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

For	calendar year 2017 or tax year beginning OCT	1, 2017	, and ending	SEP 30, 2018	3
Na	me of foundation		•	A Employer identificatio	n number
	ORMAN RAAB FOUNDATION			23-7006390)
	mber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
	O BOX 31086			206-632-10)14
	y or town, state or province, country, and ZIP or foreign po SEATTLE, WA 98103	ostal code		C If exemption application is p	pending, check here
	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		2. Foreign organizations m	eeting the 85% test
	Address change	Name change		Foreign organizations mecheck here and attach contacts	omputation
H (Check type of organization: X Section 501(c)(3) exi	- •	. 10	E If private foundation sta	
<u> </u>	Section 4947(a)(1) nonexempt charitable trust darket value of all assets at end of year J Accounting	Other taxable private foundating method, X Cash	Accrual	under section 507(b)(1	
	· 1 —	her (specify)	Accidai	F If the foundation is in a under section 507(b)(1	
	\$ 23,122,639. (Part I, colum		s.)	under section 507(b)(1)(D), check here
	art Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received			N/A	
2 >	2 Check I if the foundation is not required to attach Sch. B Interest on savings and lenipolary	16 305	16 205		
£ Naz	3 cash investments	16,385.	16,385.		F F- A
	4 Dividends and interest from securities	668,850.	668,850.	RE	TEN VED
हि: ा	5a Gross rents			1/2	FEINED
	b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10	289,619.		4	8
Revenue	b Gross sales price for all 3,210,603.	205,0251		G FEB	1 2 2019 Š
, e	7 Capital gain net income (from Part IV, line 2)		289,619.		S
æ	8 Net short-term capital gain		· · · · · · · · · · · · · · · · · · ·	OGI	
	9 Income modifications				
	Gross sales less returns 10a and allowances				-
	b Less Cost of goods sold				
	c Gross profit or (loss)	1,000.	0.		STATEMENT 1
	11 Other income 12 Total. Add lines 1 through 11	975,854.	974,854.		DIAILMENT I
	13 Compensation of officers, directors, trustees, etc	85,500.	0.		85,500.
	14 Other employee salaries and wages	,	 		
	15 Pension plans, employee benefits	18,142.	0.		18,142.
ses	16a Legal fees				
penses	b Accounting fees STMT 2	9,275.	927.		8,347.
ŭ	c Other professional fees STMT 3	188,964.	170,719.		18,245.
į	17 Interest 18 Taxes STMT 4	8,204.	8,204.		0.
stra	18 Taxes STMT 4	0,204.	0,204.		•
Ē	20 Occupancy	19,150.	0.		19,150.
Adn	21 Travel, conferences, and meetings	17,580.	0.		17,580.
P	22 Printing and publications	206.	0.		206.
Operating and Administrative	23 Other expenses STMT 5	4,792.	0.		4,792.
ratii	24 Total operating and administrative				
) De	expenses. Add lines 13 through 23	351,813.	179,850.		171,962. 923,790.
J	25 Contributions, girts, grants paid	923,790.			923,790.
	26 Total expenses and disbursements.	1 275 (02	170 050		1 005 753
_	Add lines 24 and 25	1,275,603.	179,850.		1,095,752.
	27 Subtract line 26 from line 12.	<299,749.	>		
	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)		795,004.		-
	C Adjusted net income (if negative, enter -0-)	,	,	N/A	

