12		
b Net investment income (if negative, enter -0-)			8	
c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets					
1	Cash—non-interest-bearing		5,999	6,011	6,011
2	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 disqualified persons (attach schedule) (see instructions)				
7	Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
8	Inventories for sale or use				
9	Prepaid expenses and deferred charges				
10a	Investments—U S and state government obligations (attach schedule)				
b	Investments—corporate stock (attach schedule)				
c	Investments—corporate bonds (attach schedule)				
11	Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ►	4,727			
	Less accumulated depreciation (attach schedule) ►	4,727			
15	Other assets (describe ►)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		5,999	6,011	6,011
Liabilities					
17	Accounts payable and accrued expenses				
18	Grants payable				
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ►)				
23	Total liabilities (add lines 17 through 22)				0
Net Assets or Fund Balances					
24	Unrestricted				
25	Temporarily restricted				
26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
27	Capital stock, trust principal, or current funds				
28	Paid-in or capital surplus, or land, bldg , and equipment fund				
29	Retained earnings, accumulated income, endowment, or other funds		5,999	6,011	
30	Total net assets or fund balances (see instructions)		5,999	6,011	
31	Total liabilities and net assets/fund balances (see instructions)		5,999	6,011	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,999
2	Enter amount from Part I, line 27a	2	12
3	Other increases not included in line 2 (itemize) ►	3	
4	Add lines 1, 2, and 3	4	6,011
5	Decreases not included in line 2 (itemize) ►	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	6,011

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

 Yes No**1 Enter the appropriate amount in each column for each year, see instructions before making any entries**

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	38,580	6,889	5 600232
2015	84,141	13,058	6 443636
2014	69,304	12,120	5 718152
2013	107,060	33,533	3 192676
2012	97,164	11,493	8 454190
2 Total of line 1, column (d)			29 408886
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			5 881777
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			12,754
5 Multiply line 4 by line 3			75,016
6 Enter 1% of net investment income (1% of Part I, line 27b)			75,016
7 Add lines 5 and 6			38,509
8 Enter qualifying distributions from Part XIII, line 4			

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	0
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► <input type="checkbox"/> and enter 1% 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)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2.	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	
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 2018 estimated tax ►	Refunded	11

Part VII-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 in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b	Yes	No
<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>				
c	Did the foundation file Form 1120-POL for this year?	1c	Yes	No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ► \$ _____ (2) On foundation managers ► \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	Yes	No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	Yes	No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	No
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	No
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►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? <i>If "No," attach explanation</i> 	8b	Yes	No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes	No

Part VII-A Statements Regarding Activities (continued)

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	No
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	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►JUDITH M WRIGHT	Telephone no	►(216) 346-8046
Located at ►1264 ARLINGTON ROAD LAKEWOOD OH		ZIP+4 ►441071042	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	► 15	<input type="checkbox"/>
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(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)?.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(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).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If 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)? Organizations relying on a current notice regarding disaster assistance check here.	1b	<input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?	1c	<input type="checkbox"/>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	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) ►	2b	<input type="checkbox"/>
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 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 2017).	3b	<input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<input type="checkbox"/> No
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 2017?	4b	<input type="checkbox"/> No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ►			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53 4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JUDITH M WRIGHT 1264 ARLINGTON ROAD LAKEWOOD, OH 441071042	OFFICER 1 00	0	0	0
STEPHEN A KOLLINS 9103 ALTA DRIVE 1702 LAS VEGAS, NV 89145	OFFICER 1 00	0	0	0
MICHAEL B KOLLINS 906 18TH AVE E SEATTLE, WA 98112	OFFICER 1 00	0	0	0
LISA B KOLLINS 100 LEAVIEW LANE CHAGRIN FALLS, OH 440224225	OFFICER 1 00	0	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ►				
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "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. ►				
Part IX-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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc				Expenses
1				
2				
3				
4				
Part IX-B Summary of Program-Related Investments (see instructions)				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2				Amount
1 N/A				
2				
All other program-related investments. See instructions				
3				
Total. Add lines 1 through 3				►

Part X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations, see instructions)

1	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	878
b	Average of monthly cash balances.	1b	12,070
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	12,948
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	12,948
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	194
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,754
6	Minimum investment return. Enter 5% of line 5.	6	638

