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. ► Go to www.irs.gov/Form990PF for instructions and the latest information OMB No 1545-0052

2017

Open to Public Inspection

FOR	cale	ngar	year 2017 or tax	x year beginning		, 2017,	and ending		<u> </u>	
MEI	חתו	DEE	R FOUNDATI	· ∩Nī				Α	Employer identification num 91-1621459	nber
			2ND AVE. S					В	Telephone number (see inst	ructions)
			WA 98116-					<u>_</u>	206-938-5422	
								c	If exemption application is	nending check here
~	Char	الد عال	that apply	Initial return		utial ratius of a form	an public charity		ii exemption approaction to	ponding, encer here
G '	CHE	JK all	triat apply	Final return	\vdash	nitial return of a forn mended return	ier public charity	D	1 Foreign organizations, chec	ck here
			h	Address change	\mathbf{H}	ame change			2 Foreign organizations meet	ting the 85% test, check
H	Che	ck tvr	oe of organizatio			(3) exempt private for	oundation 🗥)	here and attach computation	on P
	Γ			nonexempt charitabl				E	If private foundation status	
		narket	value of all assets a	t end of year J A		nting method X Ca		1	under section 507(b)(1)(A)	, check here
		Part I	I, column (c), line 16	·	Othe	er (specify)	<u> </u>	F	If the foundation is in a 60	
	<u> </u>				t I, co	umn (d) must be on	cash basis)	<u> </u>	under section 507(b)(1)(B)	, check here
Pa	rt I		nalysis of Rev			(a) Revenue and	(b) Net investmei	nt	(c) Adjusted net	(d) Disbursements
		col	umns (b), (c), a	otal of amounts in nd (d) may not nece	s- e	openses per books	income		income	for charitable purposes
		sai	rily equal the am	nounts in column (a)						(cash basis only)
	—т		contributions rufts grants	, etc., received (attach schedule)		25,000.				
		_		idation is not required to attach So	th B	23,000.	 			
7	}	_		•						
G		3 ⊿	Interest on savings and ten Dividends and interest from			1,028.	$\frac{1,02}{1,02}$	28.)4.		
Ÿ	}		Gross rents	11 300011103	-	1,204.	1,4	<u> 14.</u>	 	
,	ļ	b	Net rental income or (loss)							
F	≀		Net gain or (loss) from sal			22.			Plo por	C. State Control of the Control of t
4 5 7	,	b	Gross sales price for assets on line 6a	all						は「VED
Ě		7		me (from Part IV, line 2)						Transment C
ľ	1	8 9	Net short-term capital Income modifications	-	-				8 10	2 2018 5
È			Gross sales less	, 	-				000	2
	- 1		allowances						OGD	EN, UT
		b	Less Cost of goods sold							
		-	Gross profit or (loss) (atta-							
		וו	Other income (attach	1 schedule)						1
		12	Total. Add lines 1 i	through 11	\vdash	27,254.	2,23	32	0.	
_		13		icers, directors, trustees, et	ic -	27,234.		<u>. 2 .</u>	· · · · · · · · · · · · · · · · · · ·	
		14	Other employee sala	aries and wages						
		15	Pension plans, empl	loyee benefits						
	A		Legal fees (attach so	OPP OF	1				 	ļ
	D M		Accounting fees (atta	•	*	2,143.				
٥	N	17	Other professional fees (a Interest .	attach schi.	- }		 		 	
O P E R	S	18	Taxes (attach schedule)(se	ee instra).	-		 -		 	
Ř	R	19	Depreciation (attach	•					 	
्रा इटा	7		schedule) and deplet		·					
SE SE	Ě	20 21	Occupancy Travel, conferences.	and meetings.	∵		 		 	
		22	Printing and publicat	-	<u> </u>		 		 	
© Ž N V V	E X P	23	Other expenses (atta	ach schedule)				_	 	
	E N	İ	S	EE STATEMENT	2	71.			<u></u>	
AUG	S E S	24	Total operating and		1	2 21 4				1
_	S	25	expenses. Add lines Contributions, gifts, grants	_ D3DM 12	y	2,214. 25,000.			+	25,000.
)(U) (C)		26	Total expenses and	•	-]
			Add lines 24 and 25	· · · · · · · · · · · · · · · · · · ·		27,214.		0.	0.	25,000.
		27	Subtract line 26 from							
Ğ		ľ	Excess of revenue of and disbursements	over expenses		40.				
Y)) Ł	Net investment inco	ome (d negative, enter -0-)			2,2	32.		
		1 6	Adjusted net incomi	e (if negative, enter -0-).					0.	