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园		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	of year
Р	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	37,265.	31,097	
	2	Savings and temporary cash investments	180,633.	437,105	437,105.
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts ▶		<u> </u>	
	5	Grants receivable	·		
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
Ø	8	Inventories for sale or use		<u> </u>	-
Assets		Prepaid expenses and deferred charges			
As	l .	Investments - U.S and state government obligations			
		Investments - corporate stock STMT 7	8,412,022.	8,062,505	17,874,596.
	i	Investments - corporate bonds STMT 8	5,042,422.	4,841,849	
	١	Investments - land, buildings, and equipment basis	0,000,000	-,012,012	-7.7.70121
	l '`				·
	12	Less accumulated depreciation Investments - mortgage loans			
	13	Investments - other		'	
		Land, buildings, and equipment; basis			<u> </u>
	' 7	Less accumulated depreciation	-,		-
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
	'`	instructions. Also, see page 1, item I)	13 672 342	13,372,556	23,122,639.
_	17	Accounts payable and accrued expenses	1,170.	1,406	
	18	Grants payable		1,100	4
60	19	Deferred revenue			1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			1
<u>.</u>	21	Mortgages and other notes payable			-
===	1	Other liabilities (describe)			-
		, ,			-
	23	Total liabilities (add lines 17 through 22)	1,170.	1,406	
_	Ë	Foundations that follow SFAS 117, check here		2,100	4
		and complete lines 24 through 26, and lines 30 and 31			
es	24	Unrestricted			
ances		Temporarily restricted			-
		Permanently restricted			
ă	20	Foundations that do not follow SFAS 117, check here		<u>-</u>	-
Net Assets or Fund Ba		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.1	0.	<u>'</u>
Ass	29	Retained earnings, accumulated income, endowment, or other funds	13,671,172.	13,371,150.	1
e t	30	Total net assets or fund balances	13,671,172.	13,371,150	4
z		Total fiel assets of fame balances	20,0,2,2,2,	13/3/1/130	1
	31	Total liabilities and net assets/fund balances	13,672,342.	13,372,556.	
_			_	10,0,1,000	' <u> </u>
Р	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	13,671,172.
		amount from Part I, line 27a		2	<299,749.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	13,371,423.
5	Decr	eases not included in line 2 (itemize)	SEE STA	ATEMENT 6 5	273.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	13,371,150.
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		RAAB FOUNDAT						2	3-700	6390	Page 3
(a) List and describe	the kınd(osses for Tax on In s) of property sold (for exar or common stock, 200 shs	nple, real esta		(b)	low ac - Purc - Dona	nace i '		acquired lay, yr.)	(d) Dat (mo., da	
1a FIRST MANHATTA				 	-		P			<u> </u>	
b FIRST MANHATTA			······································				P			 	
C			·		 						
d					_				.	-	
e					<u> </u>						
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))						
a 2,228,821.				1,802,62	3.					426	,198.
ь 981,782.				1,118,36						<136	,579.
C										· · · · · · · · · · · · · · · · · · ·	·
d											
e											
Complete only for assets showin	g gain in	column (h) and owned by t	the foundation	on 12/31/69			(1) (Gains (C	ol. (h) gain	minus	
		(j) Adjusted basis	(k) E>	cess of col (i)			còl. (k), but i	not leśs tha	n -0-) or	
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col	(h))	
a					\neg					426	,198.
b										<136	,579.
C	-									1000	, - , - ,
d					\neg						
e					1						
2 Capital gain net income or (net ca	pital loss	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				289	,619.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8		` .	d (6):		}	3			N/A		
	nder	Section 4940(e) for	Reduced	Tax on Net	Inv	estn	ent Inco	me			
(For optional use by domestic private	foundat	ions subject to the section 4	1940(a) tax or	net investment in	come	2.)					
If section 4940(d)(2) applies, leave th		•	(-)			,					
Was the foundation liable for the sect If "Yes," the foundation doesn't qualify				•	od?					Yes	X No
1 Enter the appropriate amount in 6	each colu	mn for each year; see the in	structions be	fore making any e	ntries						
(a) Base period years		(b)			(c)				District	(d)	
Calendar year (or tax year beginnir	ng in)	Adjusted qualifying dist	tributions	Net value of no			use assets		(col. (b) div	bůtión ratio vided by col.	(c))
2016	·	1,18	3,465.		21	, 03	0,716.		.,.		56273
2015			6,179.				4,604.			.0	58626
2014		1,23	9,023.		21	, 48	3,913.			.0	57672
2013			1,190.				5,456.			.04	45856
2012			0,979.				0,909.			.0	<u>59710</u>
2 Total of line 1, column (d)		·					-	2			78137
3 Average distribution ratio for the 5	5-year ba	se period - divide the total of	n line 2 by 5	0, or by the numbe	er of y	/ears					
the foundation has been in exister	nce if les:	s than 5 years	•		-			3		.0!	55627
4 Enter the net value of noncharitab		•	ıne 5					4	2	1,921	
5 Multiply line 4 by line 3		· · •						5		1,219	
										·	
6 Enter 1% of net investment incom	ne (1% o	f Part I, line 27b)						6			<u>,950.</u>
7 Add lines 5 and 6		7		1,227	,396.						