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ► and do not complete this part)

1	Minimum investment return from Part X, line 6.	1	638
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	638
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	638
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	638

Part XII 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	38,509
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	38,509
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	38,509

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 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				638
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	96,589			
b From 2013.	105,383			
c From 2014.	68,698			
d From 2015.	83,488			
e From 2016.	38,236			
f Total of lines 3a through e.	392,394			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 38,509				
a Applied to 2016, 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).				
d Applied to 2017 distributable amount.				638
e Remaining amount distributed out of corpus	37,871			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount 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	430,265			
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—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018.				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)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)	96,589			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a.	333,676			
10 Analysis of line 9				
a Excess from 2013.	105,383			
b Excess from 2014.	68,698			
c Excess from 2015.	83,488			
d Excess from 2016.	38,236			
e Excess from 2017.	37,871			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
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.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(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 investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future 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 recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i> See Additional Data Table				
Total			► 3a	36,875
<i>b Approved for future payment</i>				
Total			► 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
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 a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).					
13 Total. Add line 12, columns (b), (d), and (e).					
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Part XVII

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 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?

a Transfers from the reporting foundation to a noncharitable exempt organization of

- Other transactions

(b) Performance of services or membership in fundraising solicitations.

If the answer to any of the above is "Yes," complete the following schedule. Column (D) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value

in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Line No. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

**Sign
Here**

* * * * *

2018-08-13

* * * * :

May the IRS discuss this
return
with the preparer shown
below
(see instr)? Yes No

Paid Preparer Use Only	Print/Type preparer's name ERIN E BONIPART	Preparer's Signature	Date 2018-08-13	Check if self-employed ► <input type="checkbox"/>	PTIN P01434432
	Firm's name ► SAFSTROM & COMPANY PS				Firm's EIN ► 91-1190593
	Firm's address ► 1325 4TH AVE STE 1530 SEATTLE, WA 981012546				Phone no (206) 622-6456

