

Form **990-PF**

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

| Depa | rtmen | it of the Treasury | ľ | ►į | Do not enter | social s | ecurity num | bers on | this form a | s it may be ma | ade public. | | 2017 |
|------------------------------|----------------|--|---|--|---------------------|----------------|----------------------------|-------------|---------------|------------------|---------------------------------|----------------------------|---|
| | | venue Service ndar year 2017 | or tay year h | | DEC | | 2017 | tor instr | uctions and a | the latest inf | DEC 31, | 2017 | Open to Public Inspection |
| | | f foundation | | egiiiiiig | DEC | 4 , | 2017 | | , and (| - Turing | A Employer ide | | |
| | | | | | | | | | | | | | _ |
| T | HE | MOUNT | BAKER | FOUN | DATION | | | | | | 61-18 | | <u> </u> |
| Nun | nb er a | and street (or P O | box number if n | mail is not de | livered to street | address) | | | | Room/suite | B Telephone nu | | |
| | | 9 RIMLA | | | | | | | | 301 | 360-3 | <u> 33-25</u> | 599 |
| | | own, state or pr LINGHAM | | try, and ZII 9822 | | ostal co | de | | | | C if exemption app | lication is | pending, check here |
| G | heck | all that apply: | ΧI | nıtıal returr | 1 | | Initial retui | rn of a fo | rmer public | charity | D 1. Foreign org | ganization | is, check here |
| | | | ☐ F | inal return | | | Amended | return | · | · | | • | |
| | | | | Address ch | ange | | Name chai | nge | | | 2. Foreign orga check here a | nizations m nd attach c | eeting the 85% test, computation |
| H C | heck | type of organiz | ation: | X Section | 501(c)(3) ex | empt pr | ıvate founda | ation | | | F If private four | dation st | atus was terminated |
| |] Se | ction 4947(a)(1 |) nonexempt | t charitable | trust | Other ta | xable privat | e founda | tion | | | |)(A), check here |
| I Fa | ur ma | arket value of al | assets at en | d of year | J Accounti | ng meth | od: | Cash | X Acc | rual | F If the foundat | ion is in a | 60-month termination |
| (fr | om F | Part II, col. (c), i | ine 16) | | O1 | her (spe | ecify) | | | | | |)(B), check here |
| | \$ | | | | (Part I, colun | ın (d) m | ust be on c | ash bası: | s.) | | | | |
| Pa | art I | Analysis of F (The total of am necessarily equ | evenue and ounts in columi al the amounts | Expenses ns (b), (c), and in column (a | d (d) may not)) | |) Revenue a enses per b | | | nvestment ome | (c) Adjuste income | | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | | | | | 24 | ,965,7 | 729. | - | | N/A | | |
| | ı | . — | of the foundation is | | | | | | | | | | |
| | 3 | Interest on savin | gs and tempora | | | | | | | | | | |
| | 4 | Dividends and | | n securities | | | 1,3 | 365. | | 1,365. | ··- | | STATEMENT 1 |
| | 5a | Gross rents | | | | | | | | - | | | |
| | Ь | Net rental income | or (loss) | | | | | | | | | | |
| 4 | 6a | Net gain or (loss) | from sale of as | sets not on I | ine 10 | | | | | | | | |
| ž | Ь | Gross sales price | | | | | | | | | | | 1 |
| Revenue | 7 | Capital gain net i | ncome (from Pa | art IV, line 2) | | | | | | 0. | | | |
| | 8 | Net short-term | capital gain | | | | | | | | | | |
| SCANNED | 9 | Income modifi | cations | | | | | | | | | | |
| Š | 10a | Gross sales less and allowances | returns | | | | | | | | | | |
| 2 | Ь | Less Cost of goo | ods sold | | | | | | | | | | |
| ñ | C | Gross profit or | (loss) | | | | | | | | | | |
| Ö | 11 | Other income | | | | | | | | | | | |
| | 12 | Total. Add line | es 1 through | 11 | | 24 | ,967,0 | | | 1,365. | | | |
| $\mathbf{\Xi}$ | 13 | Compensation of | officers, direct | tors, trustees | , etc | | | 0. | | 0. | | | 0. |
| D== ∆ | 14 | Other employe | | - | | | | | | | | | |
| 6 0 0 | 15 | Pension plans | , employee b | enefits | | | | | | | | | |
| ည် နို | 16a | Legal fees | A 14 1 1 | <u>~~</u> | 7 | | | | | | | | |
| | b | Account no fee | CEIV | にし | | | | | | | | | |
| | | Other-profess | onaFrees | | S | | | | | | <u> </u> | | <u> </u> |
| Ž | 17 | nterest | 7 6 5 6 | 2018 | RS-0S(| | | | | | | | 1 |
| stra | 18 | 1905 S | | | 8 | | | | | | | | |
| <u>بَ</u> | 19 | Depreciation a | na aepiedan | | = | | • | | | | | | |
| 퉏 | 20 | Occupancy C | DEN | .UI | | | | | | | | | |
| Ď | 21 | Printing and p | | CETTIFICA | | | | | | <u>.</u> | | | |
| a a | | Other expense | | | | | | | | | | | |
| Operating and Administrative | 23 | Total operation | | nistrative | | | | - | | | | | |
| ē | | expenses. Ad | - | | | | | 0. | | 0. | | | 0. |
| o | 25 | Contributions, | | • | | | • | 0. | • | | - | | 0. |
| | ı | Total expense | | • | | | | | | | | | <u> </u> |
| | ٦ | Add lines 24 a | | | | | | 0. | | 0. | | | 0. |
| | 27 | Subtract line 2 | | 2: | | | | | | | | | |
| | l | Excess of revenu | | | reements | 24 | ,967,0 | 94. | | | | | |
| | | Net investmen | - | | | | | | | 1,365. | | | |
| | ı | Adjusted net i | | | | | | 1 | | | N/A | | |
| | | | | | | | | | | | | | Farm 000 DE (0017) |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

09060510 758095 02284

| Г | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|--------------------|--------------|---|--------------------|---------------------------------------|---------------------------|
| | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | | |
| | 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 | | | |
| | | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | · | |
| | • | Less; allowance for doubtful accounts | | | |
| ,, | 8 | Inventories for sale or use | | | |
| Assets | ۵ | Prepaid expenses and deferred charges | | | |
| As | 10. | Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 2 | 0. | 24,964,807. | 24,964,807. |
| | | | | 24,504,007. | 24,304,007. |
| | ١ | Investments - corporate bonds | | | |
| | • • | Investments - land, buildings, and equipment basis | | | - |
| | 12 | Less accumulated depreciation Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | - | Land, buildings, and equipment basis | | | |
| | 17 | | | | |
| | 15 | Less accumulated depreciation Other assets (describe > | | | |
| | | Total assets (to be completed by all filers - see the | | | |
| | 10 | Instructions. Also, see page 1, item I) | 0. | 24,964,807. | 24,964,807. |
| _ | 17 | Accounts payable and accrued expenses | | 24,504,007. | 24,504,007. |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| Labilities | 20 | | | | |
| Ē | | Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable | | | |
| Ľa | | Other liabilities (describe) | | | |
| | ~~ | Other habilities (describe | | · | |
| | 22 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| \dashv | 20 | Foundations that follow SFAS 117, check here | | · · · · · · · · · · · · · · · · · · · | |
| | | and complete lines 24 through 26, and lines 30 and 31. | | | |
| es | 24 | Unrestricted | 0. | 24,964,807. | |
| Š | | Temporarily restricted | 0. | 24,504,007. | |
| Balances | | Permanently restricted | | | |
| _ | 20 | Foundations that do not follow SFAS 117, check here | | | |
| Fu | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | | | |
| ets | | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 4ss | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| Net Assets or Fund | 30 | Total net assets or fund balances | 0. | 24,964,807. | |
| z | - | Total net abbets of lying parametes | | 21/301/00// | |
| | 31 | Total liabilities and net assets/fund balances | 0. | 24,964,807. | |
| _ | | | | | |
| P | art | Analysis of Changes in Net Assets or Fund B | анапсеѕ | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | <u> </u> | |
| | | t agree with end-of-year figure reported on prior year's return) | | [1] | 0. |
| 2 | Enter | amount from Part I, line 27a | | 2 | 24,967,094. |
| 3 | Othe | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | ines 1, 2, and 3 | • | 4 | 24,967,094. |
| 5 | Decr | eases not included in line 2 (itemize) <u>UNREALIZED LOS</u> | <u> </u> | 5 | 2,287. |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 24,964,807. |
| | | | | | Form 990-PF (2017) |

8 Enter qualifying distributions from Part XII, 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.

Form **990-PF** (2017)