Part	11 1	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	En	nd of year
	<u></u> 1.		column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
}	1	Cash - non-interest	F	3,748.	1,57	
J	2	Savings and tempora	ary cash investments	461,744.	462,92	0. 462,920.
	3	Accounts receivable				
[Less: allowance for a	doubtful accounts			
ĺ	4	Pledges receivable				
ì	_	Less allowance for	doubtful accounts •			
l	5	Grants receivable				
	6	disqualified persons (attac	ers, directors, trustees, and other ch schedule) (see instructions)			
. 1	7	Other notes and loans rec	ervable (attach sch)			
ŝ		Less allowance for				
S S E T	8	Inventories for sale	· · · · · ·			
	9	Prepaid expenses as	, , , , , , , , , , , , , , , , , , ,			
S	10 a	i Investments – US. obligations (attach s	and state government chedule)			
1	b	Investments — corporate	stock (attach schedule)	137,362.	138,39	8. 36,172.
j	C	: Investments — corporate	bonds (attach schedule)			
	11	Investments — land, equipment basis	buildings, and			
		Less accumulated deprec (attach schedule)	eation •			
l	12	Investments - morte	gage loans			
l	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment basis			
		Less accumulated deprec (attach schedule)	iation •			
		Other assets (descri				
	16	see the instructions	completed by all filers — Also, see page 1, item I)	602,854.	602,89	4. 500,668.
L	17		nd accrued expenses			
À	18	Grants payable				
В	19	Deferred revenue				
Ļ	20	•	tors, trustees, & other disqualified persons			
Ť	21		s payable (attach schedule)			
1	22	Other liabilities (des	cribe)			
E S	23	Total liabilities (add	lines 17 through 22)	0.		0.
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26, and lines 30 and 31.			
N F	24	Unrestricted				
E U T N	25	Temporarily restricted	ed			
D	26	Permanently restrict	ed			
A B S A E T A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.			
ĒĽ	27	Capital stock, trust i	orincipal, or current funds			
T A S N	28		, or land, bidg., and equipment fund			
Ç	29	•	ulated income, endowment, or other funds	602,854.	602,89	04.
O E R S	30		fund balances (see instructions)	602,854.	602,89	
	31		net assets/fund balances	602,854.	602,89	
Par	till	Analysis of Char	ges in Net Assets or Fund Balance			
1	Tota end-	I net assets or fund b	alances at beginning of year — Part II, colu d on prior year's return)	ımn (a), line 30 (must aç	gree with	1 602,854.
2		er amount from Part I,			<u> </u>	2 40.
3		increases not included in I			 -	3
4		lines 1, 2, and 3.		·		4 602,894.
5		ases not included in line 2	(itemize)		ļ-	5
_6	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5)	- Part II, column (b), li	ne 30	6 602,894.

(a) List and describe	the kind(s) of property sold (for examp house, or common stock, 200 shares	ole, real estate,	(b) How acquire P — Purchase D — Donation	(mo , day, yr)	(d) Date sold (mo , day, yr)
la N/A					
b					
С					
d					
e	(0.5)	(2) 0 - 1 11 1 -		4) 0	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
a		<u> </u>			
b c					
d	 				
e					
Complete only for assets sho	wing gain in column (h) and owned to	by the foundation on 12/31/	69	(I) Gains (Col	(h)
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col. (j), if any		gain minus col. (k), t than -0-) or Losses (f	out not less
a b					
С					
d					
e					
2 Capital gain net income or (r	<u> </u>	o enter in Part I, line 7] iter -0- in Part I, line 7	-	2	
3 Net short-term capital gain of	r (loss) as defined in sections 1222(5	5) and (6)	1		
If gain, also enter in Part I, Ii in Part I, line 8	ne 8, column (c) See instructions If	f (loss), enter -0-	-	3	
Part V Qualification Und	er Section 4940(e) for Reduce	ed Tax on Net Investm	ent Incom	ie	
If 'Yes,' the foundation doesn't qua	ection 4942 tax on the distributable a alify under section 4940(e). Do not con each column for each year, see the in	omplete this part		Yes (d)	X No
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	sets	Distribution (col (b) divided	
2016	24,989.	49	3,681.		0.05061
2015	23,989.		2,314.		0.04872
2014	22,000.		1,515.		0.04476
2013	19,000.		0,046.		0.03799
2012	15,000.	38	9,667.	- 	0.03849
2 Total of line 1, column (d) .			:	2	0.22059
Average distribution ratio for the number of years the foundation.	ne 5-year base period – divide the total ion has been in existence if less than	on line 2 by 5.0, or by the 5 years.		3	0.04411
4 Enter the net value of nonch	arıtable-use assets for 2017 from Pa	rt X, line 5		4	494,401
5 Multiply line 4 by line 3				5	21,812
6 Enter 1% of net investment i	income (1% of Part I, line 27b)		\	6	22
7 Add lines 5 and 6			_	7	21,834
8 Enter qualifying distributions			,	8	25,000
If line 8 is equal to or greater t Part VI instructions.	han line 7, check the box in Part VI, lin	e 1b, and complete that part	using a 1% ta 	x rate See the	