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACLU OF OHIO FOUNDATION 4506 CHESTER AVE CLEVELAND, OH 44103	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
ACLU OF WASHINGTON 901 FIFTH AVE STE 630 SEATTLE, WA 98164	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	750
AMERICAN ASSOCIATES OF BEN-GURION UNIVERSITY OF THE NEGEV 1001 AVE OF THE AMERICAS 19TH FLOOR NEW YORK, NY 10018	N/A	PUBLIC CHARIT	FINANCIAL SUPPORT	1,000
AMERICAN JEWISH COMMITTEE 165 EAST 56TH ST NEW YORK, NY 100222709	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
ART COUNCIL OF MONGOLIA-US 2025 23RD AVE E SEATTLE, WA 98112	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
Total ►				36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ASIAN SERVICES IN ACTION 3631 PERKINS AVE STE 2A-W CLEVELAND, OH 44114	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
B'TSELEM USA PO BOX 53132 JERUSALEM 9153002 IS	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	150
BECK CENTER FOR THE ARTS 17801 DETROIT AVE LAKEWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
BETH ISRAEL THE WEST TEMPLE CAMPAIGN 14308 TRISKETT RD CLEVELAND, OH 44111	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	1,500
CLEVELAND CLINIC 9500 EUCLID AVE CLEVELAND, OH 44195	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	1,600
Total				36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CLEVELAND PRINT ROOM 2550 SUPERIOR AVE CLEVELAND, OH 44114	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
CONGREGATION NER TAMID 55 N VERDE DR HENDERSON, NV 89074	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	2,250
CONSERVANCY FOR CVNP 1403 W HINES HILL RD PENINSULA, OH 44264	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	600
CORNUCOPIA INC 18120 SLOANE AVE LAKEWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
DEMOCRACY COLLABORATIVE 1200 18TH ST NW STE 1225 WASHINGTON, DC 20036	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
DOWNTOWN EMERG SVC CNTR 515 THIRD AVE SEATTLE, WA 98104	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
EQUALITY OHIO 12511 MADISON AVE LAKEWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
FRIENDS OF COOPER ISLAND 652 32ND AVE E SEATTLE, WA 98112	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
GREATER CLEVELAND FOOD BANK 15500 S WATERLOO RD CLEVELAND, OH 44110	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
HUGO HOUSE 1634 11TH AVE SEATTLE, WA 98122	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	5,000
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HUMANITIES WASHINGTON 130 NICKERSON ST STE 304 SEATTLE, WA 98109	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
INTL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	1,000
JEWISH FOUNDATION FOR THE RIGHTEOUS 305 7TH AVE 19TH FLR NEW YORK, NY 10001	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
JUVENILE JUSTICE COALITION PO BOX 477 BATH, OH 44210	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
KEXP 903 FM472 1ST AVE N SEATTLE, WA 98109	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
Total				36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
LAKWOOD COMM SVCS CNTR 14230 MADISON AVE LAKWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
LAKWOOD COMMUNITY FDN LAKWOOD H2O16024 MADISON AVE LAKWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
LAKWOOD MUSIC BOOSTERS 1470 WARREN RD LAKWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
LGBT COM CNTR CLEVELAND 6600 DETROIT AVE CLEVELAND, OH 44102	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	450
LITERARY CLEVELAND 7212 W CLINTON LAKWOOD, OH 44107	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
MALACHI HOUSE 2810 CLINTON AVENUE CLEVELAND, OH 44113-2939	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
NARAL PRO-CHOICE OHIO FDN 12000 SHAKER BLVD CLEVELAND, OH 44120	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
NATIONAL PARKS FOUNDATION 1110 VERNON AVE NW SUITE 200 WASHINGTON, DC 20005	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
NATIONAL RESOURCE DEFENSE COUNCIL 40 WEST 20TH ST 11TH FLR NEW YORK, NY 10011	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	875
NEIGHBORHOOD FAMILY PRACTICE 3569 RIDGE ROAD CLEVELAND, OH 44102	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	450
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
NEW VOICES 5907 PENN AVE STE 340 PITTSBURGH, PA 15206	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
NEWBRIDGE CLEVELAND 3634 EUCLID AVE STE 100 CLEVELAND, OH 44115	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	300
OH ORGANIZING COLLABORATIVE 112 SOUTH WATER ST B KENT, OH 44240	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
OHIO JUSTICE AND POLICY CNTR 215 EAST 9TH ST 601 CINCINNATI, OH 44120	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
PATH WITH ART 1402 3RD AVE STE 1010 SEATTLE, WA 98101	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
PAZ PARA LA MUJER - NSVRC 2101 N FRONT ST HARRISBURG, PA 17110	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
PEACE IS LOUD 25 EAST 21ST ST 7TH FLR NEW YORK, NY 10010	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
PLANNED PARENTHOOD FED OF AMERICA 123 WILLIAMS ST 10TH FLR NEW YORK, NY 10038	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
PLANNED PARENTHOOD OHIO 25350 ROCKSIDE RD 3RD FL BEDFORD HTS, OH 44146	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
POLICY MATTERS OHIO 3631 PERKINS AVE STE 4C- CLEVELAND, OH 44114	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PRETERM12000 SHAKER BLVD CLEVELAND, OH 441201922	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
PROPUBLICA155 AVE OF THE AMERICAS 13TH FLR NEW YORK, NY 10013	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
RAINIER VALLEY FOOD BANK 4205 RAINIER AVE S SEATTLE, WA 98118	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	2,000
REAL CHANGE96 S MAIN ST SEATTLE, WA 98104	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
RELIGIOUS ACTION CENTER OF REFORM JUDAISM 2027 MASSACHUSETTS AVE NW WASHINGTON, DC 20036	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	240
Total				36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SAVE A CHILD'S HEARTPO BOX 59172 POTOMAC, MD 20859	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
SEATTLE ARTS & LECTURES 340 15TH AVE E STE 301 SEATTLE, WA 98112	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
SEATTLE CHILDREN'S THEATRE 201 THOMAS ST SEATTLE, WA 98109	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	750
SPLASH1326 FIFTH AVE STE 300 SEATTLE, WA 98101	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	2,200
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SUITE 1300 1422 EUCLID AVE STE 1300 CLEVELAND, OH 44115	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
TALESPINNER CHILDRENS THEATRE 5209 DETROIT AVE CLEVELAND, OH 44102	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
TECHNOLOGY ACCESS FOUNDATION 605 SW 108TH ST SEATTLE, WA 98146	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	150
THE LAND INSTITUTE 2440 E WATER WELL ROAD SALINA, KS 67401	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
THE SUN MAGAZINE 107 N ROBERSON ST CHAPEL HILL, NC 27516	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	100
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THE TEMPLE TIFERETH ISREAL 26000 SHAKER BLVD BEACHWOOD, OH 44122	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
TOWN HALL1119 EIGHT AVE SEATTLE, WA 98101	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	100
TREEHOUSE FOR KIDS 2100 24TH AVE S STE 200 SEATTLE, WA 98144	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
UCI-BIRTHING BEAUTIFUL COMMUNITIES 10831 MAGNOLIA DRIVE CLEVELAND, OH 44106	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	335
UNIVERSITY FAMILY YMCA 5003 12TH AVE NE SEATTLE, WA 98105	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	250
Total				36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
WAITING CHILD FUND 1427 E 36TH ST SUITE 4203F CLEVELAND, OH 44114	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	100
WCPN IDEASTREAM 1375 EUCLID AVE CLEVELAND, OH 441151835	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	600
WHITE HELMETS C/O THE VOICE PROJECT/SYRIA CAMPAIGN 86 GLADSTONE ST NORWICH, UK UK	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	-500
WOMEN HAVE OPTIONS PO BOX 1611 COLUMBUS, OH 43216	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	200
WORLD WILDLIFE FUND 1250 24TH ST NW WASHINGTON, DC 20037	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	875
Total			►	36,875
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
YIVO INSTITUTE FOR JEWISH RESEARCH 15 WEST 16TH ST NEW YORK, NY 100116301	N/A	PUBLIC CHARI	FINANCIAL SUPPORT	500
Total				36,875
3a				