1,095,752.

8 Enter qualifying distributions from Part XII, line 4

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	(2017) NORMAN RAAB FOUNDATION Excise Tax Based on Investment Income (Section 494)	10/0\ 4	040/b\ 40			7006390		Page 4	
	· · · · · · · · · · · · · · · · ·			10(e), 01 4	340 -	300 1113111	- Cuo	113)	
-	operating foundations described in section 4940(d)(2), check here							İ	
	ruling or determination letter:(attach copy of letter if ne			(S)		 1	5,9	70	
	ic foundations that meet the section 4940(e) requirements in Part V, check here	—	ind enter 1%	ľ	1		5,5	00.	
	, line 27b	0/ - (D	l l 10l	/b)					
	r domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4		-	(D). J	<u> </u>			0.	
	ler section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; o	itners, ent	er -u-)		2		5,9		
	s 1 and 2	-46	+ O \		3		5,5	00.	
	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	otners, en	ter -u-)		4		5,9		
	sed on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				5		5,5	00.	
	Payments	ا ما	1	0 272					
	timated tax payments and 2016 overpayment credited to 2017	6a	1	0,272.				1	
-	foreign organizations - tax withheld at source	6b		0.					
	d with application for extension of time to file (Form 8868)	6c		0.					
	withholding erroneously withheld	6d		0.			~ ~		
	edits and payments. Add lines 6a through 6d				7		0,2		
	ny penalty for underpayment of estimated tax. Check here 📖 if Form 2220 is atta	ached			8			0.	
-	e. If the total of lines 5 and 8 is more than line 7, enter amount owed			•	9		5,6	<u> 28.</u>	
•	yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10				
	e amount of line 10 to be: Credited to 2018 estimated tax		[!	Refunded 🕨	11				
	A Statements Regarding Activities						1.7		
-	the tax year, did the foundation attempt to influence any national, state, or local legis	slation or	did it participa	te or intervene	ın		Yes		
	tical campaign?					1a	<u> </u>	X	
	end more than \$100 during the year (either directly or indirectly) for political purpo				ition	1b		Х	
If the ar	swer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies	of any ma	iterials publish	ed or				1 1	
distribu	ted by the foundation in connection with the activities								
c Did the	foundation file Form 1120-POL for this year?					1c		X	
d Enter th	e amount (if any) of tax on political expenditures (section 4955) imposed during the							(
(1) On	the foundation 🕨 \$ (2) On foundation managers	s > \$ _		0.					
e Enter th	e reimbursement (if any) paid by the foundation during the year for political expend	liture tax i	mposed on fo	undation		l			
manage	ırs. ▶ \$0 .								
2 Has the	foundation engaged in any activities that have not previously been reported to the I	IRS?				2		X	
If "Yes,"	attach a detailed description of the activities					l		1 1	
3 Has the	foundation made any changes, not previously reported to the IRS, in its governing	ınstrumer	nt, articles of ir	corporation, o	r				
bylaws,	or other similar instruments? If "Yes," attach a conformed copy of the changes					3		X	
4a Did the	foundation have unrelated business gross income of \$1,000 or more during the yea	ar?				4a	X		
b If "Yes,"	has it filed a tax return on Form 990-T for this year?					4b	X	<u> </u>	
5 Was the	ere a liquidation, termination, dissolution, or substantial contraction during the year	?				5		X	
If "Yes,"	attach the statement required by General Instruction T								
6 Are the	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	either:				l			
By lar	nguage in the governing instrument, or								
By sta	ate legislation that effectively amends the governing instrument so that no mandator	ry directio	ns that conflic	t with the state	law	!	l		
remain	in the governing instrument?					6	X		
7 Did the	foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	plete Part	II, col. (c), and	I Part XV		7	Х		
8a Enter th	e states to which the foundation reports or with which it is registered. See instruction	ons 🕨							
WA,	PA	-				— I I			
	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney G	ieneral (or des	ignate)		— I I			
	state as required by General Instruction G? If "No," attach explanation	•	,			8b	X		`
	oundation claiming status as a private operating foundation within the meaning of se	ection 494	12(j)(3) or 494	2(j)(5) for cale	ndar				1/
	17 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," com			,. ,		9		$ \overline{\mathbf{x}} \nu$	
-	persons become substantial contributors during the tax year? if "Yes," attach a schedi			ddresses		10		Х	
		g **		· · · · · · · · · · · · · · · · · · ·		Form 990)-PF		