7 Add lines 5 and 6

7

| Form 990-PF (2017) THE MOUNT BAKER FOUNDATION | | | 1862747 | | Page 4 |
|---|--|--------|--|--|--|
| Part VI Excise Tax Based on Investment Income (Section 494 | 0(a), 4940(b), 4940(e), or | 4948 | - see instr | uctio | ns) |
| 1a Exempt operating foundations described in section 4940(d)(2), check here and e | nter "N/A" on line 1. | T | [| | |
| Date of ruling or determination letter: (attach copy of letter if nec | cessary-see instructions) | i | ł | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here | and enter 1% | 1_1_ | | | <u> 27.</u> |
| of Part I, line 27b | 1 | | } | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 49 | % of Part I, line 12, col. (b). | 1 | 1 | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; of | thers, enter -0-) | 2 | <u> </u> | | 0. |
| 3 Add lines 1 and 2 | | 3 | | | 27. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; or | thers, enter -0-) | 4 | ĺ | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | 5 | | | 27. |
| 6 Credits/Payments: | | | | | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 0 | . | i i | | |
| b Exempt foreign organizations - tax withheld at source | 6b O | .1 | Į. | | |
| c Tax paid with application for extension of time to file (Form 8868) | 6c 0 | .] | <u> </u> | | |
| d Backup withholding erroneously withheld | 6d 0 | .] | ļ | | |
| 7 Total credits and payments. Add lines 6a through 6d | | 7 | | | 0. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta | ched | 8 | | | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | • | 9 | | | 27. |
| 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 legis | lation or did it participate or interven | e in | | Yes | No |
| any political campaign? | , , | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpos | ses? See the instructions for the defi | nition | 1b | 1 | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of | | | | | _ |
| distributed by the foundation in connection with the activities. | • | | | 1 | 1 |
| c Did the foundation file Form 1120-POL for this year? | | | 10 | 1 | х |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | vear: | | | | |
| (1) On the foundation. > \$ 0. (2) On foundation managers | | | } | ļ |] |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expendi | | - | - 1 | | 1 |
| managers. ▶ \$ 0. | | | | 1 | |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IF | RS? | | 2 | 1 | х |
| If "Yes," attach a detailed description of the activities. | | | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing in | nstrument, articles of incorporation. | or | | l | l |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , | • | 3 | ł | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year | r? | | 48 | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | | N | /A 4b | 1 | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 1 | | 5 | | X |
| If "Yes," attach the statement required by General Instruction T | | | <u> </u> | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied er | ther: | | | | Ì |
| By language in the governing instrument, or | | | İ | | 1 |
| By state legislation that effectively amends the governing instrument so that no mandatory | v directions that conflict with the sta | te law | f | | 1 |
| remain in the governing instrument? | , | | 6 | 1 | х |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp | lete Part II col (c) and Part XV | | 7 | x | - |
| To the tree to the tree at least periods in account at any time desting the year. It is easily | (2), 4.10. | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instruction | ns 🕨 | | } | 1 | } |
| WA | | | | 1 | } |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Al | ttorney General (or designate) | | | 1 |) |
| of each state as required by General Instruction G? If "No," attach explanation | | | 8b | х | , |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of set | ction 4942(i)(3) or 4942(i)(5) for ca | endar | " | | |
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," com | **** | | 9 | ' | x |
| 10 Did any persons become substantial contributors during the tax year? It "Yes," attach a schedu | • | | 10 | | X |
| and any personnel and a second | The state of the s | | Form 99 | n-PF | (2017) |

723541 01-03-18

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,

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

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

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

Yes X No

N/A

4a

Form 990-PF (2017)

 $\overline{\mathbf{x}}$

X

during the year?

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

| Form 990-PF (2017) THE MOUNT BAKER FOUNDATION | 61- | 1862747 Page 7 |
|--|---------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, ente | r "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | - | |
| | | |
| | | |
| | 1 | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u> </u> |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced in N/A | | Expenses |
| 2 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on | lines 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| | | |
| | | ĺ |