TY 2017 Accounting Fees Schedule

Name: PINNACLE GARDENS FOUNDATION

EIN: 20-1142283

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX PREPARATION	1,400			1,400

TY 2017 Explanation of Non-Filing with Attorney General Statement

Name: PINNACLE GARDENS FOUNDATION

EIN: 20-1142283

Statement:

WASHINGTON STATE DOES NOT REQUIRE A COPY OF FORM 990-PF UNLESS THE PRIVATE FOUNDATION SOLICITS CONTRIBUTIONS FROM THE GENERAL PUBLIC.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Gain/Loss from Sale of Other Assets Schedule

Name: PINNACLE GARDENS FOUNDATION

EIN: 20-1142283

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
58 ISHARES RUSSELL 2000 GROWTH ETF	2017-10	PURCHASE	2017-11		10,380	10,533			-153	

**TY 2017 Land, Etc.
Schedule****Name:** PINNACLE GARDENS FOUNDATION**EIN:** 20-1142283

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
ORGANIZATION COSTS	4,727	4,727		

TY 2017 Other Expenses Schedule

Name: PINNACLE GARDENS FOUNDATION**EIN:** 20-1142283**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
WA STATE REGISTRATION FEES	35			35
OFFICE SUPPLIES	134			134
BANK FEES	60			60
POSTAGE	5			5

TY 2017 Substantial Contributors

Schedule

Name: PINNACLE GARDENS FOUNDATION

EIN: 20-1142283

Name	Address
EILEEN KOLLINS	

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

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

2017
Name of the organization
 PINNACLE GARDENS FOUNDATION

Employer identification number
 20-1142283
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

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 other 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 33¹ 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.

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. ► \$ _____

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-EZ, or 990-PF).

Name of organization PINNACLE GARDENS FOUNDATION		Employer identification number 20-1142283	
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	JUDITH M WRIGHT 1264 ARLINGTON ROAD LAKEWOOD, OH441071042	\$ 10,533	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MICHAEL KOLLINS ALLISON AUGUSTYN 906 18TH AVE E SEATTLE, WA98112	\$ 16,900	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EILEEN KOLLINS 15 SARATOGA COURT BEACHWOOD, OH44123	\$ 10,233	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
			Noncash <input type="checkbox"/>
			(Complete Part II for noncash contributions)

Name of organization
PINNACLE GARDENS FOUNDATION

Employer identification number

20-1142283

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
		\$	

Name of organization PINNACLE GARDENS FOUNDATION			Employer identification number 20-1142283
Part III <i>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____</i> Use duplicate copies of Part III if additional space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee