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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Information about Form 990-PF and its instructions is at *www.irs.gov/form990pf*.**

OMB No 1545-0052

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 01-01-2017 , and ending 12-31-2017

Name of foundation
Albert Haller Foundation

A Employer identification number
91-1556810

Number and street (or P O box number if mail is not delivered to street address)
PO Box 2739

Room/suite

B Telephone number (see instructions)
(360) 683-1119

City or town, state or province, country, and ZIP or foreign postal code
Sequim, WA 98382

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐
2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year *(from Part II, col (c), line 16)* ▶$ 10,236,301

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	51,100			
	2 Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	42,029	42,029		
	4 Dividends and interest from securities	203,768	203,768		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	385,545			
	b Gross sales price for all assets on line 6a 1,141,445				
	7 Capital gain net income (from Part IV, line 2)		385,545		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	6,624			
	12 **Total.** Add lines 1 through 11	689,066	631,342		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	2,440			732
	b Accounting fees (attach schedule)	10,725			5,363
	c Other professional fees (attach schedule)	31,461	31,461		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	14,858	2,834		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	142			71
	22 Printing and publications				
	23 Other expenses (attach schedule)	11,103	75		2,583
	24 **Total operating and administrative expenses.** Add lines 13 through 23	70,729	34,370		8,749
	25 Contributions, gifts, grants paid	434,193			434,193
	26 **Total expenses and disbursements.** Add lines 24 and 25	504,922	34,370		442,942
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	184,144			
	b **Net investment income** (if negative, enter -0-)		596,972		
	c **Adjusted net income**(if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	180,536	430,943	430,943
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ 810,878			
	Less allowance for doubtful accounts ▶	854,544	810,878	810,878
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	7,403		
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	6,965,218	6,953,132	8,987,011
	14 Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	5,956	7,469	7,469
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	8,013,657	8,202,422	10,236,301
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)		4,621	
	23 **Total liabilities**(add lines 17 through 22)		4,621	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	8,013,657	8,197,801	
	25 Temporarily restricted			
	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)	8,013,657	8,197,801	
	31 **Total liabilities and net assets/fund balances** (see instructions)	8,013,657	8,202,422	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,013,657
2	Enter amount from Part I, line 27a	2	184,144
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	8,197,801
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	8,197,801

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	See Additional Data Table			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	See Additional Data Table			
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
a	See Additional Data Table			
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	385,545
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	600,899	9,253,142	0 06494
2015	544,036	10,650,799	0 05108
2014	557,998	10,961,569	0 05091
2013	507,244	10,475,156	0 04842
2012	494,914	9,907,904	0 04995

2	**Total** of line 1, column (d)	2	0 265299
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 053060
4	Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	9,856,107
5	Multiply line 4 by line 3	5	522,965
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	5,970
7	Add lines 5 and 6	7	528,935
8	Enter qualifying distributions from Part XII, line 4	8	442,942

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

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

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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	1	11,939
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	
3	Add lines 1 and 2	3	11,939
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	11,939
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 — 6a: 7,403		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments Add lines 6a through 6d	7	7,403
8	Enter any **penalty** for underpayment of estimated tax Check here ☑ if Form 2220 is attached	8	85
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	4,621
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**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?	1b		No
	*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*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		No
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ alberthallerfoundation org

14 The books are in care of ▶ Meyer & Company CPAs PS Telephone no ▶ (360) 683-6677

Located at ▶ PO Box 1629 Sequim WA ZIP+4 ▶ 98382

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

16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16		No

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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 ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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 ☑ 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 ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	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		No
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 ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2017 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017).*	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

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

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total number of other employees paid over $50,000. . . . . ▶

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3 . . . . . ▶	

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	8,818,349
b	Average of monthly cash balances	1b	356,736
c	Fair market value of all other assets (see instructions)	1c	831,115
d	**Total** (add lines 1a, b, and c)	1d	10,006,200
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	10,006,200
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	150,093
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	9,856,107
6	**Minimum investment return.** Enter 5% of line 5	6	492,805

