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OMB No 1545-0052

2017

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 <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

A Employee destification number 9   A Employee analysis (see instructions)	For	caler	ndar year 2017, or tax year	beginning 01-01-20	)17 , aı	nd ei	nding 12-31-	2017		
Substitution   Subs							A Employer identification number			
Corporations, deline promote, country, and ZP or foreign possibilities  G Check all text apply   Inneal return   Amended return   Amended return   Discovering to the control of the company of the compa	Al'	IGELA J	BOWEN CONSERVANCE FOUNDATION				91-2015916			
Corrections, state or promote, country, and ZEP or freeing possed code  Controlled in this sapply   In this return   In that return   Amended				ot delivered to street address)	Room/suite		<b>B</b> Telephone nu	ımber (see ınstruction	ns)	
Contributions, gits, grants, etc., received databases and provided search consists or comparable on processing and search consists or comparable of search consists or comparable or consists or consists or consists or consists or comparable or consists or co	City	or town	state or province, country, and ZID or	faraga partal cada			(360) 252-2440			
Final return   Amended return   Amende								application is pendin	g, check here	
Moneck type of Organization   Section 501(c/3) event printed foundation	<b>G</b> Cl	neck al	l that apply 🔲 Initial return	$\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 📘 🗌	
M Check type of organization   Section 501(x(3) sectio			☐ Final return	Amended return						
Contribution			✓ Address chang	ge 🔲 Name change					· —	
Far merket value of all assets at end of lever (first per fundamental properties)   P   Fif the foundation is in a 60-merk termination   I   Other (spear(first per fundamental per fundamen	_			_						
Analysis of Revenue and Expenses (The total of amounts incoming (b), (c), and (c) must be an each basis.							-			
1   Contributions, gifts, grants, etc., received (attach schedule)   17,333   1   1   1   1   1   1   1   1   1	of	year <i>(f</i>	rom Part II, col (c),	Other (specify)		ıal				
Total Add lines 1 through 12   Contributions, gifts, grants, etc., received (attach schedule)   Contributions gifts, grants, etc., received (attach schedule)   Contributions, gifts, grants, etc.,	Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Boyonya and				(d) Disbursements	
1 Contributions, gifts, grants, etc., received (etitach schedule) 2 Check ▶ ☐ if the foundation is not required to attach schedule) 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Net rental income or (loss) 6 Net gain or (loss) from sale of assets not on line 10 6 Gross sales pince for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain 0 9 Income modifications 0 100a Gross sales pince for all assets on line 6a 10 Gross sales pince for all assets on line 6a 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					expenses per	(b)			purposes	
2   Check		1		received (attach	17,333	:			(,	
Sch B   3   Interest on savings and temporary cash investments		,		ot required to attach						
10   Dividends and interest from securities				• • • • • • • •						
Sa Gross rents		3	-	•						
December 2000   December 200		4		rities						
100   100										
8   Net short-term capital gain   0   10   10   10   10   10   10   10	Φ	_	` ,							
8   Net short-term capital gain   0   10   10   10   10   10   10   10	Ē	١.	ivet gain or (loss) from sale of as	sets not on line 10						
8   Net short-term capital gain   0   10   10   10   10   10   10   10	eve		•				0			
9   Income modifications	~		· -	•				0		