Total. Add lines 1 through 3

| For | m 990-PF (2017) THE MOUNT BAKER FOUNDATION | 61-1862747 Pag | | |
|-----|---|----------------|-------------------|-------|
| P | art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations | ndations, s | see instructions) | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | | - |
| а | Average monthly fair market value of securities | 1a | 24,964 | ,807. |
| b | Average of monthly cash balances | 16 | | |
| C | Fair market value of all other assets | 10 | | |
| d | Total (add lines 1a, b, and c) | 1d | 24,964 | ,807. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | |
| | 1c (attach detailed explanation) | | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 24,964 | |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | | ,472. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 24,590 | ,335. |
| 6 | Minimum Investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD | 6 | 94 | ,329. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certain | | |
| _ | foreign organizations, check here 🕨 🔙 and do not complete this part.) | | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 94 | ,329. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | 1 | | |
| C | Add lines 2a and 2b | 2c | | 27. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 94 | ,302. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | | 0. |
| 5 | Add lines 3 and 4 | 5 | 94 | ,302. |
| 6 | Deduction from distributable amount (see instructions) | 6 | | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 94 | ,302. |
| | | | | |
| | art XII Qualifying Distributions (see instructions) | | | |
| ī | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | | 0. |
| b | Program-related investments - total from Part IX-B | 1b | | 0. |
| 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 | | 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 | | 0. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | | |
| | income. Enter 1% of Part I, line 27b | 5 | | _ 0. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | | 0. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | ualifies 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 | | | | 94,302. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | • | | 0. | |
| b Total for prior years: | | | | |
| ,, | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017: | | | | |
| a From 2012 | | | ı | |
| b From 2013 | | II | | |
| c From 2014 | | | | ı |
| dFrom 2015 | | | | |
| eFrom 2016 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | 1 | | | |
| Part XII, line 4: ►\$0. | | | _ | |
| a Applied to 2016, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | <u>. </u> | |
| d Applied to 2017 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount | 0. | | <u> </u> | 0. |
| must be shown in column (a)) 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2018 | | | | 94,302. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | ĺ | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2012 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | l | | | |
| b Excess from 2014 | ļ | • | | |
| c Excess from 2015 | ľ | | | |
| d Excess from 2016 | l | | | |
| e Excess from 2017 | _ , _ , l | | | - 000 55 |
| 723581 01-03-18 | | | | Form 990-PF (2017) |

| Form 990-PF (2017) THE MOU | NT BAKER FO | UNDATION | | 61-186 | 52747 Page 10 |
|---|------------------------------|---------------------------------------|----------------------------|------------------------------|--------------------|
| Part XIV Private Operating F | oundations (see ins | structions and Part VII | -A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter that | it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2017, enter the date of t | he ruling | • | | |
| b Check box to indicate whether the foun | dation is a private operatin | ig foundation described i | n section | 4942(j)(3) or 494 | 12(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 // | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | 1 | |
| 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 | | <i>f</i> | | | |
| 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 | | // | | 1 | |
| 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 Info | rmation (Comple | te this part only | if the foundation | n had \$5,000 or mo | re in assets |
| at any time during | the year-see instr | ructions.) | | . , | |
| 1 Information Regarding Foundation | | · · · · · · · · · · · · · · · · · · · | | | |
| a List any managers of the foundation wi | | than 2% of the total cont | ributions received by the | e foundation before the clos | e of any tax |
| year (but only if they have contributed | nore than \$5,000). (See s | ection 507(d)(2).) | • | | · |
| NONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation ha | o own 10% or more of th | e stock of a corporation (| (or an equally large porti | on of the ownership of a pa | rtnership or |
| NONE | | | | | |
| | i O Oift I | Cabalanahin ata Da | | | |
| 2 Information Regarding Contribut Check here ► X if the foundation the foundation makes gifts, grants, etc. | only makes contributions t | to preselected charitable | organizations and does | not accept unsolicited reque | ests for funds. If |
| a The name, address, and telephone num | | | | | |
| a The name, address, and telephone num | idei di eman address di ti | ie person to whom applic | ations should be address | | |
| b The form in which applications should | be submitted and informa | tion and materials they sh | nould include: | | - |
| c Any submission deadlines: | | · · · · · · · · · · · · · · · · · · · | | ···· | |
| d Any restrictions or limitations on award | s, such as by geographic | al areas, charitable fields, | kinds of institutions, or | other factors: | <u>.</u> |
| | | | <u> </u> | <u>-</u> | 5 000 PE (0047) |

| Part XV Supplementary information | | | | , |
|--|--|--------------------------------------|--|--------------------------|
| 3 Grants and Contributions Paid During the Ye | ear 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 |
| a Paid during the year | or book and or | | | |
| | | Í | | ĺ |
| | <u> </u> | | | } |
| NONE | } | ļ | | } |
| | | | | } |
| | | ļ | | j |
| | | | | |
| | } | ļ | | } |
| | | į | | · |
| | | } | | ł |
| | 1 | | | |
| | | | | |
| | [| | | ĺ |
| | [| | | |
| | } | | | |
| | } | | | |
| | } | | | |
| | } | 1 | | { |
| | | | | { |
| | | İ | | |
| | | | | |
| | | | | |
| |] | | | |
| | | | | |
| | | | | |
| _ | <u></u> | | | |
| Total | , | | ▶ 3a | 0. |
| b Approved for future payment | } | } | | } |
| | { | | | |
| NONE | (| | 1 | |
| | | | | |
| | [| | | ĺ |
| | ļ | | | |
| | } | | | |
| | | , | | j |
| | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |
| | | | | |
| | j | | | |
| Total | | | ▶ 3b | 0. |
| | | | | orm 990-PF (2017) |

| Part XVI-A Analys | is of Income | Producing | Activities |
|-------------------|--------------|-----------------------------|------------|
|-------------------|--------------|-----------------------------|------------|

| nter gross amounts unless otherwise indicated. | Unrelated business income | | | by section 512, 513, or 514 | (e) |
|--|---------------------------|---------------|----------------|-----------------------------|-----------------------------------|
| • | (a) Business | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | | code | Amount | |
| a | · | | | | |
| b | | | | | |
| C | | | | | |
| d | · | | | | |
| e | . | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | ļ | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 1,365. | |
| 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 | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Subtotal. Add columns (b), (d), and (e) | | (|). | 1,365. | 0 |
| 3 Total, Add line 12, columns (b), (d), and (e) | | | | 13 | 1,365 |
| See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Assem | uliahmant of | Evamet I | | |

| Line No. ▼ | the foundation's exempt purposes (other than by providing funds for such purposes). |
|------------|---|
| | 1 |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | _ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Form 990-PF /90 |

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

| Name of the organization | n | Employer identification number |
|--|--|--|
| | THE MOUNT BAKER FOUNDATION | 61-1862747 |
| Organization type (check | cone) | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| • • | n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R | ule See instructions. |
| General Rule | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor. | |
| Special Rules | | |
| sections 509(a)(any one contribu | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supports and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amo EZ, line 1 Complete Parts I and II. | a, or 16b, and that received from |
| year, total contri | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edulation for children or animals. Complete Parts I, II, and III. | |
| year, contributio is checked, ente purpose Don't c | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from its exclusively for religious, charitable, etc., purposes, but no such contributions totaled it refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year | nore than \$1,000 If this box is, charitable, etc., |
| but it must answer "No" o | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its It the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | • |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

| THE MOUNT BAKER FOUNDATION | THE | MOUNT | BAKER | FOUNDATION |
|----------------------------|-----|-------|-------|------------|
|----------------------------|-----|-------|-------|------------|

61-1862747

| THE W | OUNT BAKER FOUNDATION | [01 | -1002/4/ |
|--------------|--|------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if | f additional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MOUNT BAKER KIDNEY CENTER 410 BIRCHWOOD AVE., 100 BELLINGHAM, WA 98225 | \$\$, 24,965,729. | Person Payroli Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Oncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Oncash Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occupate Part II for noncash contributions) |
| 723452 11-01 | i-17 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2017) |

2017.03040 THE MOUNT BAKER FOUNDATION 02284__1

Employer identification number

THE MOUNT BAKER FOUNDATION

61-1862747

| Part II | Noncash Property (see instructions) Use duplicate copies of Property | art 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 |
| | INVESTMENTS | | |
| 1 | | | |
| | | <u>24,965,729.</u> | 12/27/17 |
| (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 |
| | | | |
| | | s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | s | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | { | |

| Name of orga | Form 990, 990-EZ, or 990-PF) (2017) nization | | Page Employer Identification number | | | |
|---------------------------|---|---|---|--|--|--|
| | UNT BAKER FOUNDATION | | 61-1862747 | | | |
| Part III | the year from any one contributor. Complete of | columns (a) through (e) and the follow | n section 501(c)(7), (8), or (10) that total more than \$1,000 for ring line entry. For organizations | | | |
| | completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition | s, chantable, etc., contributions of \$1,000 or I al space is needed | ess for the year (Enter this info once) | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| - | | | | | | |
| | T | (e) Transfer of gift | | | | |
| - | Transferee's name, address, a | 10 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 | | | |
| : | | | | | | |
| <u> </u> | | (a) Transfer of gift | | | | |
| | (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, at | 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, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| - | | | | | | |
| ı - | | | | | | |

| FORM 990-PF | DIVIDENDS | AND INTEREST | FROM SECUR | ITIES | STATEMENT 1 |
|---------------------|-----------------|-------------------------------|-----------------------------|-------------------------------|----------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVES MENT INCO | |
| VANGUARD | 1,365. | 0. | 1,365. | 1,36 | 5. |
| TO PART I, LINE 4 | 1,365. | 0. | 1,365. | 1,365. | 5. |
| FORM 990-PF | | CORPORATE S | TOCK | | STATEMENT 2 |
| DESCRIPTION | | | воо | K VALUE | FAIR MARKET VALUE |
| VANGUARD | | | 24 | ,964,807. | 24,964,807. |
| TOTAL TO FORM 990-P | F, PART II, | LINE 10B | 24 | ,964,807. | 24,964,807. |