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

1	Minimum investment return from Part X, line 6			1	492,805
2a	Tax on investment income for 2017 from Part VI, line 5	2a	11,939		
b	Income tax for 2017 (This does not include the tax from Part VI)	2b			
c	Add lines 2a and 2b			2c	11,939
3	Distributable amount before adjustments Subtract line 2c from line 1			3	480,866
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	480,866
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1			7	480,866

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	442,942
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	442,942
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	442,942

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				480,866
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2017				
a From 2012. 5,145				
b From 2013.				
c From 2014. 20,206				
d From 2015. 31,714				
e From 2016. 144,236				
f Total of lines 3a through e.	201,301			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ $ 442,942				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				442,942
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017	37,924			37,924
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	163,377			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	163,377			
10 Analysis of line 9				
a Excess from 2013. . . .				
b Excess from 2014. . . .				
c Excess from 2015. . . . 19,141				
d Excess from 2016. . . . 144,236				
e Excess from 2017. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

Scholarships Contact Superintendents of Public High SchoolsGrants Contact United Way for application @ 360-457-3011

c Any submission deadlines

Scholarships & Grants January of senior year & June

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

Restricted to residents of Clallam County, Washington

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				434,193
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments			14	42,029	
4 Dividends and interest from securities. . . .			14	203,768	
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			18	385,545	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a Prior Scholarship Refunds					6,624
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .				631,342	6,624
13 **Total.** Add line 12, columns (b), (d), and (e).				13	637,966

(See worksheet in line 13 instructions to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
11a	Scholarships granted to graduating seniors are refunded to the foundation when the students change colleges or do not complete the term

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

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

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

******	2018-07-16	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
Stephanie P Southern-White CPA				P00385373

Firm's name ▶ MEYER & COMPANY CPAs PS — Firm's EIN ▶46-3796997

Firm's address ▶ PO BOX 1629, SEQUIM, WA 98382 — Phone no (360) 683-6677

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, **(a)** 2-story brick warehouse, or common stock, 200 shs MLC Co)	**(b)** How acquired P—Purchase D—Donation	**(c)** Date acquired (mo , day, yr)	**(d)** Date sold (mo , day, yr)
44291 439 Vanguard ST Invt	P	2016-01-01	2017-05-23
679 388 Vanguard Mid Cap	P	2010-12-14	2017-01-25
546 239 Vanguard Mid Cap	P	2010-12-14	2017-10-03
3123 956 Vanguard Growth Index	P	2010-12-14	2017-01-25
2186 27 Vanguard Growth Index	P	2010-12-14	2017-10-03
Capital Gain Distributions	P	2016-01-01	2017-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
473,009		476,852	-3,843
114,976		62,342	52,634
99,976		50,124	49,852
186,976		97,999	88,977
149,976		68,583	81,393
116,532			116,532

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) **or** **(l)** Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col (i) **(k)** over col (j), if any	
			-3,843
			52,634
			49,852
			88,977
			81,393
			116,532

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week **(b)** devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	Expense account, **(e)** other allowances
Gary Smith 11 Sturdevent Sequim, WA 98382	President 1 00	0		
David Blake 1870 Woodcock Road Sequim, WA 98382	Sec/Treas 1 00	0		
Richard Schneider PO Box 385 Sequim, WA 98382	Vice President 0 50	0		
Marc Jackson 216 East 4th St Port Angeles, WA 98362	Director 0 50	0		
Gary Neal 503 N Sequim Ave Sequim, WA 98382	Director 0 50	0		

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PA Education FoundationPO Box 787 Port Angeles, WA 98362	N/A	PC	Student Need Fund which includes clothing, shoes, toiletries, fees, and medical care Assist students in paying for testing	6,916
Sequim School District 503 N Sequim Ave Sequim, WA 98382	N/A	GOV	Health Fund which includes epi-pens for allergies, and inhalers for asthma	4,723
Forks Food BankPO Box 2532 Forks, WA 98331	N/A	PC	Food for food bank	7,000
Port Angeles Food BankPO Box 1885 Port Angeles, WA 98362	N/A	PC	Weekend Food Bag Program for low income children	9,000
St Vincent de Paul Queen of Angels 136 E 8th St Port Angeles, WA 98362	N/A	PC	Utility aid to prevent shut-offs and evictions	6,723
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
St Vincent de Paul St Joseph PO Box 2114 Sequim, WA 98382	N/A	PC	Utilities and rent assistance to those in need	6,723
Sequim Community AidPO Box 1591 Sequim, WA 98382	N/A	PC	Emergency aid for rent, and utilities paid directly to landlords and PUD	6,723
Sequim Food BankPO Box 1453 Sequim, WA 98382	N/A	PC	Holiday food baskets, and weekend meal bag program	9,000
United WayPO Box 937 Port Angeles, WA 98362	N/A	PC	Support for annual fund drive	9,000
Volunteers in Medicine Olympic Clin PO Box 639 Port Angeles, WA 98362	N/A	PC	Core services for free clinic, and emergency dental services for the under and un-insured	9,000
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MANNA139 W 8th Port Angeles, WA 98362	N/A	PC	Emergency financial aid for Port Angeles residents	6,723
Healthy Families1210 E Front St C Port Angeles, WA 98362	N/A	PC	Core services which includes legal/medical/financial assistance	6,223
Olympic Community Action 823 Commerce Loop Port Townsend, WA 98368	N/A	PC	Encore scholarships for adult daycare program, and senior nutrition home delivered meals	9,000
Peninsula Behavioral Health 118 East 8th St Port Angeles, WA 98362	N/A	PC	Assist low income clients with mental health needs to obtain food, transportation, clothing and temporary housing	9,000
Joyce Education FoundationPO Box 20 Joyce, WA 98343	N/A	PC	Student assistance with coats, shoes, boots, medical or vision needs, and supplies	4,000
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Quillayute Valley School Distr 411 S Spartan Ave Forks, WA 98331	N/A	GOV	Winter coats, boots and shoes program	2,300
Boys Girls Club Olympic Peninsula PO Box 4167 Sequim, WA 98382	N/A	PC	Summer food program and emergency fund for clothes, personal hygiene and school supplies	9,000
Clallam MosaicPO Box 3081 Sequim, WA 98382	N/A	PC	Scholarships and program support for disabled clients	9,000
Dungeness Valley Health Wellness PO Box 3434 Sequim, WA 98382	N/A	PC	Operating costs for core programs at the free clinic	4,223
Makah Tribe Food BankPO Box 115 Neah Bay, WA 98357	N/A	GOV	Food for food bank	6,000
Total 3a . . . . . ▶				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Camp Beausite NorthwestPO Box 1227 Port Hadlock, WA 98339	N/A	PC	Therapeutic riding program for disabled young adults	6,223
New Hope Food BankPO Box 336 Clallam Bay, WA 98326	N/A	PC	Holiday food baskets	6,000
Lutheran Community Services NW 301 Lopez Ave Port Angeles, WA 98362	N/A	PC	Focus is on reaching families who are low income and disenfranchised and provide financial assistance for food, rent and transportation	6,223
Clallam County Pro Bono Lawyers 228 W Fir St X Port Angeles, WA 98362	N/A	PC	Community Office Program costs, and to fund the free drop in clinics for low income clients	5,223
Crescent Co-op PreschoolPO Box 20 Joyce, WA 98343	N/A	PC	Pre 3 and pre-school programs plus operational costs, scholarships and supplies	3,900
Total . . . . . ▶ **3a**				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Peninsula College Foundation 1502 E Lauridsen Blve Port Angeles, WA 98362	N/A	PC	Funding "Promise" scholarships for Clallam County students	75,000
Parenting Matters Foundation PO Box 3323 Sequim, WA 98382	N/A	PC	Funding for monthly newsletter, monthly events and parent-child support groups	5,223
Concerned CitizensPO Box 1787 Forks, WA 98331	N/A	PC	Summer food and holiday meal program for families	6,223
Volunteer Hospice of Clallam County 540 E 8th St Port Angeles, WA 98362	N/A	PC	Supplies and technology equipment upgrades for care of hospice patients	9,000
Crescent School DistrictPO Box 20 Joyce, WA 98343	N/A	GOV	After school safe environment for elementary students	4,223
Total 3a . . . . . ▶				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
My ChoicesPO Box 39 Port Angeles, WA 98362	N/A	PC	Earn While You Learn Program	5,223