10a   Gross sales less returns and allowances   Less Cost of goods sold   C   Gross profit or (loss) (attach schedule)   Gross profit or (loss) (attach schedule)   C   Gross profit or (loss) (attach schedule)		_	· -							
B   Less Cost of goods sold   C   C   Gross profit or (loss) (attach schedule)   C   C   Gross profit or (loss) (attach schedule)   C   C   C   C   C   C   C   C   C		_		1						
11   Other income (attach schedule)   12   Total. Add lines 1 through 11   17,333   0   0   0				· ·						
12   Total. Add lines 1 through 11   17,333   0   0   0		c	Gross profit or (loss) (attach sche	edule)						
13   Compensation of officers, directors, trustees, etc   0   0   0   0     14   Other employee salaries and wages		11	Other income (attach schedule)							
14 Other employee salaries and wages		12	Total. Add lines 1 through 11		17,333		0	0		
15		13	Compensation of officers, directo	rs, trustees, etc	0		0	0	0	
16a   Legal fees (attach schedule)   204   0   0   204     b   Accounting fees (attach schedule)   2,870   0   0   2,870     c   Other professional fees (attach schedule)   17   Interest   18   Taxes (attach schedule)   18   Taxes (attach schedule)   19   Depreciation (attach schedule) and depletion   19   Depreciation (attach schedule) and depletion   18,325   0   0   18,325     20   Occupancy   18,325   0   0   18,325     21   Travel, conferences, and meetings   18,325   0   0   18,325     22   Printing and publications   18,325   0   0   35     23   Other expenses (attach schedule)   21   35   0   0   35     24   Total operating and administrative expenses.   Add lines 13 through 23   23,151   0   0   23,151     25   Contributions, gifts, grants paid   0   0   23,151     26   Total expenses and disbursements. Add lines 24 and 25   23,151   0   0   23,151     27   Subtract line 26 from line 12   2   2   2     a   Excess of revenue over expenses and disbursements   b   Net investment income (if negative, enter -0-)   0   0   0     c   Adjusted net income (if negative, enter -0-)   0   0   0     30   30   30   30   30		14	Other employee salaries and wag	es						
23   Other expenses (attach schedule)	es	15	Pension plans, employee benefits							
23   Other expenses (attach schedule)	sue	16a	Legal fees (attach schedule) .				0	0	204	
23   Other expenses (attach schedule)	×	b	<b>5</b> `	•	2,870		0	0	2,870	
23   Other expenses (attach schedule)	Je E	C		chedule)						
23   Other expenses (attach schedule)	atıv				00.1		-	-		
23   Other expenses (attach schedule)	ıstr		,	,	1,717		0	0	1,717	
23   Other expenses (attach schedule)	Ē			na depietion						
23   Other expenses (attach schedule)	Adı		, ,		10.000				10 205	
23   Other expenses (attach schedule)	n D				18,325		0	0	18,325	
26 Total expenses and disbursements. Add lines 24 and 25			-		35		n	n	35	
26 Total expenses and disbursements. Add lines 24 and 25	Ę									
26 Total expenses and disbursements. Add lines 24 and 25	era		• •		23,151		0	0	23,151	
26 Total expenses and disbursements. Add lines 24 and 25 0 0 23,151  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-) 0 0	Ö	25	-							
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)			Total expenses and disbursen	nents. Add lines 24 and	22.454			_	22.45:	
a Excess of revenue over expenses and disbursements b Net investment income (If negative, enter -0-) c Adjusted net income(If negative, enter -0-)		27			23,151		0	0	23,151	
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)				ses and	-5,818					
c Adjusted net income(if negative, enter -0-) 0		_	disbursements							
		_	· -	•			0	0		
	For		<u> </u>	·			Cat No. 11280	· ·	 m <b>990-PF</b> (2017)	