_				
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	١		١,,
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	l		۱.,
	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	X	<u></u>
	Website address ► HTTP://RAABFOUNDATION.ORG/	<u>^ 1</u>	014	
14	The books are in care of SARA RAAB MCINERNY Telephone no > 206-63		014	
	Located at ▶ PO BOX 31086, SEATTLE, WA ZIP+4 ▶98	103		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	3.7	∠ >	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			'
Dr	foreign country	<u> </u>		
Pé	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_	V	NI.
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	NO
18	a During the year, did the foundation (either directly or indirectly). (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			:
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No	-		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			į
	(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)?			
	(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.)			
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		X
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b		Λ.
	- The state of the			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			X
	before the first day of the tax year beginning in 2017?	10		Α.
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	i l		
	defined in section 4942(j)(3) or 4942(j)(5)):			
ě	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 , , , , , , , , , , , , , , , , , , ,			
	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.) N/A			
		2b		Ь,
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	[
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
36	during the year? Wes X No			
			ŀ	
C	o 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.) N/A			
4-	·	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a great year (but after December 21, 1969) that could recognize its charitable purpose that	4a		
	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?	 -	<u>—</u>	$\frac{1}{x}$
	nau not been removed nom jeopardy before the hist day of the tax year beginning in 2017.	4b		47

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)	10 - "	T-6-
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	, ,,		es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955); o	er to carry on, directly or indire		TT		
any voter registration drive?	•	_	es X No		l i
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No		}
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes X No					
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or t		es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance? See instri			N/A	5b	-
Organizations relying on a current notice regarding disaster assistance, check l	here				<u> </u>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?			es 🗀 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	pav premiums on				
a personal benefit contract?	pu) p		es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?				X,
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No		1 1
b If "Yes," did the foundation receive any proceeds or have any net income attribu			·	7b	
Part VIII Information About Officers, Directors, Trust		nagers Highly			<u> </u>
Paid Employees, and Contractors	ood, i ouridation me	magoro, rngm	,		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	hòurs per week devoted to position	(If not paid, enter -0-)	and deferred compensation	ačcount allowa	
	, , , ,	,	Compensacin		
Gast 11: 122 min					
SEE STATEMENT 9		85,500.	12,284.		0.
			,		
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	l cluded on line 1). If none.	enter "NONE."	<u> </u>		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Ēxr	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred	account allowa	, other
NONE	devoted to position	-	compensation	anowa	11003
1101112					
··	_				
· · · · · · · · · · · · · · · · · · ·					
					
		ļ			
		1			
Total number of other employees paid over \$50,000	<u></u>		<u> </u>	000 DE	0

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▶

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	21,889,039.
b	Average of monthly cash balances	1b	21,889,039. 366,628.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	22,255,667.
	Reduction claimed for blockage or other factors reported on lines 1a and		·
	1c (attach detailed explanation) 1e 0.	i	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	22,255,667.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	333,835.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	21,921,832.
6	Minimum investment return. Enter 5% of line 5	6	1,096,092.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations, check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1 [1,096,092.
2 a	Tax on investment income for 2017 from Part VI, line 5		_,
b	Income tax for 2017 (This does not include the tax from Part VI) 2b 47.		
c	Add lines 2a and 2b		15.947.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,947. 1,080,145.
4	Recoveries of amounts treated as qualifying distributions	4	2,000.
5	Add lines 3 and 4	5	1,082,145.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,082,145.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes,		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,095,752.
b	Program-related investments - total from Part IX-B	1b	0.
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:		
а	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	1,095,752.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,095,752.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	

Form **990-PF** (2017)

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				1,082,145.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years.		0.		
3 Excess distributions carryover, if any, to 20	17:			
a From 2012 36,68				
b From 2013	- 1			
c From 2014 187,48	7.			
dFrom 2015 197,48				
eFrom 2016 141, 21	8.			
f Total of lines 3a through e	562,876.			
4 Qualifying distributions for 2017 from	332,0701			
Part XII, line 4: ▶\$ 1,095,75	2.			
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior		•		
years (Flection required - see instructions)		0.		
c Treated as distributions out of corpus			-	
(Election required - see instructions)	0.			,
d Applied to 2017 distributable amount				1,082,145.
e Remaining amount distributed out of corpus	13,607.			1,002,143.
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amou must be shown in column (a))				0.
6 Enter the net total of each column as indicated below;				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	576,483.			
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	e			
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount mus	st			
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)	0.			<u></u>
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7	36,686.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	539,797.			
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014 187, 48				
c Excess from 2015 197, 48	5.			
d Excess from 2016 141, 21				
e Excess from 2017 13,60	7.			

	RAAB FOUNDA			23-70	06390 Page
Part XIV Private Operating Fo			I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	t 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 founda	ition is a private operati	ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed				/	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			/	1	
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		ļ			
(4) Gross investment income Part XV Supplementary Infor	motion /Comple	to this port only	if the foundation	n had \$5 000 ar ma	ro in cocoto
at any time during th			ii tile loulidatio	ir nau \$5,000 or me	ne ili assets
1 Information Regarding Foundation	Managers:			•	
a List any managers of the foundation who year (but only if they have contributed mo			tributions received by the	e foundation before the clos	e of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has		•	(or an equally large port	ion of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribution Check here ☐ if the foundation on the foundation makes gifts, grants, etc., to	ly makes contributions	to preselected charitable	organizations and does	not accept unsolicited requi , b, c, and d.	ests for funds. If
a The name, address, and telephone number	er or email address of the	he person to whom appli	cations should be addres	ssed.	
SEE STATEMENT 10					
b The form in which applications should be	submitted and informa	tion and materials they s	hould include;		
c Any submission deadlines:	<u> </u>	· <u>···</u>		<u> </u>	
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable fields	kinds of institutions or	other factors	·
	o) 3008/0b/iii		or mondions, or		

Show any relationship to any formation manager of solution manager	3 Grants and Contributions Paid During the Ye		Payment		
a Paid during the year a Paid during the year GRANT APPLICATION PROGRAM GRANTS - SEE ATTACHMENT C LEGACY GRANT PROGRAM - SEE ATTACHMENT C PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total D Approved for future payment JEMISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 GRANT SAME STREET PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION		If recipient is an individual, show any relationship to any foundation manager		Purpose of grant or contribution	Amount
SRANT APPLICATION PROGRAM GRANTS - SEE ATTACHMENT C LEGACY GRANT PROGRAM - SEE ATTACHMENT C PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C FRUSTEE DISCRETIONARY AND MATCHING SRANTS - SEE ATTACHMENT C FOR A DIRECTED GRANTS - SEE ATTACHMENT C Total Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(B) PC: 509(A)(B) EDUCATION PC: 509(A)	Name and address (nome or business)	or substantial contributor	recipient		
LEGACY GRANT PROGRAM - SEE ATTACHMENT C PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION DR (2)	a Paid during the year				
LEGACY GRANT PROGRAM - SEE ATTACHMENT C PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C FRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES FOR BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1)					
LEGACY GRANT PROGRAM - SEE ATTACHMENT PHILANTHROPY TODAY GRANTS - SEE PTTACHMENT C FRUSTEE DISCRETIONARY AND MATCHING RRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE PTTACHMENT C Total DApproved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES FOR BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1)					
LEGACY GRANT PROGRAM - SEE ATTACHMENT C PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TOUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC: 509(A)(1) EDUCATION 1513 RACE STREET	GRANT APPLICATION PROGRAM GRANTS -				
PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION	SEE ATTACHMENT C				510,000
PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION					
PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION					
PHILANTHROPY TODAY GRANTS - SEE ATTACHMENT C TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC 509(A)(1) EDUCATION DR (2) MAGGE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION	LEGACY GRANT PROGRAM - SEE ATTACHMENT				
TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGE REHAB HOSPITAL FOUNDATION 1513 RACE STREET TOTAL PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1)	<u>c</u>				290,000
TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGE REHAB HOSPITAL FOUNDATION 1513 RACE STREET TOTAL PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1)					
TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGE REHAB HOSPITAL FOUNDATION 1513 RACE STREET TOTAL PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1) PC: 509(A)(1)					
TRUSTEE DISCRETIONARY AND MATCHING GRANTS - SEE ATTACHMENT C BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION	PHILANTHROPY TODAY GRANTS - SEE				
BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) FO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC: 509(A)(1) EDUCATION DR (2)	ATTACHMENT C				21,000
BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total DApproved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC: 509(A)(1) EDUCATION DR (2)					
BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) FO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC: 509(A)(1) EDUCATION DR (2)					
BOARD DIRECTED GRANTS - SEE ATTACHMENT C Total b Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) FO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC: 509(A)(1) EDUCATION DR (2)	TRUSTEE DISCRETIONARY AND MATCHING				
Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION					82,790
Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION				-	
Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION					
Total D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION	BOARD DIRECTED GRANTS - SEE				
D Approved for future payment JEWISH FAMILY AND CHILDREN'S SERVICES PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET PC. 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION OR (2)					20,000
JEWISH FAMILY AND CHILDREN'S SERVICES PC. 509(A)(1) EDUCATION OR (2) SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION PC: 509(A)(1) EDUCATION OR (2)	Total			▶ 3a	923,790
PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET OR (2) PC: 509(A)(1) EDUCATION OR (2)	b Approved for future payment				
PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET OR (2) PC: 509(A)(1) EDUCATION OR (2)					
PO BOX 159004 SAN FRANCISCO, CA 94115-9004 MAGEE REHAB HOSPITAL FOUNDATION 1513 RACE STREET OR (2) PC: 509(A)(1) EDUCATION OR (2)	JEWISH FAMILY AND CHILDREN'S SERVICES		PC. 509(A)(1)	EDUCATION	
MAGEE REHAB HOSPITAL FOUNDATION PC: 509(A)(1) EDUCATION 1513 RACE STREET OR (2)			1		
1513 RACE STREET . OR (2)	SAN FRANCISCO, CA 94115-9004				25,000
1513 RACE STREET . OR (2)					
1513 RACE STREET . OR (2)	MAGEE DEUAD MOCDIMAT POUNTAMION		BC. 509/3\/1\	POLICATION	
		,	1	POCKITON	
			, , ,		25,000
	•				
Total ▶ 3b	Total			▶ 3b	50,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.			ded by section 512, 513, or 514	(e)	
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue,	Business code	Amount	sion code	Amount	function income
a					
h			 		
6			╁		_
d			 		
e			\vdash		
1			<u> </u>		
g Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·	† 		
2 Membership dues and assessments		-			
3 Interest on savings and temporary cash			<u> </u>		
investments			14	16,385.	
4 Dividends and interest from securities			14	668,850.	
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			ļ .		
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	289,619.	
9 Net income or (loss) from special events			†		
10 Gross profit or (loss) from sales of inventory		-			
11 Other revenue					
a RECOVERY OF GRANT					1,000.
b					
c					
d			L		
e					
12 Subtotal. Add columns (b), (d), and (e)	L	0.		974,854.	1,000.
13 Total. Add line 12, columns (b), (d), and (e)				13	975,854.
(See worksheet in line 13 instructions to verify calculations.)					<u> </u>
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	cemp	t 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).
11A	RETURNED GRANT
	· · · · · · · · · · · · · · · · · · ·
	18-10 - 1p.

BELLEVUE, WA 98004

Form 990	0-PF (2	017) NORMA	N RAAB FO	DUNDATI	ON				2	<u> 23-70</u> 063	90	Page 13
Part 2	XVII	Information Re Exempt Organ		nsfers to a	and Tra	ansactions a	and F	Relations	hips With	Noncharita	ble	
1 Did	the ord	ganization directly or indi		of the followin	nn with an	v other organizati	ion desi	cribed in sect	ion 501(c)		Y	es No
		section 501(c)(3) organ			-						Ė	
•		from the reporting found	•		•	-						
		irons the reporting lound	attori to a noncharita	able exempt on	yamzano	11 01.				l.	,,,\	l x
	Cash									_	a(1)	X
	Other									1	a(2)	<u> </u>
		sactions										
		of assets to a noncharita								<u> </u>	b(1)	X
(2)	Purch	ases of assets from a no	ncharitable exempt	organization						1	b(2)	Х
(3)	Renta	l of facilities, equipment,	or other assets							1	b(3)	X
(4) Reimbursement arrangements								1	b(4)	X		
(5) Loans or loan guarantees								11	b(5)	X		
(6)	Perfo	mance of services or me	mbership or fundra	using solicitatio	ons					[1]	b(6)	X
c Sha	aring of	facilities, equipment, ma	iling lists, other ass	ets, or paid em	nployees					Γ	1c	X
d If ti	he ansv	er to any of the above is	"Yes," complete the	following sche	edule. Col	umn (b) should a	ılways s	how the fair r	narket value of	f the goods, othe	rassets	
		given by the reporting fo		_								
col	umn (d) the value of the goods,	other assets, or ser	vices received				•	·	,		
(a)Line n		(b) Amount involved		of noncharitable	e exempt	organization		(d) Description	n of transfers, tra	nsactions, and share	ng arran	ements
```	+-	<u> </u>	(-,	N/A	· · · ·			(/			3	•
	+	<u>-</u>		14711								
	+		<u> </u>				\dashv					
	_					 						.
	+			·····		···						
							_					
	-						_					
				-								
		_										
	1			_								
	+							 	•			
2a s t	he four	dation directly or indirec	tly affiliated with or	related to one	or more	tay-exempt organ	nizations	s described		-		
		501(c) (other than sectio	-		01 111010	tax exempt organ		0 000011000			Yes	X No
		mplete the following sch		CCIION JZ7 I							103	١١٠٠ تغما
	163, 60	(a) Name of org			(h) Tvr	e of organization	Τ		(c) Description	n of relationship		
		N/A	jamzation		(5) 176	or or gameaton	+-		(0) 50001151101	Torrolationomp		
					 	· · · · · · · · · · · · · · · · · · ·						
	-				 	- · · · · - · · · · · · · · · · · · · ·	+					
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					 		-					
	1				<u> </u>		4 -1-1		h	1		
۵.		penalties of perjury, I declare lief, it is true, correct, and cor									IRS disc	uss this
Sign		\mathcal{C}				2/-/-	a h			SHOWIT C	elow? S	eparer ee instr
Here		200				d/1/201	7 2	DIRECT	ror		Yes	L No
	Sign	ature of office r of tr ustee				ate		itle	<u> — </u>			
		Print/Type preparer's na		Preparer's s	signature		Date		Check	ıf PTIN		
_		JENNIFER B	ECKER						self- employe			
					02/	01/19		P001				
Prepa		Firm's name ► CLA	RK NUBER	, 'PS O					Firm's EIN	▶91-119	401	5
Use (Use Only											
		Firm's address ▶ 10	900 NE 47	TH STRE	ET,	SUITE 14	400				•	

Phone no. 425-454-4919

FORM 990-PF	OTHER I	NCOME		STATEMENT 1	
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
RECOVERY OF GRANT		1,000.	0.		
TOTAL TO FORM 990-PF, PART I,	, LINE 11	1,000.	0.		
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
ACCOUNTING FEES	9,275.	927	•	8,347.	
TO FORM 990-PF, PG 1, LN 16B	9,275. 927		•	8,347.	
FORM 990-PF (OTHER PROFES	SIONAL FEES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
INVESTMENT MANAGEMENT FEES OUTSIDE CONTRACT SERVICES WEB DEVELOPMENT	170,719. 13,755. 4,490.	0	•	0. 13,755. 4,490.	
TO FORM 990-PF, PG 1, LN 16C	188,964.		•	18,245.	
FORM 990-PF	TAX	ŒS		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	8,204.	8,204	•	0.	
TO FORM 990-PF, PG 1, LN 18	8,204.	8,204	•	0.	
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FORM 990-PF	OTHER E		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
MISCELLANEOUS EXPENSE PROFESSIONAL DUES INFORMATION TECHNOLOGY SOFTWARE INSURANCE PAYROLL EXPENSES CREDIT CARD FEES FILING FEES	53. 1,750. 792. 183. 1,399. 375. 225.	0. 0. 0. 0. 0.		53. 1,750. 792. 183. 1,399. 375. 225.	
TO FORM 990-PF, PG 1, LN 23	4,792.	0.		4,792.	
FORM 990-PF OTHER DECREASE DESCRIPTION	ES IN NET AS	SETS OR FUND I	BALANCES	STATEMENT 6 AMOUNT	
PRIOR PERIOD ADJUSTMENT TO CA	ASH ACCOUNT			273.	
TOTAL TO FORM 990-PF, PART II	II, LINE 5			273.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7	
		PO	OK VALUE	FAIR MARKET VALUE	
DESCRIPTION		ВОС	on viibob	VALUE	
DESCRIPTION CORPORATE STOCK - SEE ATTACHM	MENT A		3,062,505.	17,874,596.	

FORM 990-PF	CORPORATE BONDS		STAT	EMENT 8		
DESCRIPTION		BOOK VALUI		FAIR MARKET VALUE		
CORPORATE BONDS - SEE ATTACHI	MENT B	4,841,8	49. 4	4,779,841.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	4,841,84	49. 4	4,779,841.		
	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 9		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT		
STEPHEN RAAB P.O. BOX 31086 SEATTLE, WA 98103	CHAIR 20.00	2,000.	0.	0.		
WHITNEY RAAB P.O. BOX 31086 SEATTLE, WA 98103	VICE CHAIR 2.00	1,000.	0.	0.		
SARA RAAB MCINERNY P.O. BOX 31086 SEATTLE, WA 98103	EXECUTIVE DIRE 35.00		12,284.	0.		
STEPHEN BLEYER P.O. BOX 31086 SEATTLE, WA 98103	TRUSTEE 2.00	2,000.	0.	0.		
MARIELLEN BRICKLEY-RAAB P.O. BOX 31086 SEATTLE, WA 98103	TRUSTEE 2.00	2,000.	0.	0.		
EMILY LOWMON P.O. BOX 31086 SEATTLE, WA 98103	TRUSTEE 2.00	2,000.	0.	0.		
TRYG MCINERNY P.O. BOX 31086 SEATTLE, WA 98103	TRUSTEE 2.00	2,000.	0.	0.		
ANN RAAB P.O. BOX 31086 SEATTLE, WA 98103	TRUSTEE 2.00	1,000.	0.	0.		

NORMAN RAAB FOUNDATION	23-7006390
ISABEL RAAB P.O. BOX 31086 SEATTLE, WA 98103 TRUSTEE 2.00	1,500. 0. 0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	85,500. 12,284. 0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALL GRANT APPLICATIONS MUST BE SUBMITTED THROUGH RAABFOUNDATION.ORG.

EMAIL ADDRESS

INFO@RAABFOUNDATION.ORG

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY AT RAABFOUNDATION.ORG. THE APPLICATION IS A TWO STEP PROCESS: ONCE THE LETTER OF INQUIRY IS APPROVED A FULL GRANT APPLICATION IS SUBMITTED. THE AMOUNT REQUESTED, DESCRIPTION OF THE ORGANIZATION AND PROPOSED GRANT, BUDGET INFORMATION, AND BOARD OF DIRECTOR INFORMATION ARE REQUIRED. SEE RAABFOUNDATION.ORG FOR SPECIFIC INFORMATION. WE ASK GRANTEES AND APPLICANTS TO LIMIT PAPER CORRESPONDENCE.

ANY SUBMISSION DEADLINES

SEE RAABFOUNDATION.ORG FOR APPLICATION DEADLINES.

RESTRICTIONS AND LIMITATIONS ON AWARDS

CONTRIBUTIONS ARE MADE ONLY TO PUBLIC CHARITIES