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(or designate) of each state as required by General Instruction G? If 'No,' attach explanation.

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 tax year beginning in 2017? See the instructions for Part XIV If 'Yes,' complete Part XIV

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Par	t 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	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► WILLIAM & MARGARET NEUDORFER Telephone no ► 206-9	38-5	422	
	Located at ► 1326 - 42ND AVE. S.W. SEATTLE WA ZIP + 4 ► 98116-170			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	N/A No
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?	16	Tes	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country			
Pai	t 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.	ļ	Yes	No
1 8	During the year, did the foundation (either directly or indirectly)		Ì	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		[1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	1	ļ	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 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			
	(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			
١	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	1 b	N	/A_
	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?	1 c		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			
	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).	2 b	N	/A
	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			1
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes		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 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)	36	 	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its	4 a		
	charitable purposes?	4 a	+-	X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could	1		
	jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4 b		X
BA		orm 9 9	<u> </u>	

WILLIAM C. NEUDORFER 1326 - 42ND S.W. SEATTLE, WA 98116-1702	FOUNDATION M	0.	0.	0
MARGARET E. NEUDORFER 1326 - 46TH SW SEATTLE, WA 98116	FOUNDATION M 3.00	0.	0.	0
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NONE	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE	!			
Total number of other employees paid over \$50,000	0			

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid I and Contractors (continued)	Employees,
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	- 0
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 N/A	
2	_
	-
3	
<u> </u>	-
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 x / x	

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 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	
Total, Add lines 1 through 3	0
	0.
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see instructions.)	-	nuations,
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		26.026
b Average of monthly cash balances	1 a	36,936.
C Fair market value of all other assets (see instructions)	1 c	464,994.
·	1 d	F01 020
d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and	10	501,930.
	}	
	2	0
2 Acquisition indebtedness applicable to line 1 assets3 Subtract line 2 from line 1d	<u> </u>	501 020
5 Subtract line 2 from line 1d	3	501,930.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	7,529.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	494,401.
6 Minimum investment return. Enter 5% of line 5	6	24,720.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations, check here ☐ and do not complete this part.)	iting foun	dations
1 Minimum investment return from Part X, line 6	1	24,720.
2a Tax on investment income for 2017 from Part VI, line 5 22.		
b Income tax for 2017. (This does not include the tax from Part VI)	1	
c Add lines 2a and 2b	2 c	22.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	24,698.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	24,698.
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	24,698.
Part XII Qualifying Distributions (see instructions)		
 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26 	1 a	25,000.
b Program-related investments — total from Part IX-B	1 b	
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)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	25,000.
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	22.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,978.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years		
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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				24,698.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			24,138.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2017				
a From 2012		1		
b From 2013				
c From 2014	•			
d From 2015		1		
e From 2016]	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 25,000.		Į		
a Applied to 2016, but not more than line 2a			24,138.	
b Applied to undistributed income of prior years				
(Élection required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2017 distributable amount	0.			862.
e Remaining amount distributed out of corpus	0.			802.
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the			- <u></u>	 -
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	0.			
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2016 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2017 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2018				23,836.
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)	<u> </u>			
8 Excess distributions carryover from 2012 not	^	}		
applied on line 5 or line 7 (see instructions).	0.	 		
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	0.	ļ		
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017.	<u> </u>	<u> </u>		