3 Accounts receivable Less allowance for doubtful accounts ▶ Pledges receivable 4 Less allowance for doubtful accounts 5 Receivables due from officers, directors, trustees, and other 6 disqualified persons (attach schedule) (see instructions) . . . . . 7 Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts 8 Inventories for sale or use . . . . Assets Prepaid expenses and deferred charges . . . . . 9 10a Investments—U S and state government obligations (attach schedule) b Investments—corporate stock (attach schedule) . . . . . . Investments—corporate bonds (attach schedule) . . . . . . . . C Investments—land, buildings, and equipment basis ▶ \_ 11 Less accumulated depreciation (attach schedule) ▶ 12 Investments—other (attach schedule) . . . . . . 13 Land, buildings, and equipment basis ▶ \_ 14 Less accumulated depreciation (attach schedule) ▶ 273,299 273,299 273,299 Other assets (describe > \_ 15 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I) 291,661 285,843 285,843

291,661

291,661

291,661

285,843

285,843

285,843

2

3

4

5

6

291,661

285,843

285,843 Form 990-PF (2017)

-5,818

0

0

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Other liabilities (describe ▶\_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_\_

17

18

19

20

21

22

23

24

25

26

28

29

30

31 Part III

Liabilities

Balances

Fund

ō

Assets 27

Net

2

**8** Enter qualifying distributions from Part XII, line 4 , . . . . . . .

instructions

Page 3

	2-story brick ware	(a) the kind(s) of property sold (e g , relehouse, or common stock, 200 shs		(b) How acquire P—Purchase D—Donation	se	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a						<u> </u>	
_						ı	
						ı	
-						·	
		(f)	<del></del>	(g)	$\rightarrow$		h)
	(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis pense of sale		Gain o	or (loss) ) minus (g)
a							
b					$\Box$	ı	
С							
d					$\neg$	ı	
					$\neg \uparrow$	·	
	Complete only for accets			12/21/60	$\rightarrow$	<del>, ,</del>	
	Complete only for assets	s showing gain in column (h) and ow	<u> </u>		-		( <b>I)</b> h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> s of col (ı) l (ʒ), ıf any		col (k), but not	less than -0-) <b>or</b> om col (h))
a					$ \longrightarrow $	1	
ь							
С С						1	
d				-		 I	
e		+			$\neg$	<del></del>	
			70lan amban un E	- + T L 7	<del></del>	<del></del>	
2	Capital gain net income	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F	Part I, line 7	} [	2	
3	Net short-term capital ç	gaın or (loss) as defined in sections 1	1222(5) and (6)			i	
	If gain, also enter in Par in Part I, line 8	art I, line 8, column (c) (see instruction	ons) If (loss), enter -0	)-	} [	3	
Part	V Oualification l	Under Section 4940(e) for Re	educed Tax on Net	Investment	+ Inc		
	_						
(For or	itional use by domestic pi	private foundations subject to the sec	ction 4940(a) tax on ne	at investment in	icome	a )	
	ion 4940(d)(2) applies, le	eave this part blank ne section 4942 tax on the distributal	ble amount of any year	r in the base pe	riod?	,	es 🔽 No
		ot qualify under section 4940(e) Do			11100	_	
		nount in each column for each year,			ntries	<u></u>	
	(a)		I	3 1110King 4, 2	.1611	(d)	
Bas	se period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	Us was accepte		Distribution rati	
	(or tax year beginning in)	7 1 1 7				(col (b) divided by c	col (c))
	2016	10,766		25,679			0 419253
	2015	277,940		35,789			7 766073
	2014	16,340		47,760			0 342127
	2013	10,517		62,878	0 167260		
	2012	188,029		151,265		-	1 243044
	Total of line 1, column (c	· · · · · ·			2		9 937757
	,	o for the 5-year base period—divide t		<u> </u>	<del>-</del>	ſ	
		ndation has been in existence if less t		, or by tile _	3	<u></u>	1 987551
		oncharitable-use assets for 2017 from		4		15,956	
	Multiply line 4 by line 3		•		5	ĺ .	31,713
	• •	ent income (1% of Part I, line 27b)		· · · · ⊢	6		0
_	Enter 1% of flet investine	ant income (1% or Fait 1, line 270)		⊢	-	<del></del>	

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

31,713

23,151

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

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Part VIIII Information About and Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	inagers, Highly Paid Ei	nployees,
1 List all officers, directors, truste	es. fo	nundation managers an	d their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week b) devoted to position	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and deferred	Expense account, (e) other allowances
See Addıtıonal Data Table		,	,	compensation	
2 Compensation of five highest-pa	aid en	nployees (other than th	nose included on line 1		ne, enter "NONE."
(a) Name and address of each employee p more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
<b>Total</b> number of other employees paid o	ver \$5	[ 50,000			0
3 Five highest-paid independent of	contra	ctors for professional	services (see instructi	ons). If none, enter "NON	
(a) Name and address of each personnone	on pai	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
HONE					
			-		
			-		
Total number of others receiving over \$5  Part IX-A Summary of Direct					0
List the foundation's four largest direct charitable	le activ	ities during the tax year Incli		nation such as the number of	Expenses
organizations and other beneficiaries served, co 1 HOLD & MAINTAIN REAL ESTATE FOR		, , , , , , , , , , , , , , , , , , , ,	· ·		23,151
2					
3					
4					
Part IX-B Summary of Progra  Describe the two largest program-related inv		elated Investments	· · · · · · · · · · · · · · · · · · ·	and 2	Amount
1	vestine	me made by the roundation a	aring the tax year on mes I	unu Z	, another
2					
All other program-related investments  3	See	ınstructions			
<u> </u>					

Total. Add lines 1 through 3

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3b

4

5

23.151

23,151

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Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

a From 2012. . . . . **b** From 2013. . . . . c From 2014. . . . d From 2015. . . . . e From 2016. . . . .

