OMB No 1545-0687

EXTENDED TO NOVEMBER 15

			,	•
Exempt	Organization	Business	Income	Tax Return
•	and proxy tax	x under section	n 6033(e))	

	•	_	(and proxy tax und	161 36	ction obsolejj			2017
•		Forca	lendar year 2017 or other tax year beginning	_ [ZU 11			
	rtment of the Treasury nal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				ç	pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if	<u> </u>	Name of organization (Check box if name of				DEmploy	er identification number
~ L	address changed		The strain of th	(Emplo	yees' trust, see tions)			
BF	xempt under section	Print	D&G_CHARITABLE FUND	47	7-7440095			
	☐ 501() ()	or	Number, street, and room or suite no. If a P.O. bo	E Unrelat	ed business activity codes			
	408(e) 220(e)	Туре	P.O. BOX 91302	.,			(See ins	structions)
	408A 530(a)		City or town, state or province, country, and ZIP of	r foreiar	n postal code			
一	529(a)		SEATTLE. WA 98111			ľ	9000	99
C Bo	ook value of all assets end of year 30,660,5		F Group exemption number (See instructions.)					
at	30,660,5	30.	G Check organization type ► 501(c) cor	poration	X 501(c) trust	401(a)	trust	Other trust
H D	escribe the organization	n's prim	ary unrelated business activity. > INVESTM			ROUGHS		
I D	uring the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶	Yes	X No
	-		tifying number of the parent corporation.					
J TI	he books are in care of		LANE POWELL		Telepho	one number 🕨 2	06-2	223-7959
Pa	art I Unrelated	Tra	de or Business Income		(A) Income	(B) Expenses		(C) Net
\ <u>1a</u>	Gross receipts or sale	:s		1 7			1	
b	Less returns and allow	wances	c Balance	10				
2	Cost of goods sold (S	chedule	A, line 7)	2				
3	Gross profit, Subtract	line 2 f	rom line 1c	3				
4 a	Capital gain net incon	ne (attac	ch Schedule D)	4a				
b	Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction	for tru	sts	4c				
5	Income (loss) from pa	artnersh	ips and S corporations (attach statement)	5	54,221.		"T	54,221.
6	Rent income (Schedu	le C)		6				
7	Unrelated debt-finance	ed inco	me (Schedule E)	7				
8	Interest, annuities, ro	yaltıes, a	and rents from controlled organizations (Sch. F)	8				
9	Investment income of	a secti	on 501(c)(7), (9), or (17) organization (Schedule G	9				
10	Exploited exempt activities	vity inco	ome (Schedule I)	10				
11	Advertising income (S	Schedul	e J)	11				
12	Other income (See ins	structio	ns; attach schedule)	12				
13	Total. Combine lines			13	54,221.			54,221.
Pa			ot Taken Elsewhere (See instructions for					
			utions, deductions must be directly connecte	d with t	the unrelated business	s income)		_
14	•	icers, di	rectors, and trustees (Schedule K)			-	14	
15	Salaries and wages					}	15	
16	Repairs and mainten	ance	DEOF	-11 /2-		}	16	
17	Bad debts	اماريام/	RECE	:IVE	D	-	17	
18	Interest (attach sche	aule)	0		ည္ဟု	}	18	
19	Chartella agetribut	/5-	e instructions for limitation rules NOV 2	1 201	a l <mark>ől</mark>	-	19	
20				- 501	1001	}	20	
21	Depreciation (attach	FUIM 4	p Schodulo A and alcombers on return O	N	21	<u></u>	225	
22	Less depreciation cla	O Danne	n Schedule A and elsewhere on returnOGDE	<u>N, L</u>	JT 22a		22b	
23	Depletion	arrad a-	mnencation plans		···	ŀ	23	<u> </u>
24	Contributions to defe		mhenzarion higus			}	24	
25 26	Employee benefit pro	•	chodula I)			}	25	
26	Excess exempt expe		•			}	26	
27	Excess readership co	•	•			}	27	
28	Other deductions (at Total deductions. A		•			}	28	0.
29			5	nt luna 00) from line 12	ŀ	29	54,221.
30			ncome before net operating loss deduction. Subtract	ut iiile 25	o nom ime 13	}	30	J#,441.
31	, ,		n (limited to the amount on line 30)	rom line	20	}	31	54,221.
32			ncome before specific deduction. Subtract line 31 fi		30	}	32	1,000.
33	Specific aganction (penerali	y \$1,000, but see line 33 instructions for exceptions	(۵		L	33	

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

line 32

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or

Form **990-T** (2017)

53,221.

Com and I (Edit) Date	CHARTIABLE FOND	4//44	.0033	
Part III Tax Comp	utation			
	ble as Corporations. See instructions for tax computation.			
-	embers (sections 1561 and 1563) check here See instructions and		1	
	the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		1	
1.7			l	
•	share of; (1) Additional 5% tax (not more than \$11,750)		}	
	ex (not more than \$100,000)			
c Income tax on the a	mount on line 34	🕨	35c	
36 Trusts Taxable at T	rust Rates. See instructions for tax computation. Income tax on the amount on line 34 from.			
X Tax rate sched	lule or Schedule D (Form 1041)	🕨	36	19,358.
37 Proxy tax, See instr		>	37	
38 Alternative minimun			38	
	ant Facility Income. See instructions		39	
	38 and 39 to line 35c or 36, whichever applies		40	19,358.
		· · · · · ·	1 40	13,330.
Part IV Tax and P				
-	orporations attach Form 1118, trusts attach Form 1116) 41a		4	
 Other credits (see in 	structions) 41b			
c General business cr	edit. Attach Form 3800]	
d Credit for prior year	minimum tax (attach Form 8801 or 8827) 41d]	
e Total credits. Add li	nes 41a through 41d		41e	
42 Subtract line 41e fro	om line 40		42	19,358.
		ttach schedule)	43	
44 Total tax. Add lines	4.	,	44	19,574.
	overpayment credited to 2017	5,000.	1	
		3,000.	1	
	45	5,000.	//	
c Tax deposited with F		5,000.	<u> </u>	
	is Tax paid or withheld at source (see instructions)		//	
 Backup withholding 	(see instructions)	55.	Y	
f Credit for small emp	oloyer health insurance premiums (Attach Form 8941)		<u> </u>	
g Other credits and pa				
Form 4136	Other Total ► 45g]	
46 Total payments. Ad	11 . 46 15 1 46		46	10,055.
	y (see instructions). Check if Form 2220 is attached 🕨 🗓		47	
	less than the total of lines 44 and 47, enter amount owed	>	48	9,519.
	a 46 is larger than the total of lines 44 and 47, enter amount overpaid	.	49	
• •	•	inded 🕨	50	
	s Regarding Certain Activities and Other Information (see Instruct	tions)	L	
	he 2017 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	ount (bank, securities, or other) in a foreign country? If YES, the organization may have to file			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	leport of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	eport of 1 design bank and 7 manetal Accounts, in 120, enter the name of the following			x
here	did the assessment receives a distribution from as use if the granter of as transferor to a fore	ion truct?		$-\frac{1}{X}$
	did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	igii tiustr ,		··· ^
•	ons for other forms the organization may have to file.			
	tax-exempt interest received or accrued during the tax year ▶\$	- 11 1		(1) 10 10 10
	or lury. I dectero that I have examined this return, including accompanying achedules and statements, and to the to Declaration of proposer (other than taxpayer) is based on all information of which preparer has any knowledg	e bestormy know 18.	wieaga and beite	, it is true,
Sign Correct americampio	Laterta America	M	ay the IRS discus	s this return with
Here	ILIH 16 TRUSTEE		preparer shown	- · · — · I
Signature of t	Officer Date Title	Ins	structions)?	Yes No
Print/Type pri	eparer's name Preparer's signature Date C	heck Li	PTIN	
Paid	1 1 1 De 11/2 /2 5	elf- employed		
Preparer ALYSON	PETERS 11/2/18 S			21268
Preparer		Firm's EIN	33-1	197384
OSE OTHY	1200 FIFTH AVENUE, SUITE 1600			
Firm's addres		Phone no. 2	06-577	-7880
1				n 990-T (2017)

Schedule A - Cost of Goods Sold. En	ter method of inven	tory valuation N/A							
1 Inventory at beginning of year 1		6 Inventory at end of year	ar	6					
2 Purchases 2		7 Cost of goods sold. St	. Subtract line 6						
3 Cost of labor 3		from line 5. Enter here	and in Part I,						
4a Additional section 263A costs		line 2	$\left \frac{}{7} \right $						
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No					
b Other costs (attach schedule) 4b			acquired for resale) apply to						
5 Total. Add lines 1 through 4b 5		the organization?	7117						
Schedule C - Rent Income (From Re	al Property and	Personal Property	Leased With Real Pr	operty)					
(see instructions)	. ,								
1. Description of property		-							
(1)		·							
(2)									
(3)	<u>_</u>	·							
(4)									
	ceived or accrued		24.5-						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age ' ' columno 2/o)	tly connected with the income in and 2(b) (attach schedule)					
(1)									
(2)									
(3)			"						
(4)				_					
Total 0	• Total	•	0.						
(c) Total income. Add totals of columns 2(a) and 2(b). here and on page 1, Part I, line 6, column (A)	Enter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.					
Schedule E - Unrelated Debt-Financ	ed Income (see	nstructions)		<u> </u>					
		2. Gross income from		onnected with or allocable need property					
1. Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
(1)									
(2)	<u> </u>	——————————————————————————————————————	···						
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average debt-	age adjusted basis or allocable to (inanced property tach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))					
(1)	-	%							
(2)		%							
(3)	-	%							
(4)		%							
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)					
Totals		.		0.					
Total dividends-received deductions included in colu	mn 8		<u>. </u>	0.					

<u> </u>				nd Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations									
1. Name of controlled organiz	zation	identifi	2. Employer identification number		related income e instructions)		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	connected with income		
(1)		<u> </u>		 									
(2)													
(3)							•						
(4)													
Nonexempt Controlled Orga	nızatıons												
7. Taxable Income		unrelated incom see instructions		9. Total	of specified pay made	ments	10. Part of column the controll gross	mn 9 tha ing organ s income	nization's		ductions directly connected income in column 10		
(1)													
(2)													
(3)											<u> </u>		
(4)													
		-		-			Add colum Enter here and line 8, o		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)		
<u> Totals</u>						▶			0.	_	0		
Schedule G - Investm	nent Inco structions)	me of a	Section	n 501(c)(7), (9), or	(17) Or	ganizatior)					
<u> </u>	scription of inco	ome			2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)		
(1)													
(2)													
(3)											 		
(4)					 						 		
<u></u>			-		Enter here and						Enter here and on page		
					Part I, line 9, co	iumn (A)					Part I, line 9, column (B)		
Totals				•		0.					0		
Schedule I - Exploited	d Exempt	t Activity	Incon	ne, Othe	r Than Ad	lvertisi	ng Income	•	·				
1. Description of exploited activity	2. c	Gross d business ne from business	directly with pi of ur	xpenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or turnn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)									_				
(2)		1				_			-		T		
(3)		1											
(4)	1	1									1		
	page 1	re and on 1, Part I, , col (A)	page	ere and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 26		
Totals Schedule J - Advertis	sing Inco	me (see II	structio	0 ·	<u> </u>						0		
Part I Income From					solidated	Basis							
			ı		1 4		 		Γ		7		
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (co	ın, compute	5 Circulat		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)													
(2)					_]			
(2)													
(2)													
(3)													

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	_	0.	0.		-		0.
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).			• •	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	1.	-		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business		
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Total. Enter here and on page 1, Part II, line 14		>	0.		

Form 990-T (2017)

SCHEDULE I (Form 1041)

