11/08/2018 12 50 PM

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	calend	lar year 2017 or tax year beginning	, and ending				
Na	me of fou	ndation			A Empl	oyer identification number	
တ္	BER	LE VIVIAN FOUNDATION			82	-2864946	
O Nu	mber and	street (or P O box number if mail is not delivered to street address)	F	Room/suite		hone number (see instructions)	· · · · · · · · · · · · · · · · · · ·
		9 SE 318TH PL			25	3-639-3585	
	y or town	state or province, country, and ZIP or foreign postal code RN WA 98092-	6505		C If exe	emption application is pending, of	theck here
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l brezon		ype of organization X Section 501(c)(3) exempt private	•			rate foundation status was term on 507(b)(1)(A) check here	inated under
W-			ble private foundation		1		· L
		I — -	X Cash Ac	crual	i .	foundation is in a 60-month ten r section 507(b)(1)(B), check he	
	ne 16) l	ear (from Part II, col (c),	• ho on onch home \			Section Series (SA) (A)	, r
`		\$ 10,000 (Part I, column (d) musi Analysis of Revenue and Expenses (The total of		T	1.	1	(d) Disbursements
	art r	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net in		(c) Adjusted net	for chantable
'/		the amounts in column (a) (see instructions))	books	inco	me	income	purposes (cash basis only)
$\langle \Lambda \rangle$	1	Contributions, gifts, grants, etc., received (attach schedule)	10,000)を指数できる	海型品	The state of the s	1966年代表開始第二十段。
	, 2	Check ▶ ☐ If the foundation is not required to attach Sch B		i ita kara	37、证券、1	केंग्राहरू जिल्लामध्य	AST TOP (TENNIS)
	3	Interest on savings and temporary cash investments					つくかやせいれきい こだい
	4	Dividends and interest from securities					े । अर्थ पत्र में। और में क
	5a	Gross rents					40 1 1 1 1 1
ē	b	Net rental income or (loss)	CONTRACTOR CONTRACTOR	+		The state of the s	الم المواد من المواد ال
Revenue	6a	Net gain or (loss) from sale of assets not on line 10				当時は何か あいかった いか	antital and this man
Š	b	Gross sales price for all assets on line 6a				正在十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	基础的"品牌"。1997年
œ	7	Capital gain net income (from Part IV, li	学院都為新聞 的社			明越,并于4、长、1377年	主题性學院以至此
	8	Net short-term capital gain	-Fine de la			0	
	9	Income modifications	单位是不是是一个人的			*	The hand of the second
	10a	Gross sales less returns and allowances					10 mg - 15 15 15 15 15 15 15 15 15 15 15 15 15
	þ	Less Cost of goods sold	拉尔的地名,这种地 水	F REPEND		रेज्या कृष्टि जीवार एक्षेत्र.	15 3 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
	11	Gross profit or (loss) (attach schedule)		120 385.41.6	(1,79/14th 08/4/	· · · · · · · · · · · · · · · · · · ·	· 大学のないは、またいで
	12	Other income (attach schedule) Total. Add lines 1 through 11	10,000	<u></u>	0	0	*** *** *** *** *** *** *** *** *** **
	13	Compensation of officers, directors, trustees, etc				<u> </u>	S
Expenses	14	Other employee salaries and wages		1		· · · · · · · · · · · · · · · · · · ·	<u> </u>
SLIS	15	Pension plans, employee benefits		-			
<u></u>			_				
	ь	Accounting fees (attach schedule) ECEIVED					
ķ	С	Other professional fees (attach schedule)					
ā	17	Other professional fees (attach schedule) Interest MAR 1 8 2019 Taxes (attach schedule) rese instructions)					
ist	18						
를	19	Depreciation (attach schedule) and depletton, UT					からなる。 では、 では、 では、 では、 では、 では、 では、 では、
þ	20	Occupancy					
7	21	Travel, conferences, and meetings					
an	22	Printing and publications					
ρ	23	Other expenses (att. sch.)		ļ			
ati	24	Total operating and administrative expenses.					
Ψ I		Add lines 13 through 23			0		0
Ö	25	Contributions, gifts, grants paid			4 Test 14th 15"	阿德 中学(表示)保持:	0
	26	Total expenses and disbursements. Add lines 24 and 25		O NTTA.APUR 1	0	0	0
	27	Subtract line 26 from line 12			哲艺统	新生物,致原始 京中国一个工作。	
	a	Excess of revenue over expenses and disbursements	10,000	7 年4年 (21年 年	गराबार- 🗀	State of the Act of the Control	The second but the second
	b	Net investment income (if negative, enter -0-)	新聞的基本的問題的場合			海門神神 计知识中部	ARTHUR TO THE TOTAL TO THE
	<u> </u>	Adjusted net income (if negative, enter -0-)	same of the same o	以用此代數學的	artiff in the	0	克斯丁语中华特别