XII, line 4 ▶ \$

indicated below:

3 Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2017 from Part

same amount must be shown in column (a) )

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). . . . . . . . . **d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

6 Enter the net total of each column as

9 Excess distributions carryover to 2018.

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. . .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 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 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 . . . . . . 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) . . . (d)

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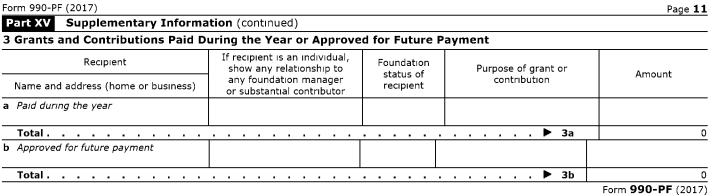
OIII	1 330-F1 (2017)	,						
R	art XIII U	ndistribut	ed I	ıcom	<b>e</b> (se	ee ınstr	uctions	)
								(a) Corpus
1	Distributable a	mount for 20	17 frc	m Par	t XI,	line 7		
2	Undistributed i	ncome, if an	y, as c	f the e	end o	f 2017		
а	Enter amount	for 2016 only	/· ·					
b	Total for prior	years 20.		20	_ ,	20		

(b)

Years prior to 2016

(c)

2016



nter gross amounts unless otherwise indicated		Unrelated bus	siness income	Excluded by section	(e) Related or exempt	
	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions
-						
	and contracts from government agencies ship dues and assessments.					
Intere	st on savings and temporary cash					
	ds and interest from securities					
	tal income or (loss) from real estate					
	financed property					
	ntal income or (loss) from personal property					
	nvestment income.					
Gain o	r (loss) from sales of assets other than					
	ory					
	rofit or (loss) from sales of inventory					
	evenue a					
b						
d						
d e			0		(	
d e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	<b>3</b>	)
de Subtota Total. /	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Adshrive in line 13 instructions to verify calcul	ations )				
d e Subtota Total. / (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
de Subtota Total. / (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculated and the color of the co	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
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e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	
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e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
e Subtota Total. / (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(
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e Subtota Total. / (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Add line 13 instructions to verify calculus.  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ations ) e Accomplishi ncome is reporte	ment of Exemp	ot Purposes Part XVI-A contribu	3	(

orm 9	90-PF	(2017)								Pa	age <b>1</b>
Part	XVI	Information Re Exempt Organi		fers To and 1	Fransact	ions and	Relationships With N	Noncharit	table		
		organization directly or in e Code (other than section					rganization described in se political organizations?	ection 501		Yes	No
<b>a</b> Tra	nsfers	s from the reporting foun	dation to a noncha	rıtable exempt	organızatı	on of					
• • •		h							1a(1)	_	No
` '		er assets						• •	1a(2)		No
		ansactions es of assets to a nonchar	itable evemnt orga	nization					  1b(1)		No
		chases of assets from a r						· · ·	1b(2)	1	No
		ital of facilities, equipmen							1b(3)	_	No
(4)	Reir	mbursement arrangemer	its						1b(4)		No
(5)	Loa	ns or loan guarantees.							1b(5)		No
(6)	Perf	ormance of services or m	embership or fund	raising solicitati	ons				1b(6)		No
	_								1c		No
(a) Line	٠.	(b) Amount involved	(c) Name of noncha				ther assets, or services rescription of transfers, transacti		rıng arra	ingeme	nts
	<u> </u>										
des	cribed	undation directly or indired in section 501(c) of the complete the following s  (a) Name of organization	Code (other than chedule	section 501(c)(		ection 527?		••••••••••••••••••••••••••••••••••••••	Yes	<b>✓</b>	l No
	of		, it is true, correct,				companying schedules and er (other than taxpayer) i				
ign Iere		*****		2018	8-05-11		*****	return	ne IRS d he prepa		

Paid

Signature of officer or trustee Date Title (see instr )? 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00428963 employed ightharpoonupJODE BEAUVAIS 2018-05-11 **Preparer** Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶91-0189318 **Use Only** Firm's address ► 1301 A STREET SUITE 600 Phone no (253) 572-4100 TACOMA, WA 984024205