Department of the Treasury

Name of estate or trus

Alternative Minimum Tax - Estates and Trusts

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2017

Employer identification number

D&G CHARITABLE FUND 47-7440095 Partill Estate's or Trust's Share of Alternative Minimum Taxable Income 54,221. 1 Adjusted total income or (loss) (from Form 1041, line 17) 1 2 Interest 2 3 Tayes 3 4 Miscellaneous itemized deductions (from Form 1041, line 15c) 4 5 Refund of taxes 5 6 Depletion (difference between regular tax and AMT) 6 Net operating loss deduction. Enter as a positive amount 7 7 Interest from specified private activity bonds exempt from the regular tax 8 Qualified small business stock (see instructions) 9 10 Exercise of incentive stock options (excess of AMT income over regular tax income) 10 11 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 12 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) 12 13 Disposition of property (difference between AMT and regular tax gain or loss) 13 14 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 15 Passive activities (difference between AMT and regular tax income or loss) 15 16 Loss limitations (difference between AMT and regular tax income or loss) 16 17 Circulation costs (difference between regular tax and AMT) 17 18 Long-term contracts (difference between AMT and regular tax income) 18 Mining costs (difference between regular tax and AMT) 19 19 20 Research and experimental costs (difference between regular tax and AMT) 20 Income from certain installment sales before January 1, 1987 21 21 22 Intangible drilling costs preference 22 23 Other adjustments, including income-based related adjustments 23 24 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 54,221 25 Adjusted alternative minimum taxable income. Combine lines 1 through 24 25 Note: Complete Part II below before going to line 26 N/A 26 Income distribution deduction from Part II, line 44 26 27 Estate tax deduction (from Form 1041, line 19) N/A 27 28 Add lines 26 and 27 28 54,221. 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 29 If line 29 is • \$24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. Over \$24,100, but less than \$176,850, go to line 45. • \$176,850 or more, enter the amount from line 29 on line 51 and go to line 52. ¿Part'III Income Distribution Deduction on a Minimum Tax Basis N/A 30 Adjusted alternative minimum taxable income (see instructions) 30 31 Adjusted tax-exempt interest (other than amounts included on line 8) 31 32 Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-32 33 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) 33 34 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 34 35 Capital gains computed on a minimum tax basis included on line 25 35 36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount 36

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

38 Income required to be distributed currently (from Form 1041, Schedule B, line 9)

41 Tax-exempt income included on line 40 (other than amounts included on line 8)

Total distributions, Add lines 38 and 39

37 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-

Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2017)

37

38

39

40

41

Sche	dule ! (Form 1041) (2017) D&G CHARITABLE FUND	47	-7440095	Page 2			
	rt III Income Distribution Deduction on a Minimum Tax Basis	N/	A				
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3						
	If zero or less, enter -0-				43		
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line						
	Enter here and on line 26	44					
Pa	rt III Alternative Minimum Tax						
45	Exemption amount				45	\$24,100 0	
46	Enter the amount from line 29	46		54,221.			_
47	Phase-out of exemption amount	47		\$80,450 00]		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	Ĺ	0.			
49	Multiply line 48 by 25% (0.25)				49		<u>0.</u>
50	Subtract line 49 from line 45. If zero or less, enter -0-				50		100.
51	Subtract line 50 from line 46				51	30,	121.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	s a gair	n on	lines 18a and 19			
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	51	ıs -			
	• \$187,800 or less, multiply line 51 by 26% (0.26).					_	
	 Over \$187,800, multiply line 51 by 28% (0.28) and subtract \$3,756 from the result 				52	7,	831.
53	Alternative minimum foreign tax credit (see instructions)				53		
54	Tentative minimum tax. Subtract line 53 from line 52				54		831.
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedu	•		a)	55	19,	358.
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here	and or	1				•
_	Form 1041, Schedule G, line 1c				56		0.
ĮРа	rt IV] Line 52 Computation Using Maximum Capital Gains Rat					,	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D			•			
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see th	e instr	ucti	ons			
	before completing this part				-		
	Enter the amount from line 51		1		57		
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax				1		
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for		Ì				
F.0	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	┝-				
39	Enter the amount from Schedule D (Form 1041), line 18b, column (2) (as refigured for the AMT, if necessary). If you didn't complete		f				
	Schedule D for the regular tax or the AMT, enter -0-	59			i		
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	135					
00	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter						
	the smaller of that result or the amount from line 10 of the Schedule D Tax						
	Worksheet (as refigured for the AMT, if necessary)	60			i		
61	Enter the smaller of line 57 or line 60		_		61		
	Subtract line 61 from line 57				62		
	If line 62 is \$187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by						
	28% (0.28) and subtract \$3,756 from the result			•	63		
64	Maximum amount subject to the 0% rate	64	1	\$2,550 00	-		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D						
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions						
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't						
	complete Schedule D or either worksheet for the regular tax, enter the amount						
	from Form 1041, line 22; if zero or less, enter -0-	_65					
66	Subtract line 65 from line 64. If zero or less, enter -0-	66			ĺ		
67	Enter the smaller of line 57 or line 58	67					
68	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68					
69	Subtract line 68 from line 67	69					
71986	12-20-17		_		Sc	hedule i (Form 104	1) (2017)

83

84

85

83 Add lines 63, 76, 79, and 82

and subtract \$3,756 from the result

85 Enter the smaller of line 83 or line 84 here and on line 52

84 If line 57 is \$187,800 or less, multiply line 57 by 26% (0.26). Otherwise, multiply line 57 by 28% (0.28)