1 Cash – non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Peledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable ▶ Less allowance for doubtful accounts ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons (attack schedule) (see instructions) 7 Other rose and laws receivable ▶ 1 Investments – Comparise bonds (attach schedule) 1 Investments – U.S and steep experiment chipplions (attach schedule) 1 Investments – Comparise bonds (attach schedule) 1 Investme	٠,	Part II	Balance Sheets Attached schedules and amounts in the description column		Beginning of year	End	of year
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Instructions Also, see page 1, item I) 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 (add lines 17 through 22) 23 Total liabilities (add lines 17 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 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 30 Total liabilities and not assets fund balances (see instructions) 20 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total reassets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on pnor year's return) 20 Citer increases not included in line 2 (itemize) ▶ 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶ 5 Decreases not included in line 2 (itemize) ▶	-1	15	Other assets (describe ▶)			1
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26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 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 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	S						
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26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 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 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	흴	25	Temporarily restricted				
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3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5		end-o	f-year figure reported on prior year's return)			_1_	0
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5	2	Enter	amount from Part I, line 27a			2	10,000
5 Decreases not included in line 2 (itemize) > 5	3	Other	ıncreases not included in line 2 (itemize) ▶			3	
5 Decreases not included in line 2 (itemize) > 5	4	Add li	nes 1, 2, and 3			4	10,000
6. Total net assets or fund halances at end of year /line 4 minus line 5) - Part II. column /h), line 30	5	Decre	eases not included in line 2 (itemize)			5	
To total net assets of fund balances at end of year (line 4 finites into 3) — Fart II, column (b), line 30	6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b),	line 30	6	10,000

PartilV Capital Gains ar	nd Losses for Tax on Investme	ent Income			
	the kind(s) of property sold (for example real estate, arehouse, 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 N/A					
_b					
c					
	·				
<u> </u>		1			1
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	1	in or (loss) (f) minus (g))
_a		 			
b		<u> </u>			
С		<u> </u>			
d					·····
Complete only for assets showing	gain in column (h) and owned by the fou	1 undation on 12/31/69			
Templete emy for described and many	(J) Adjusted basis	1	ss of col (i)		ol (h) gain minus ot less than -0-) or
(I) FMV as of 12/31/69	as of 12/31/69	*	(j), if any		from col (h))
а					
b					
С					
d					
е		<u> </u>		<u> </u>	
2 Capital gain net income or (net ca	pital loss) If gain, also enter in If (loss), enter -0- in	Part I, line 7 Part I, line 7		2	
3 Net short-term capital gain or (loss	s) as defined in sections 1222(5) and (6)				•
If gain, also enter in Part I, line 8, o	column (c) See instructions. If (loss), en	ter -0- in			
Part I, line 8				3	
	ider Section 4940(e) for Reduc			me	
(For optional use by domestic private f	foundations subject to the section 4940(a	a) tax on net investme	ent income)		
If section 4940(d)(2) applies, leave this	s part blank				N/A
Was the foundation liable for the section	on 4942 tax on the distributable amount	of any year in the bas	e period?		Yes No
If "Yes," the foundation does not qualif	y under section 4940(e) Do not complet	te this part	,		
1 Enter the appropriate amount in ea	ach column for each year, see the instru	ctions before making	any entries		
(a)	(b)		(c)		(d)
Base penod years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	s Net valu	e of nonchantable-use asse		stribution ratio) divided by col. (c))
2016					
2015					
2014					<u> </u>
2013					
2012					
2 Total of line 1, column (d)				2	
-	-year base period – divide the total on lin	ne 2 by 5 0, or by the			
number of years the foundation ha	as been in existence if less than 5 years			3	
4 Enter the net value of noncharitab	le-use assets for 2017 from Part X, line	5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6					
And Hiles 3 alle 6				7	
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4 line 7, check the box in Part VI, line 1b,	and complete that had	rt using a 1% tax rate	8 See the	
Part VI instructions		complete that par	it doing a 170 tax fate		

