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.

ing DEC 22, 2017 , and ending DEC 31, For calendar year 2017 or tax year beginning

							A. FItalatte-att	
Na	me of	foundation .	•		•		A Employer identification	number
_	υT	UNDA PAMTIV POINT	יארראי	• •			82-3797062	
		HARA FAMILY FOUNDA		address)		Room/suite		-
	PO BOX 369						B Telephone number 206-359-62	21 ·
			or foreign o	notal anda		L		
		own, state or province, country, and ZIP ${f LEVUE}$, ${f WA}$ $98009-0$	or ioreign p 1369	ustai code			C If exemption application is po	ending, check here
_		call that apply X Initial return	, 3 0 7	Initial return of a fo	ormor oublic o	harity	D 1. Foreign organizations	chack here
u	JIECK	Final return	•	Amended return	oriner public c	панц	1. Foreign organizations	, cricck fiere
		Address char	200	Name change		,	 Foreign organizations me check here and attach co 	eting the 85% test;
ш /	hack		<u> </u>	empt private foundation	:	- 1		
"		ection 4947(a)(1) nonexempt charitable t		Other taxable private foundation	ation	-1)Y	E If private foundation state under section 507(b)(1)	
늗			J · Accounti		Accr	ual		• •
		Part II, col. (c), line 16)		her (specify)	Acc	uai	F If the foundation is in a 6 under section 507(b)(1)	
•	•\$			nn (d) must be on cash basi	ıs.)		עווטפו זפטנוטוו זטי (גי)(ו	(b), check here
_	irti I				r	vactment	(a) Adjusted not	(d) Disbursements
¥[3 ¢	महुद्धः <u>।</u> उ	(The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a))	(d) may not	(a) Revenue and expenses per books	(D) Net in	vestment me	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive		10,000,000.	1000048-01940		N/A	All Salar Carrest Carry
	2	Check In the foundation is not required to a		TO, OUO, OUO.	CONTRACTOR	ALMERICAN	Maria Artico Total Company (1981)	midfless fra dest from the designation of the desig
	2	Interest on savings and temporary	ttach Sch 6	25,4 382 520 1151 128, 14977 336	uninezari.	M APPROPRIESTORY	4 5352480532 16662853 9874	
	1	cash investments Dividends and interest from securities		189.		189.		STATEMENT 1
•	5.			105.		103.		
	l	Gross rents Net rental income or (loss)	RE	CEWED	SARIBLATED	Minimus in	lespestics comparings:	
	l ' -				KALESC	ingerasserumenn Colonidoralitati	nergani decimenta de la	TOTAL ESTADO SECURIO ESTA
e	Ua	Net gain or (loss) from sale of assets not on lin Gross sales price for all		306-3018-33-0E	\$5.65.(2025\\$80.55	enerangan Karanyan	GARDAN SELECTION AND SERVICE SERVICE	Principle Comments
Revenue	7	Capital gain net income (from Part IV, line 2)	H he		58112819.6628	<u> </u>	Programment and Street Color	
Re	'	· · · · · · · · · · · · · · · · · · ·	<u> </u>	the office and the second of t	486, 3804, 5603	22.5-KD18887	laddirkiridirkordilabili abolalbil a garr	
	9	Net short-term capital gain Income modifications	T. ME	DENER DE	Seathwinder 7 (1861)	1617 (4563) "587 TE 1474 (17563) "587 TE	,	ENDER AND
	10a	Gross sales less returns	-1-00	ALL DE LACKSTRACE NO AND THE SECOND	元品語で発売が	#(#4##,(#%,4)	ersitte etter etter	STA TYPE TO STANK
				CONTROL PROPERTY OF THE PROPER	45.9km 4860 45.48	<u> 214 Mill (1475)</u> Personal interpretation	C WALLEY AND SECURISHED SEC	4.7-4.0 15. 145.4.5.2.4.4.5.5.
		Less Cost of goods sold ' Gross profit or (loss)		Bran Guren a St. Harring B.		5165 JES-25 71 INSTRAMENT	FIRTHERSTARS JACOBS STOCKERS STATES SAN	是 數字學 [1] [1] [2] [2] [3]
	11	Other income		· · · · · ·	48.68 15.00 N. P.	945)+4 1-330 (1889**) y		能保护证券 解释化式手指引擎。
•	12	Total Add lines 1 through 11		10,000,189.	-	189.		
	13	Compensation of officers, directors, trustees,		: 0.	1	0.		0.
	14	Other employee salaries and wages	310					
	15	Pension plans, employee benefits						
es		Legal fees						• • • • • • • • • • • • • • • • • • • •
SUS	l	Accounting fees			·		•	,
Expenses	l	Other professional fees						-
	17	Interest		,				·
aţį	18	Taxes				-		
str	19	Depreciation and depletion					•	
Ξ	20	Occupancy						main cesa musee my y sporte i si fina em.
₽d⊓	21	Travel, conferences, and meetings						
þ	22	Printing and publications			,			
gai	23	Other expenses					•	
Ĕ		Total operating and administrative						
Operating and Administrative	"	expenses. Add lines 13 through 23		. 0.		0.		0.
o	25	Contributions, gifts, grants paid	•	0.	HARL MEDIA			0.
		Total expenses and disbursements.			TOT CARGO PAGES NO.	and at the Walders of the segre	11-d + add-explicitly attach samples aging a gallege.	
	~~	Add lines 24 and 25		o.		0.		0.
	27					marke ver.	BARAGA BA	KOLEO DE LA CALEGRA
	l	Excess of revenue over expenses and disburse	monto	10,000,189.				
	ı	Net investment income (if negative, enter			Beck Tark Trend grant garden	189.	we comment the second	
•	l	Adjusted net income (if negative, enter -0-			The second second		N/A	The will have a state of the state of the state of the
			,	the same set of the same of the same same and the	Ches clare - com India	THE REPORT OF STATE	, 	IND A CHARLES AND A CHARLES AND CONTROL OF THE

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

F	art	Balance Sheets Altached schedules and amounts in the description	Beginning of year	End o	f year
<u>:</u>		column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		2,518,104.	2,518,104.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
	ļ	Less; allowance for doubtful accounts			
	4	Pledges receivable		Manufacture Plant or magnet transport	
		Less: allowance for doubtful accounts			
	5				
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			
	7	Other notes and loans receivable			
		Less, allowance for doubtful accounts			
şţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	108	Investments - U.S. and state government obligations			
	t	Investments - corporate stock STMT 2	0.	7,482,085.	7,471,565.
	0	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	and the second s		
	j	Less accumulated depreciation	L		
	12	Investments - mortgage loans			
	13	Investments - other			
!	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	_]		
_	L_	instructions. Also, see page 1, item I)	0.	10,000,189.	9,989,669.
		Accounts payable and accrued expenses			ļ
	l	Grants payable			}
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees and other disqualified persons			
iat	21		ļ		
_	22	Other liabilities (describe		· · · · · · · · · · · · · · · · · ·	
]		ا م	0.	j
	23	Total liabilities (add lines 17 through 22)	0.	<u>_</u>	
		Foundations that follow SFAS 117, check here			
Ś	١.,	and complete lines 24 through 26, and lines 30 and 31.			
ĕ	24	Unrestricted			•
Balances	1	Temporarily restricted			'
	26	Permanently restricted Foundations that do not follow SFAS 117, check here	 	·	
or Fund					
ō	27	and complete lines 27 through 31. Capital stock, trust principal, or current funds	0.	0.	
ets	27	, , , , ,	0.		
Net Assets	28 29	Paid-in or capital surplus, or land, bldg , and equipment fund Retained earnings, accumulated income, endowment, or other funds	0.	10,000,189.	, -
et/	1	Total net assets or fund balances	0.	10,000,189.	1
Ź	30	I DIGI HEL 200512 DI IVIIU DAIANCE	· · · · · · · · · · · · · · · · · · ·	10,000,103.	
_	31	Total liabilities and net assets/fund balances	0.	10,000,189.	`
P	art	III Analysis of Changes in Net Assets or Fund B	alances		
=	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)	00	[, [0.
	,			<u> </u>	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	10,000,189.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	10,000,189.
5	Decreases not included in line 2 (itemize)	5	_0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	10,000,189.

	2010		ł		
	2015				
	2014				
	2013				
Ξ	2012				
2	Total of line 1, column (d)			2	
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years			3	
4	Enter the net value of noncharitable-use assets	4	 		
5	5 Multiply line 4 by line 3				
6	6 Enter 1% of net investment income (1% of Part I, line 27b)				
7	Add lines 5 and 6			7	
8	Enter qualifying distributions from Part XII, line	e 4		8	

Form **990-PF** (2017)

See the Part VI instructions.

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.

Form 990-PF (2017) SHIHARA FAMILY FOUNDATION			32-379			Page 4
Part VI Excise Tax Based on Investment Income (Section 49		10(e), or 49	948 - see	instr	uctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here and	enter "N/A" on line 1	Ī				<u> </u>
Date of ruling or determination letter; (attach copy of letter if n		3)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	} [1			4.
of Part I, line 27b						1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part I, line 12, col. (b). 丿				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)		2			0.
3 Add lines 1 and 2		L	3			4.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only,	others, enter -0-)		4			0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5			4.
6 Credits/Payments:						1
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0.			-	!
b Exempt foreign organizations - tax withheld at source	6b	0.	1			ì
c Tax paid with application for extension of time to file (Form 8868)	6c	0.				-]
d Backup withholding erroneously withheld	6d	0.			·	
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 at	tached		8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9			4.
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	R	efunded 🚩	11			
Part VII-A Statements Regarding Activities						
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	islation or did it participate	or intervene i	1		Yes	
any political campaign?				1a	L	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp			on	16		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any materials publishe	d or				
distributed by the foundation in connection with the activities						
c Did the foundation file Form 1120-POL for this year?				10	L	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	•	•				
(1) On the foundation. > \$ 0 . (2) On foundation manage		<u> </u>		ſ		ı
e Enter the reimbursement (if any) paid by the foundation during the year for political expen	diture tax imposed on foui	ndation		1		ļ
managers ► \$O.						أسيب
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	g instrument, articles of inc	corporation, 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	eary		37 / 3	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•		N/A	4b		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	r?			5_		
If "Yes," attach the statement required by General Instruction T	th			[ĺ
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	eitner:					
By language in the governing instrument, or				1		`
By state legislation that effectively amends the governing instrument so that no mandato	ory directions that conflict	with the state i	aw		- <u>x</u> -	
remain in the governing instrument?		0- 4304		6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	iplete Part II, col. (c), and	Part XV		7		
				1 -		j
8a Enter the states to which the foundation reports or with which it is registered. See instruct	ions. P			1		1
WA	AH					į
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Aπorney General (or desig	inate)			- <u>x</u> -	
of each state as required by General Instruction G? If "No," attach explanation		(3/E) t- (d	86	^	<u> </u>
9 Is the foundation claiming status as a private operating foundation within the meaning of s	1	(j)(5) for calen	dar	~		- 1/
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," co				9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scheen	dule listing their names and ad-	dresses		10	\ DE	(0017)
			F	orm 99 0	<i></i>	(2017)

Fart 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	١		
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?		ļ	37
If "Yes," attach statement. See instructions	12	v	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
Website address ► N/A 14 The books are in care of ► BERNTSON PORTER & COMPANY PLLC Telephone no. ► 42545	7700	n	
Located at > 11100 NE 8TH ST, SUITE 400, BELLEVUE, WA			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	0001	_	П
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
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			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			Ì
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1 1		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			- 1
(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			
		1	Ì
(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			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1 1		Ì
section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
Organizations relying on a current notice regarding disaster assistance, check here			-
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
before the first day of the tax year beginning in 2017?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2017? Yes X No	1 1	[
If "Yes," list the years , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1	ł	
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	I		
statement - see instructions) N/A	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1 1		
>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		- {	ł
during the year?			1
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		ļ	l
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	'		ļ
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
	30 4a		<u>x</u>
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	74	+	
had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		$\overline{\mathbf{x}}$
	orm 990	-DF	_

Form 990-PF (2017) SHIHARA FAMILY FOUNDATIO	N		82-37970	62	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:				Ye	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		(ĺ	1 . ;
any voter registration drive?			es 🗓 No		'
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Y	es 🗶 No] j
(4) Provide a grant to an organization other than a charitable, etc., organization				{	
4945(d)(4)(A)? See instructions		Y	es 🗓 No		{
(5) Provide for any purpose other than religious, charitable, scientific, literary,			İ		
the prevention of cruelty to children or animals?	Y	es 🗶 No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described	ın Regulatıons	l <u>-</u>		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h			▶∟」		1 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		1	
expenditure responsibility for the grant?	N	I/A	es No	1	١,
If "Yes," attach the statement required by Regulations section 53.4945-5(d)				ľ	'.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on	_			
a personal benefit contract?		Y	es 🗶 No 📙		_ !
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?	Y ₁	es 🗶 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste	ees, Foundation Ma	magers, Highly	y		
Paid Employees, and Contractors					
List all officers, directors, trustees, and foundation managers and ti		(c) Compensation	(d) Contributions to	(-) E	VDODGO
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deterred	accou	xpense nt, other
	to position	enter -0-)	compensation	allov	vances
	PRESIDENT				
9716 178TH PLACE UNIT 103	0.00	0.	0.	İ	0.
REDMOND , WA 98052	0.00	0.	<u> </u>	 	<u> </u>
					
				 	
		J	J]	
		 			
		ļ	ļ	ļ	
					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."	<u> </u>	<u> </u>	
	(b) Title, and average hours per week	T	(d) Contributions to	(e) E	xpense nt, other
(a) Name and address of each employee paid more than \$50,000	'hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	ačcou allov	nt, other vances
NONE	devoted to position		compensation	- 41101	various .
HOME		İ		l	
	 			 	
				1	
	 	 		 	
		1			
				 	
		1		1	
		 		 	
		<u> </u>	L	L	
Total number of other employees paid over \$50,000				aan_D	<u>_</u>

Form 990-PF (2017) SHIHARA FAMILY FOUNDATION	82-	3797062 Page 7
Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)	Foundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If no	one, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		J
		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	
List the foundation's four largest direct charitable activities during the tax year. Include rele	vant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research p	apcrs produced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the two largest program-related investments made by the foundation during the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of the talence of talence of talence of the talence of talence	ax year on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total Add lines 1 through 3		0.

4.

P;	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
	Average monthly fair market value of securities	1a	7,482,085.
	Average of monthly cash balances	1b	7,482,085. 2,518,104.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	10,000,189.
	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	10,000,189.
-	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	150,003.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,850,186.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	13,495.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	11	13,495.
	Tax on investment income for 2017 from Part VI, line 5	. —	
	Income tax for 2017. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	4.
	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,491.
	Recoveries of amounts treated as qualifying distributions	4	0.
	Add lines 3 and 4	5	13,491.
	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,491.
	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
	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.
	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 4940(e) reduction of tax in those years.	qualifies fo	or the section

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				13,491.
2 Undistributed income, if any as of the end of 2017				
a Enter amount for 2016 only		ľ	0.	
b Total for prior years;				
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
dFrom 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 0.		Ì	ľ	
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.		}	
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.			0.
must be shown in column (a)) 6 Enter the net total of each column as indicated below:				
·	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract		0.		
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.1		
e Undistributed income for 2016. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017 Subtract				<u> </u>
lines 4d and 5 from line 1. This amount must			}	
be distributed in 2018				<u>1</u> 3,491.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	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.			
0 Analysis of line 9				
a Excess from 2013				
b Excess from 2014	j			
c Excess from 2015				
d Excess from 2016				
e Excess from 2017		_		
				Form 000 DE (2017)

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	FAMILY FO			82-37	97062 Page 1
Part XIV Private Operating For	oundations (see i	nstructions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	▶	T	
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	701 0040	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					İ
each year listed			ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed				/ [İ
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly			/		
for active conduct of exempt activities.			/		
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		-	/	 	
alternative test relied upon:			/		
a "Assets" alternative test - enter: (1) Value of all assets		/	4		
` '		+/		 	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	···	/			
2/3 of minimum investment return		/			
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		 			
(1) Total support other than gross		/			
investment income (interest,		/			
dividends, rents, payments on		/			
securities loans (section]		
512(a)(5)), or royalties)		//		 	
(2) Support from general public and 5 or more exempt		≰			
organizations as provided in					
section 4942(j)(3)(B)(iii)		 		 	
(3) Largest amount of support from					
an exempt organization		 	<u></u>	 	
(4) Gross investment income Part XV Supplementary Info	mation (Compl	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the			ii the roundation	111111111111111111111111111111111111111	ne in addets
1 Information Regarding Foundation					 ,
a List any managers of the foundation who		than 2% of the total cont	ributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m					
NONE					
b List any managers of the foundation who	own 10% or more of t	he stock of a corporation (or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation has	a 10% or greater interes	est.			
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loar	n, Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation or					ests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiz	rations under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone numb	er or email address of	the person to whom applic	ations should be addres	sed:	
h The form in which analysis are should be	outhouthed and info	ation and materials their ch	nould include		
b The form in which applications should be	s Submitted and imorm	auon anu materiais triey Si	iouia incluut.		
c Any submission deadlines:					
			londo eficación de	-Ab fo -b	
d Any restrictions or limitations on awards	, such as by geographic	cai areas, charitable tields,	kinds of institutions, or	ower factors:	

3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		[
Recipient	If recipient is an individual,		Durance of great or	
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 observation contributor		 	<u> </u>
		1	}	
NONE				
		j		
			}	
······································				
]
				
				
				l .
		:		
Total			▶ 3a	0.
b Approved for future payment				
NONE				
	}			
	<u> </u>		L	
Total			> 3b	0 . orm 990-PF (2017)

Part XVI-A	Analysis of	Income-Producing	Activities
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			 		-
h	- -		╁		
^	 		├	 	
d			├──		
е	 		├		<u> </u>
-			 		
- Fore and contracts from payment account	<u> </u>		├		
g Fees and contracts from government agencies			 -		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			ــــــ		
4 Dividends and interest from securities					189.
5 Net rental income or (loss) from real estate.					
a Debt-financed property			<u> </u>		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	· '	!			
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue				<u> </u>	
, 	-			 	
				 	
<u> </u>	ļ			 	
d					
e				 	189.
12 Subtotal Add columns (b), (d), and (e)		0.	L	0.	189.
13 Total. Add line 12, columns (b), (d), and (e)				13	103.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is renorted	n column (e) of Part XVI-A	contrit	outed importantly to the accom	nolishment of
the foundation's exempt purposes (other than t			00	outed imperiumly to the adden	ipilotti or
4 N/A	, p				
7 W/A					
					
					
				·	
					
					
					
					·
		 -		 	
					
					
				.	- 000 PF (5-1-)
723621 01-03-18					Form 990-PF (2017)

L. GIT XVI	Exempt Organ		rsioa	ing Transactions a	na Relationsi	nps with Noncha	iritabie	,	
1 Did the			e followir	ng with any other organizatio	on described in sect	on 501(c)		Yes	No
				g to political organizations?			-		_
	\ ., . -	dation to a noncharitable ex	•	•			Î		
(1) Ca:			•	•			1a(1)		x
(2) Oth	ner assets						1a(2)		Х
b Other tr	ansactions.						<u> </u>		
(1) Sal	les of assets to a noncharit	able exempt organization					15(1)		X
		oncharitable exempt organ	ization				1b(2)		Х
(3) Rei	ntal of facilities, equipment	, or other assets					1b(3)		X
(4) Rei	imbursement arrangement	s					1b(4)		Х
(5) Loa	ans or loan guarantees						1b(5)		Х
(6) Pei	rformance of services or m	embership or fundraising s	solicitatio	ons			1b(6)		X
c Sharing	of facilities, equipment, m	ailing lists, other assets, or	paid em	ployees			1c		X
d If the ar	nswer to any of the above is	s "Yes," complete the follow	ving sche	edule Column (b) should alv	vays show the fair n	narket value of the goods,	other ass	ets,	
				ed less than fair market valu	e in any transaction	or sharing arrangement,	show in		
		other assets, or services r							
(a)Line no	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions, and	sharing an	rangeme	nts
		ļ	N/A						
		 							
		ļ			 				
		 			. 				
		 					-		
		 							
		 							
					 	 _			
		 							
		 			 				
	· · · · · · · · · · · · · · · · · · ·	 				-			
		 		· · · · · · · · · · · · · · · · · · ·		- · · · · · · · · · · · · · · · · · · ·			
		 			<u> </u>				
		 			<u> </u>				
$\overline{}$									
ın sectio	· · · · · · · · · · · · · · · · · · ·	on 501(c)(3)) or in section nedule		or more tax-exempt organiz		(c) Description of relation:	Yes	X] No
	N/A	ganization		(b) Type of organization		(c) Description of relations	silih		
	N/A								
									
	· · · · · · · · · · · · · · · · · · ·								
Sign Here	belief, it is true, correct, and co	nmplete Declaration of preparer	n, includir (other tha	ig accompanying schedules and in taxpayer) is based on all informations.	statements, and to the ation of which preparer SECRET Title	has any knowledge rel	ay the IRS of turn with the own below Yes	? See ins	his er str No
	Print/Type preparer's n		Dayes's s	ignature)	Date	Check if PTIN			
		× 194	M	12UN -	ا د	self- employed			
Paid	ELIZABETH	STEPHAN	squ		12/13/18		1299		
Prepare	Firm's name ► BEF	NTSON PORTE	R J&	COMPANY, PLL		Firm's EIN ▶ 91-1	3085	74	
Use Only	· L								
	Firm's address ▶ 11	100 NE 8TH	ST,	SUITE 400					
	BI	ELLEVUE, WA	<u>980</u> 0	4		Phone no. 425 – 4	54-7	990	
							orm 990	LPF	(2017)

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

SHIHARA FAMILY FOUNDATION 82-3797062 Organization type (check one) Filers of: Section: ☐ 501(c)(Form 990 or 990-FZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

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)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

•			
Schedule Name of or	B (Form 990, 990-EZ, or 990-PF) (2017)		Page
	•		Employer identification number
	RA FAMILY FOUNDATION		82-3797062
Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	WILLIAM SHIHARA 11100 NE 8TH ST, SUITE 400 BELLEVUE, WA 98004	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S 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.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
!		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli

723452 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 3 Name of organization Employer identification number SHIHARA FAMILY FOUNDATION 82-3797062 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part 1

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(c)

FMV (or estimate)

(See instructions.)

(a)

No.

from

Part I

Description of noncash property given

(d)

Date received

Vame of orga	(Form 990, 990-EZ, or 990-PF) (2017) nization		Page
	A FAMILY FOUNDATION		82-3797062
Part III	the year from any one contributor. Complete col	umns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
	completing Part III enter the total of exclusively religious, on Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or space is needed	less 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
		(e) Transfer of gif	
 - -	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 gif	
-	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 gif	
-	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
-			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
23454 11-01-1			Schedule B (Form 990, 990-EZ, or 990-PF) (201

317.5

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		
AMERICAN ENTERPRISE INVESTMENT	189.	0.	189.	18	9.	
TO PART I, LINE 4	189.	0.	189.	18	9.	
FORM 990-PF		CORPORATE S	TOCK		STATEMENT 2	
DESCRIPTION			вос	K VALUE	FAIR MARKET VALUE	
AMERICAN ENTERPRISE INVESTMENTS				,482,085.	7,471,565.	
TOTAL TO FORM 990-PF, PART II, LINE 10B				7,482,085. 7,47		