Feiro Marine Life CenterPO Box 625 Port Angeles, WA 98362	N/A	PC	Ocean Education Program for students will fund educator wages, transportation and supplies for the students	3,223
Habitat for Humanity728 E Front St Port Angeles, WA 98362	N/A	PC	To purchase materials for the volunteers to use in the Neighborhood Revitalization project	4,223
St Matthew Lutheran Church 123 E 13th St Port Angeles, WA 98362	N/A	PC	To purchase supplies and food for the Wednesday night community dinners program	7,223
Clallam County Homeless Outreach PO Box 804 Port Angeles, WA 98362	N/A	PC	Annual 1 day event to connect the homeless with service agencies and organizations	2,000
Total . . . . . ▶ **3a**				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
North Olympic Regional Vet Housing 250 Ash Ave Forks, WA 98331	N/A	PC	To pay for utility bills for the Greenhouse located at Camp Sul Duc Veterans' housing facility	6,000
Kathleen Sutton FundPO Box 727 Kingston, WA 98346	N/A	PC	100% of the funds will be used for transportation costs for medical appointments for Clallam County women with cancer	3,723
American Red CrossPO Box 188 Carlsborg, WA 98324	N/A	PC	Disaster Preparedness project will provide funds to pay for shelter, food, clothing, medicine, and glasses for those affected	4,223
Forks Abuse ProgramPO Box 1775 Forks, WA 98331	N/A	PC	Flexible housing support provides assistance with rent, utilities and related costs Resilience and Wellness activities program will provide materials for art and cultural projects	4,000
Olympic Nature ExperiencePO Box 688 Carlsborg, WA 98324	N/A	PC	Summer Camp tuition support for low income families	4,223
Total 3a . . . . . ▶				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Olympic Peninsula Healthy Community PO Box 501 Carlsborg, WA 98324	N/A	PC	Chronic Disease Prevention event to educate the community that healthy food is a vital component to managing their condition	4,223
Prevention WorksPO Box 1913 Port Angeles, WA 98362	N/A	PC	Purchase "Mind in the Making" booklet to teach parents 7 essential life skills that every child needs	4,671
SekiuClallam Bay Crisis Center PO Box 638 Clallam Bay, WA 98326	N/A	PC	Basic needs funds for food, clothes and financial assistance	3,000
Olympic Peninsula YMCA302 S Francis St Port Angeles, WA 98362	N/A	PC	To cover staff salaries for the Fit 5 program	3,000
OMC Foundation1015 Georgiana St Port Angeles, WA 98362	N/A	PC	Cancer Center expansion project	9,000
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Taylor Bullock c/o Western Washington University Bellingham, WA 98225	N/A	I	Scholarship	4,000
Fernando Ribeiro de Silva c/o Spokane Falls Community College Spokane, WA 99024	N/A	I	Scholarship	4,000
Austin Pegramc/o Gonzaga University Spokane, WA 99258	N/A	I	Scholarship	4,000
Marisa Gasper c/o Central Washington University Ellensburg, WA 98926	N/A	I	Scholarship	4,000
Holly Eiland c/o Washington State University Pullman, WA 99163	N/A	I	Scholarship	4,000
Total . . . . . ▶ **3a**				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Emily Webb c/o Pacific Lutheran University Tacoma, WA 98447	N/A	I	Scholarship	4,000
Monica Jasperc/o Highline College Des Moines, WA 98198	N/A	I	Scholarship	4,000
First Step Family Support Center PO Box 249 Port Angeles, WA 98362	N/A	PC	Salary for part-time staff assistance and supplies for low income families	6,223
St Andrews Place520 E Park Ave Port Angeles, WA 98362	N/A	PC	Funds for a new roof	9,000
Sequim Family Advocates 3890 Lost Mountain Rd Sequim, WA 98382	N/A	PC	To support Sequim Picklers organization to build local courts	10,000
Total . . . . . ▶ **3a**				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Leslie Cisneros c/o University of Washington Seattle, WA 98195	N/A	I	Scholarship	4,000
Jett Gagnonc/o University of Washington Seattle, WA 98195	N/A	I	Scholarship	4,000
Sydney Lestage c/o Western Washington University Bellingham, WA 98225	N/A	I	Scholarship	4,000
Corey Gillisc/o Peninsula College Port Angeles, WA 98362	N/A	I	Scholarship	4,000
Kimberly D Gordon c/o Western Washington University Bellinghan, WA 98225	N/A	I	Scholarship	4,000
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Paige Sanders c/o Western Washington University Bellingham, WA 98225	N/A	I	Scholarship	4,000
Kathleen C Gonzalez c/o University of Washington Bothell, WA 98011	N/A	I	Scholarship	4,000
Mckenzie Brannanc/o Peninsula College Port Angeles, WA 98362	N/A	I	Scholarship	4,000
Maya H Trettevik c/o Western Washington University Bellingham, WA 98225	N/A	I	Scholarship	4,000
Skyler Dematties c/o Central Washington University Ellensburg, WA 98926	N/A	I	Scholarship	4,000
Total . . . . . ▶ 3a				434,193