_	990-PF (2017) EBERLE VIVIAN FOUNDATION 82-2864946			P	age 4
_	it 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 ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ _ and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of			ť	
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				0
6	Credits/Payments				
а	2017 estimated tax payments and 2016 overpayment credited to 2017				
b	Exempt foreign organizations – tax withheld at source				
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				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11				
. Pa	rt.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			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	Instructions for the definition		1b		X
	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				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			l	
8	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?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A\N	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1	
	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	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NONE				
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? If "No," attach explanation		8b	х	
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 If "Yes,"				~
	complete Part XIV		9	х	\mathcal{O}
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10	х	

Pa	rt VII-A Statements Regarding Activities (continued)					
			_		Yes	No
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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	n?		13	X	
	Website address ► N/A					
14	The books are in care of LEO T EBERLE Tele	phone no	253-6	39-	358	5
	18929 SE 318TH PL					
	Located at ▶ AUBURN WA	ZIP+4 ▶	98092	2		
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			٠
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	_			Yes	No
	over a bank, securities, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					
	the foreign country					
Pa	irt 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?	Yes	X No			'
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a					
	disqualified person?	Yes	X No	'		1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	ĺ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X 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)?	Yes	X 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)	Yes	X No	1		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation	s				ŀ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here					İ
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			ł		ŀ
	were not corrected before the first day of the tax year beginning in 2017?		N/A	1c		ļ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			ļ		ļ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		<u> </u>	ŀ		
	6e, Part XIII) for tax year(s) beginning before 2017?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			١		
	(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)		N/A	2b		
С	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					ļ .
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		(==)	1		
	at any time during the year?	Yes	X 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		37/4	.		1
	foundation had excess business holdings in 2017)		N/A	3 <u>b</u>	ļ	1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	 	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70			1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	<i>'</i>		<u> 4b</u>	90 DI	X

orr	n 990-PF (2017) EBERLE VI	VIAN FOUNDATION	82-2	864946			Pa	ge 6
ψP	art VII-B Statements Reg	arding Activities for Which F	orm 4720 May Be Re	equired (contin	ued)			
5a	During the year did the foundation pa	ay or incur any amount to						
	(1) .Carry on propaganda, or otherw	ise attempt to influence legislation (sec	ction 4945(e))?	_ Y	es 🗓 No			
	(2) Influence the outcome of any sp	ecific public election (see section 4955	i), or to carry on,	<u> </u>	_		-	
	directly or indirectly, any voter re	gistration drive?		_ Y	es 🗓 No		İ	
	(3) Provide a grant to an individual f	or travel, study, or other similar purpos	ses?	_ Y	es 🗓 No]		
	(4) Provide a grant to an organization	on other than a charitable, etc , organiz	ation described in					
	section 4945(d)(4)(A)? See instr	uctions		Y	es 🗓 No]		
	(5) Provide for any purpose other th	an religious, charitable, scientific, litera	ary, or educational			ŀ		
	purposes, or for the prevention of	of cruelty to children or animals?		Y	es 🗶 No	1		
b	If any answer is "Yes" to 5a(1)–(5), o	lid any of the transactions fail to qualify	under the exceptions desc	ribed in		- 1		
	Regulations section 53 4945 or in a	current notice regarding disaster assist	tance? See instructions		N/A	5b		
		otice regarding disaster assistance, che			▶ ∐	- 1	•	
С	If the answer is "Yes" to question 5a	(4), does the foundation claim exemption	on from the tax	• -			- 1	
	because it maintained expenditure re	esponsibility for the grant?		N/A 📗 Y	es 📙 No	- 1	- 1	
	If "Yes," attach the statement require	ed by Regulations section 53 4945-5(d)			1	- 1	
6a	Did the foundation, during the year, i	eceive any funds, directly or indirectly,	to pay premiums			- 1		
	on a personal benefit contract?			Y	es 🗓 No	- 1		
b	Did the foundation, during the year, p	pay premiums, directly or indirectly, on	a personal benefit contract	?		6Ь		X
	If "Yes" to 6b, file Form 8870				(EE)	- 1	- 1	
7a	At any time during the tax year, was	· · · · · · · · · · · · · · · · · · ·			es X No	·		
b		ny proceeds or have any net income a			N/A	7b		
P		t Officers, Directors, Trustee	s, Foundation Mana	gers, Highly P	aid Employee	es,		
_	and Contractors			4,				
1	List all officers, directors, trustees,	and foundation managers and their	compensation. See instr	uctions.				
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Exo	ense acc	ount.
	(a) Name	e and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation		allowand	
_	TOR T UTUTAN	A LIDERAL		· ·	Compensation			
	ISA J VIVIAN	AUBURN	PRESIDENT		•			
	8929 SE 318TH PL EO T EBERLE	WA 98092	5.00	0	0			0
	8929 SE 318TH PL	AUBURN WA 98092	SECRETARY TR	0	^			^
11	5929 SE 3161N PL	WA 98092	5 00		0			
2	Compensation of five highest-paid	d employees (other than those inclu	ıded on line 1 – see instru	ictions). If none. (L		
_	"NONE."			,,,,				
			(h) Title and average	,	(d) Contributions to		,	
	(a) Name and address of each emple	oyee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred		ense acc	
			devoted to position		compensation	Outer	allowand	æs
N	ONE				-			
ota	al number of other employees hald ove	r \$50 000				1		_

Form 990-PF (2017) EBERLE VIVIAN FOUNDATION	82-2864946	Page 7
Part VIII Information About Officers, Directors, Truste	es, Foundation Managers, Highly Paid E	
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services		
(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 chantable activities during the tax year. Include relevant statistic organizations and other beneficianes served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 SEE STATEMENT 1		
	•	
2		
-		
3		
•		
Part X B Summary of Program-Related Investments	(see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lin		Amount
1 N/A		
48.W		
2		
All other secretary related a problem of a Constitution of the Con		
All other program-related investments See instructions 3		
•		
'		
Total Add lines 1 through 3		<u> </u>

Form 990-PF (2017)

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

Form 990-PF (2017)

Pa	art XIII Undistributed Income	(see instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part X	I.	Corpus	Years pnor to 2016	2016	2017
	line 7	·				
2	Undistributed income, if any, as of the end	l of 2017	,			-
а	Enter amount for 2016 only					
b	Total for prior years 20, 20	, 20			-	
3	Excess distributions carryover, if any, to 2					
а	From 2012					
b	From 2013					
С	From 2014					
d	From 2015					
0	From 2016					
f	Total of lines 3a through e					
4	Qualifying distributions for 2017 from Part	XII,				
	line 4 ▶ \$,			
а	Applied to 2016, but not more than line 2a	ı				
b	Applied to undistributed income of prior ye	ears				
	(Election required – see instructions)					
c	Treated as distributions out of corpus (Ele	ction		•		
	required - see instructions)					
d	Applied to 2017 distributable amount					
8	Remaining amount distributed out of corp	JS				
5	Excess distributions carryover applied to 2	2017				
	(If an amount appears in column (d), the s	ame				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract	line 5				
b	Prior years' undistributed income Subtract	t				
	line 4b from line 2b				·	
С	Enter the amount of prior years' undistribu	ted				
	income for which a notice of deficiency ha	s				
	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		,		····	
8	Undistributed income for 2016 Subtract li	ne	•			
	4a from line 2a Taxable amount – see					
_	instructions					· · · · · · · · · · · · · · · · · · ·
f	Undistributed income for 2017 Subtract lii	•				
	4d and 5 from line 1. This amount must be					
~	distributed in 2018					
7	Amounts treated as distributions out of co	•				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be	e e				
8	required—see instructions) Excess distributions carryover from 2012	not				
0	•					
9	applied on line 5 or line 7 (see instructions Excess distributions carryover to 2018	•				
J	Subtract lines 7 and 8 from line 6a	•				
10	Analysis of line 9					
а	Excess from 2013					
a b	Excess from 2014					
C	Excess from 2015	·				
d	Excess from 2016					
9	Excess from 2017					

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

factors N/A

Form 990-PF (2017) EBERLE VIVIAN FOUNDATION

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year N/A Total ▶ 3a **b** Approved for future payment N/A Total **▶** 3b

1	Part XVI-A	Analysis of Income-Producing A	ctivities				
		punts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
	•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue			- COUCE		(See instructions)
	a		_				
	b		_				
			_				
			_				
		P4	_				
	f		_				
	g Fees ar	nd contracts from government agencies			ļ		
2	Membership	dues and assessments			<u> </u>		
3	Interest on s	savings and temporary cash investments					
4		nd interest from securities	- Nove /	16	 		
5		come or (loss) from real estate	to aftig " - " " on the"	《· 参考。"",转""	'	<u>'</u>	
		anced property			-		
		t-financed property			_		···
		come or (loss) from personal property			-		
		tment income			 		
		s) from sales of assets other than inventory				· - · · · · · · · · · · · · · · · · · ·	
		or (loss) from special events			+		
		or (loss) from sales of inventory			 		
11	Other reven	ue a			 		
					 		
			_		 		
		4-1	-		+		
12	Subtotal Ac	ld columns (b), (d), and (e)	- プロステラン、単		+	0	0
		ine 12, columns (b), (d), and (e)			<u> </u>	13	0
		in line 13 instructions to verify calculations)				13	
		Relationship of Activities to the	Accomplishm	ent of Exempt P	ITDOSO	2	
	Line No.	Explain below how each activity for which income					
	▼	accomplishment of the foundation's exempt purp				•	s)
	N/A	<u> </u>					
_						-	
_							
_							
_							
_			· - · · · · · · · · · · · · · · · · · ·				
_							
_							
_							
	_			· · · · · · · · · · · · · · · · · · ·	,		
		1					

orm 99	0-PF (20 <u>1</u>	7) EBERLE VI	<u>.VIAN</u> F	OUNDATION	ŧ	82-286	4946			Pag	ge 13
Part		Information Regardanization	_	insfers To and	d Transaction	s and Relations	nips With	n Noncharitable			
1 Di		nization directly or indir		un any of the follow	una with any oth	ar organization describ	od .	<u> </u>	- 3	Yes	No
	•	•		-	•	•	eu		5	163	77.
		01(c) (other than section	n 501(c)(3) (organizations) or in	section 527, rela	ting to political			- 4	1	· 1)
or	ganızatıon	s?							از ً	29.00	1
a Tr	ansfers fro	om the reporting founda	ition to a non	charitable exempt	organization of					1	ر تند
(1) Cash				_				1a(1)		X
		nnata							1a(2)		X
•) Other as										
D O	her transa	actions								_1. ³ _	الميار
(1)) Sales of	fassets to a noncharita	ble exempt o	rganization					1b(1)		<u> </u>
(2) Purchas	ses of assets from a no	ncharitable e	xempt organization	1				1b(2)		X
(3) Rental o	of facilities, equipment,	or other asse	ets				•	1b(3)		X
		rsement arrangements							1b(4)		X
•						•					$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
		r loan guarantees							1b(5)		
(6)) Perform	ance of services or me	mbership or	fundraising solicita	tions				1b(6)		<u> </u>
c St	naring of fa	acilities, equipment, ma	iling lists, oth	er assets, or paid	employees				1c		_X_
d If t	he answe	r to any of the above is	"Yes," comp	lete the following s	chedule Column	(b) should always sho	w the fair m	arket			
va	lue of the	goods, other assets, or	services aiv	en by the reporting	foundation If the	toundation received le	ess than fai	r market			
		transaction or sharing	•	, ,							
	ine no	(b) Amount involved		e of noncharitable exemp	_	·		ansactions, and sharing arra	ngement		
N/A		(b) Amount involved	(c) Nam	e or nonchartable exemp	Di Organization	(d) Description	or transfers, tre	ansactions, and snaring are	- igenient		—
M/A			-		_		-				
											
				<u></u>							
_	-										
2a Is	the founda	ation directly or indirect	ly affiliated w	ith, or related to, or	ne or more tax-ex	empt organizations					
de	scribed in	section 501(c) (other t	nan section 5	501(c)(3)) or in sec	tion 527?				☐ Ye	s X	No
		plete the following sch		. , , ,					_		
		a) Name of organization	-	(b) Type of c	rganization		(c) Descrip	tion of relationship			
N/		<u> </u>		17.1			<u>,,,</u>	<u> </u>			
		<u></u>									
					-						
-											
	Under per	alties of perjury, I declare tha	t I have examine	ed this return, including	accompanying schedi	iles and statements, and to t	he best of my	knowledge and belief, it is	lrue,		
		id complete. Declaration of pr						May the IRS discu			
l		\sim				1 .		with the preparer s			
Sign						/ /		See instructions		Yes 🔀	No I
lere			ン/シレ	/	///	in led .		Ļ			
			44	M	19	5/10	SECR	ETARY TREA	SUR!	ER	
	▼ Signa	ature of officer of trustee	<u> </u>		date	/	Title				
	Print/Ty	pe preparer's name			Preparer's signature	-)		Date		Check	
Paid										self-emp	oloyed
	MICH	ELLE ROSKA, CE	'A		MICHELLE 1	ROSKA, CPA		11/08			
repare	Firm's n	ame Ñ FBCPA	GROUP	PS, INC.				PTIN POO	809	205	
Jse Onl	V I		X 490					Firm's EIN Ñ 91-	154	639	6
		AUBUR	N, WA	98071-04	190				-83	3-5	304

Federal Statements

Statement 1 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

ENTITY IS IN ITS FIRST YEAR OF OPERATIONS SINCE INCEPTION. ACTIVITIES FOR THIS INITIAL PERIOD WAS LIMITED TO DONATION OF FUNDS BY DONORS TO THIS PRIVATE FOUNDATION SO THAT THIS ENTITY HAS FUNDS TO CARRY OUT ITS STATED EXEMPT PURPOSE.

Statement 2 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
LEO EBERLE LISA VIVIAN	\$ 5,000 5,000
TOTAL	\$ 10,000

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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer Identification number

EBERLE VIVI	N FOUNDATION	82-2864946
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 fou	undation
	527 political organization	
Form 990-PF	▼ 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundal	ition
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (2)(7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut or property) from any one contributor. Complete Parts I and II. See instruction contributions.	•
Special Rules		
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₂ % sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line of the greater of (1)
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re the year, total contributions of more than \$1,000 exclusively for religious, cha onal purposes, or for the prevention of cruelty to children or animals Completed	aritable, scientific,
contributor, during contributions totale during the year for General Rule app	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re the year, contributions exclusively for religious, charitable, etc., purposes, but and more than \$1,000. If this box is checked, enter here the total contributions an exclusively religious, charitable, etc., purpose. Don't complete any of the thies to this organization because it received nonexclusively religious, charitable more during the year.	ut no such s that were received parts unless the
990-EZ, or 990-PF), but it	hat isn't covered by the General Rule and/or the Special Rules doesn't file Somust answer "No" on Part IV, line 2, of its Form 990, or check the box on line, to certify that it doesn't meet the filing requirements of Schedule B (Form 99	e H of its Form 990-EZ or on its

Name of organization

EBERLE VIVIAN FOUNDATION

Employer identification number

82-2864946

Part	Contributors (see instructi	ons) Use duplicate copies of	Part I if additional space is need	eded
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	LISA VIVIAN 206 RAILROAD AVE I KENT	N WA 98032	s 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(t Name, address	o) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LEO EBERLE 206 RAILROAD AVE I KENT	N WA 98032	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(t Name, address	o)	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(t Name, addres:	o) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) — No.—	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(t Name, address	o) s, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II for noncash contributions)