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Part XIV Private Operating Founda		ctions and Pa	rt VII-A, question		N/A
1 a If the foundation has received a ruling or det	ermination letter that it				
is effective for 2017, enter the date of the b Check box to indicate whether the founda	•	ating foundation	described in section	T 4943(1)(3) or 1	4942(j)(
2a Enter the lesser of the adjusted net	Tax year	ating loundation	Prior 3 years	4942(j)(3) or	
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Tot
investment return from Part X for each year listed	(4) 2011	(5)_5	(6) 25.10	(6)2011	
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					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
Complete 3a, b, or c for the alternative test relied upon			1/		
a 'Assets' alternative test — enter					
(1) Value of all assets		/	/	1	
(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	1				
Part XV Supplementary Information	(Complete this	part only if th	e foundation had	\$5,000 or more	in
assets at any time during the		structions.)			
1 Information Regarding Foundation Mana		20/ +		hii kha ƙai malakina haƙ	45-
a List any managers of the foundation who have close of any tax year (but only if they have	ve contributed more the	an 2% of the total han \$5,000) (Se	e section 507(d)(2)	by the foundation bei	ore trie
SEE STATEMENT 3		, , ,			
b List any managers of the foundation who ow a partnership or other entity) of which the	n 10% or more of the	stock of a corpora	tion (or an equally large	e portion of the owner	ship of
NONE	iounuation nas a 10	o or greater lifte	i eat		
110112					
2 Information Regarding Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs	 5:		
Check here ► ☐ if the foundation only m	akes contributions to p	reselected charita	able organizations and		
requests for funds. If the foundation make 2a, b, c, and d. See instructions	es gifts, grants, etc. t	to individuals or o	organizations under o	ther conditions, com	plete items
a The name, address, and telephone number	or email address of the	person to whom	applications should be	addressed:	
SEE STATEMENT 4			 		
b The form in which applications should be	submitted and inform	nation and mater	rals they should inclu	de:	
ann ami marrara					
SEE STATEMENT FOR LINE 2A c Any submission deadlines					
c any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograph	nical areas, chari	table fields, kinds of i	institutions, or other	factors.
,					
SEE STATEMENT FOR LINE 2A					
BAA	TEE	A0310L 09/14/17		F	orm 990-PF
DAA	100	2103106 03714717			01111 330-1 1

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Page 11

3	Grants and Contributions Paid During the	fear or Approved for Fut	ure Paymen	t	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
	Paid during the year				
SEE	STATEMENT 5				
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	Total			► 3 a	25,000
	Approved for future payment				
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	Total			▶ 3₺	
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Form **990-PF** (2017)

ter gross amounts unless otherwise indicated	Unrelated I	basilious illicollic		section 512, 513, or 514	/^\
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income (See instructions)
a					
b					
С	1				
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			7		
3 Interest on savings and temporary cash investments			14		1,028
4 Dividends and interest from securities		-	14		1,204
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		22
9 Net income or (loss) from special events.					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
с					
4					
u	1				
e	 		1-1-		
					2.254
e				13	2,254
e Subtotal Add columns (b), (d), and (e)	tions)			13	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		hment of Exem	pt Purpos		
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 4 worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities to the	e Accomplis		 	es	2,254
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the	e Accomplis		 	es	2,254
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 4 worksheet in line 13 instructions to verify calculated art XVI-B Relationship of Activities to the	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcular Tart XVI-B Relationship of Activities to the Line No. Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accomplis		 	es	2,254
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Form 990-PF (2017) NEUDORFER FOUNDATION 91-1621459 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

					<u></u>					Vac	Na
des	scribed	l in section 501(c)) of the Code (of	ngage in any c ther than section	of the following w on 501(c)(3) orga	ith any o	other organization s) or in section 5	า 527,		Yes	No
	_	o political organiz									}
		from the reportir	ng foundation to	a noncharitabl	e exempt organiz	zation of	•		4 (1)		
٠,	Cash	assets							1 a (1)		<u>X</u>
		nsactions					• •		1 a (2)		<u> X</u>
		of assets to a no	oncharitable exe	mnt organizati	on				1 b (1)		X
٠,		nases of assets fr							1 b (2)		X
٠.	_	al of facilities, equ		•	gamzanom				1 b (3)		$\frac{\hat{x}}{x}$
٠,,		bursement arrang	•						1 b (4)		X
		s or loan guarante							1 b (5)		X
(6)	Perfo	rmance of service	es or membersh	ıp or fundraısır	ng solicitations				1 b (6)		X
c Sh	arıng d	of facilities, equip	ment, mailing lis	its, other asset	ts, or paid emplo	yees			1 c		X
			1 157 - 1			0.1	21-5 L LL L				
the	goods	, other assets, or s	services given by	the reporting fo	undation If the for	ındatıon	nn (b) should alw received less than ls, other assets,	ı faır market valı	ue in	ue of	
(a) Line r	10	(b) Amount involved	(c) Name	of noncharitable ex	empt organization	(d) Description of tran	sfers, transactions,	and sharing arrai	ngement	s
N/A											
						ļ					
				·- <u>-</u>		 					
			 			 					
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	+					+					
	1		 			+					
						1					
											
de	scribe	ndation directly or d in section 501(c	c) of the Code (o	d with, or relate ther than secti	ed to, one or more on 501(c)(3)) or i	tax-exen n sectio	npt organizations n 527?		Yes	. X	No
b lf		complete the follo		45 =				. 5			
37.73	(a)	Name of organization	ation	(b) 1y	pe of organizatio	n	(c) Description o	relationship		
N/A_				 							
							 				
											
							 				
	Under po	enalties of perjury, I de	clare that I have exam	nined this return, in	cluding accompanying	schedules	and statements, and to preparer has any know	the best of my kno	wledge and belief,	it is true	
Sign	correct,	and complete. Declarat	ion of preparer (other	than taxpayer) is b	ased on all intermation	o wnich	oreparer has any know	leage.	May the		
Here	N -				le ~~ \2	> •	COUNDARTON	WCD	this retur	n with th	18
	Sugar	Signature of officer of trustee Date FOUNDATION MGR Title						See instr	uctions,	¬ [
	Signal	Print/Type preparer's		Rienare	r's signature		Date	Tal. II	DTIN	Yes	No
n. ' '			_	1 h	LLIL	_	6-22-18	Checkself-employed	J"	2716	
Paid			HANSON, CP.		DITC		10 200		12.00000	210	
Prepai		Firm's name Firm's address	REBAR & AS					Firm's EIN > 91	<u>L-1275754</u>		
Use O	шу	i min a audiesa		VA 98116-4				Phone no (1)	206) 938-:	2906	
BAA		<u>'</u>	JUNITUE, Y	*** \0.1\10_*	2.201		· · · · · ·	1 (2	Form 99		2017)
									1 01111 33	~·· (_0.77

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

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

NEUDORFER FOUNDATION	91-1621459
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
	X 501(c)(3) taxable private foundation
Check if your organization is covered by the G	eneral 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, 9 property) from any one contributor Co	90-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or omplete Parts I and II. See instructions for determining a contributor's total contributions
Special Rules	
under sections 509(a)(1) and 170(b)(1)(A	on 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations (A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that ring the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) rm 990-EZ, line 1 Complete Parts I and II
For an organization described in secti during the year, total contributions of purposes, or for the prevention of cru	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational elty to children or animals. Complete Parts I, II, and III
during the year, contributions exclusive \$1,000 If this box is checked, enter the charitable, etc., purpose. Don't complete the charitable of the contribution of the contributions of the contributions of the contributions are contributions.	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, vely for religious, charitable, etc., purposes, but no such contributions totaled more than lere the total contributions that were received during the year for an exclusively religious, etc any of the parts unless the General Rule applies to this organization because haritable, etc., contributions totaling \$5,000 or more during the year
990 PF), but it must answer 'No' on Part	ed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 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, set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA 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)	Page	1 of 1 of Part I	
Name of org		1 ' *	Identification number	
NEUDOF	RFER FOUNDATION		521459	
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	WILLIAM AND MARGARET NEUDORFER		Person X Payroll	
	1326 42ND AVE SW	\$25,000.	Noncash	
	SEATTLE, WA 98116-1702		(Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
-~-		\$	Person Payroll Noncash Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
		-	(Complete Part II for noncash contributions.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
BAA			(Complete Part II for noncash contributions)	

1 to

1 of Part II

NEUDORFER FOUNDATION

Employer identification number

91-1621459

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional s	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		- \$ *	·
(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
		 \$)
BAA	Sch	edule B (Form 990, 990-E	Z. or 990-PF) (2017

Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)		Page 1 to 1 of Part III	
Name of organia	ER FOUNDATION		Employer Identification number $91-1621459$	
	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional states.	ne year from any one contribution properties that the total (Enter this information once. See	izations described in section 501(c)(7), (8), Itor. Complete columns (a) through (e) and of exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, 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, addres	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, addres	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, addres	(e) Transfer of gift	Relationship of transferor to transferee	

BAA

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FEDERAL STATEMENTS

PAGE 1

CLIENT NEUDORFE

NEUDORFER FOUNDATION

91-1621459

STATEMENT 1 FORM 990-PF, PART I, LINE 16B **ACCOUNTING FEES**

(C) (B) NET (A) (D) **EXPENSES** INVESTMENT ADJUSTED CHARITABLE NET INCOME PURPOSES PER BOOKS INCOME <u>2,14</u>3. ACCOUNTING TOTAL \$ 2,143. \$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

(A) (B) NET (C) (D) EXPENSES INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME PURPOSES OTHER 0. \$ TOTAL \$ <u>71. ş</u> 0. \$

STATEMENT 3 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

WILLIAM C. NEUDORFER MARGARET E. NEUDORFER

STATEMENT 4 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

NEUDORFER FOUNDATION WILLIAM NEUDORFER

STREET ADDRESS:

1326 42ND AVE SW

CITY, STATE, ZIP CODE:

SEATTLE, WA 98116

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

WRITTEN ONLY

SUBMISSION DEADLINES:

N/A

RESTRICTIONS ON AWARDS:

N/A

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FEDERAL STATEMENTS

PAGE 2

CLIENT NEUDORFE

NEUDORFER FOUNDATION

91-1621459

STATEMENT 5 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMQUNT
HOLY ROSARY SCHOOL 4142 42ND SW SEATTLE WA 98116	NONE	PC	UNRESTRICTED	\$ 8,700.
VARIOUS, UNDER \$1,000 VARIOUS VARIOUS WA 98116	NONE	PC	UNRESTRICTED	2,580.
RONALD MCDONALD HOUSE 5130 40TH AVE NE SEATTLE WA 98105	NONE	PC	UNRISTRICTED	1,000.
MILLIONAIR CLUB 2515 WESTERN AVE SEATTLE WA 98121	NONE	PC	UNRISTRICTED	1,000.
MAKE A WISH FOUNDATION 811 1ST AVE #520 SEATTLE WA 98121	NONE	PC	UNRISTRICTED	1,000.
WEST SEATTLE FOOD BANK 3419 SW MORGAN ST SEATTLE WA 98126	NONE	PC	UNRISTRICTED	1,000.
WEST SEATTLE HELPLINE 6516 35TH AVE SW #204 SEATTLE WA 98126	NONE	PC	UNRISTRICTED	1,000.
NW HARVEST PO BOX 12272 SEATTLE WA 98102	NONE	PC	UNRISTRICTED	1,000.
USO NORTHWEST 17801 INTERNATIONAL BLVD SEATTLE WA 98158	NONE	PC	UNRISTRICTED	1,000.
SALVATION ARMY PO BOX 9219 SEATTLE WA 98109	NONE	PC	UNRISTRICTED	1,720.
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON ST, SUITE 100 SEATTLE WA 98109	NONE	PC	UNRISTRICTED	1,000.
CATHOLIC COMMUNITY SERVICES 100 23RD AVE S SEATTLE WA 98144	NONE	PC	UNRESTRICTED	1,000.
ST JUDE HOSPITAL 501 ST JUDE PLACE MEMPHIS TN 38105	NONE	PC	UNRESTRICTED	1,000.

FEDERAL STATEMENTS

PAGE 3

CLIENT NEUDORFE

NEUDORFER FOUNDATION

91-1621459

STATEMENT 5 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
SHRINERS HOSPITAL 2900 ROCKY POINT DRIVE TAMPA FL 33607	NONE	PC	UNRESTRICTED	\$ 1,000.
GEORGE FOX UNIVERSITY 414 N. MERIDIAN ST NEWBERG OR 97132	NONE	PC	GENERAL FUND	1,000.
			TOTAL	\$ 25,000.