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) employee benefit plans (b) devoted to position and deferred compensation ANGELA J BOWEN MD ۵ PRESIDENT (THROUGH 0 8/17) PO BOX 11459 1 00 OLYMPIA, WA 98508 RICK WALLEY CHAIRMAN OF THE 0 0 **BOARD** PO BOX 11459 1 00 OLYMPIA, WA 98508 KAREN BUCKLEY DIRECTOR 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 ANN FLANNERY DIRECTOR 0 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 JUNE SHANNON O 0 DIRECTOR 1 00 PO BOX 11459 OLYMPIA, WA 98508 TED SCHULTZ DIRECTOR 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 DARYL JENSON DIRECTOR 0 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 **BILL JACOBS** 0 DIRECTOR 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 FRANK TONY VILLARI DIRECTOR 0 0 1 00 PO BOX 11459 OLYMPIA, WA 98508 ۵ SUE BENNETT 0 DIRECTOR 1 00 PO BOX 11459 OLYMPIA, WA 98508 EVELYN VILLARI 0 DIRECTOR (THROUGH 9/17) PO BOX 11459 1 00 OLYMPIA, WA 98508

efile GRAPHIC print - DO NOT PR	OCESS	As Filed Data	i -	DL	N: 93491134041638				
TY 2017 Accounting Fee	es Sche	edule							
	Name: ANGELA J BOWEN CONSERVANCY FOUNDATION								
	EIN:	91-2015916	5						
Accounting Fees Schedule									
Category	Amo	ount N	let Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

2,870

2,870

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLN	l: 93491134041638
TY 2017 Legal Fees Schedu	ile			
_				
	ne: ANGELA J BO IN: 91-2015916		NCY FOUNDATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	204	0	0	204

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491134041638					
TY 2017 Other Expenses Sche	dule			<u> </u>					
Name: ANGELA J BOWEN CONSERVANCY FOUNDATION									
EIN:	91-2015916								
Other Expenses Schedule									
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

LICENSES & PERMITS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN	l: 93491134041638
TY 2017 Taxes Schedule				
	: ANGELA J Bo : 91-2015916		NCY FOUNDATION	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	1,717	0	0	1,717

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491134041638			
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047			
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	bout Schedule B (F	Form 990, 990-EZ, or 990- form 990, 990-EZ, or 990-P <u>ww ırs gov/form990</u>		ons is at	2017			
Name of the organizati ANGELA J BOWEN CONSE		N			Employer ic	lentification number			
Organization type (che	ck one)				91-2015916				
	,								
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	rganization						
	☐ 4947(a)(	1) nonexempt char	itable trust <b>not</b> treated as	s a private founda	tion				
	☐ 527 politi	cal organization							
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation						
	☐ 4947(a)(	1) nonexempt char	itable trust treated as a p	orivate foundation					
	☐ 501(c)(3)	501(c)(3) taxable private foundation							
			PF that received, during t omplete Parts I and II Se						
Special Rules									
under sections 5 received from an	09(a)(1) and 170(b)	(1)(A)(vı), that che uring the year, tota	g Form 990 or 990-EZ that cked Schedule A (Form 9 al contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that			
during the year,	total contributions o	f more than \$1,000	or (10) filing Form 990 o exclusively for religious, animals Complete Parts	, charitable, scient					
during the year, If this box is che purpose Don't c	contributions <i>exclus</i> cked, enter here the omplete any of the p	evely for religious, extends to the total contributions parts unless the <b>Ge</b>	or (10) filing Form 990 o charitable, etc , purposes that were received durin eneral Rule applies to th or more during the year.	s, but no such con ng the year for an one ns organization be	tributions tota e <i>xclusively</i> re cause it recei	aled more than \$1,000 Higious, charitable, etc ,			
990-EZ, or 990-PF), but	ıt <b>must</b> answer "No	on Part IV, line 2	le and/or the Special Rul , of its Form 990, or chec t it doesn't meet the filing	k the box on line I	H of its				
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat No 30613X	Schedu	lle B (Form 990	, 990-EZ, or 990-PF) (2017)			

Name of organization **Employer identification number** ANGELA J BOWEN CONSERVANCY FOUNDATION 91-2015916 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 ESTATE OF ANGELA J BOWEN Person **Payroll** 2421 HERITAGE COURT SW \$ 17,333 Noncash OLYMPIA, WA98502 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

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