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Mercedes Woods c/o Northern Arizona University Flagstaff, AZ 86011	N/A	I	Scholarship	4,000
Wesley Duncan c/o Wenatchee Valley College Wenatchee, WA 98801	N/A	I	Scholarship	1,500
Total . . . . . ▶ 3a				434,193

TY 2017 Accounting Fees Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Meyer & Company CPAs PS	10,725	0	0	5,363

TY 2017 Legal Fees Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Alan Millet PS	2,440	0	0	732

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000108

TY 2017 Other Assets Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
Dividends in Transit	5,956	7,469	7,469

TY 2017 Other Expenses Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Fees	188	75		
Liability Insurance	3,330			
PO Box Rental	166			83
PO Box Rental-late fee	22			
United Way-Grant Review	2,500			2,500
Website	4,897			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000108

TY 2017 Other Income Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Prior Scholarship Refunds	6,624		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000108

TY 2017 Other Liabilities Schedule

Name: Albert Haller Foundation
EIN: 91-1556810
Software ID: 17005038
Software Version: 2017v2.2

Description	Beginning of Year - Book Value	End of Year - Book Value
990PF Excise		4,621

TY 2017 Other Professional Fees Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ameritrade Management Fees	31,461	31,461	0	0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000108

TY 2017 Substantial Contributors Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Name	Address
Angeles Plumbing	PO Box 1151 Port Angeles, WA 98362
Lakeside Industries	PO Box 7016 Issaquah, WA 98027

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491197000108

TY 2017 Taxes Schedule

Name: Albert Haller Foundation

EIN: 91-1556810

Software ID: 17005038

Software Version: 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
990PF Excise	11,939			
990PF Penalty	85			
Foreign Tax Credit per 1099	2,834	2,834		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491197000108

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2017

Name of the organization
Albert Haller Foundation

Employer identification number
91-1556810

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Angeles Plumbing PO Box 1151 Port Angeles, WA98362	$ 20,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	Lakeside Industries Inc PO Box 7016 Issaquah, WA98027	$ 30,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
-		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ ____________

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee