Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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. Open to Public Inspection Internal Revenue Service and ending For calendar year 2018 or tax year beginning A Employer identification number Name of foundation DON & MARLENE RETERS FOUNDATION Number and street (or PO box number if mail is not delivered to street address) Room/suite 46-3763412 B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code WA 99210 509 326 2194 Spokane Foreign country name Foreign province/state/county Foreign postal code If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity Final return Amended return 2 Foreign organizations meeting the 85% test, Address change Name change check here and attach computation Section 501(c)(3) exempt private foundation If private foundation status was terminated under Check type of organization section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation Accounting method X Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col (c), Other (specify) under section 507(b)(1)(B), check here 3,106 (Part I, column (d) must be on cash basis) line 16) ▶ \$ Part Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) All tollar St. 1 2 Check ▶ ☐ if the foundation is **not** required to attach Sch B 579 1 3 Interest on savings and temporary cash investments * * * 4 Dividends and interest from securities 5a Gross rents g². b Net rental income or (loss) . 14 24 .. YA Net gain or (loss) from sale of assets not on line 10 Revenue 6a h Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 -120 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) SCANNED APR 17 , , k to 12 Total. Add lines 1 through 11 0 0 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) b Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) C 17 18 Taxes (attach schedule) (see instructions) 25 15. 6 76 .71 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 24 Total operating and administrative expenses. 24 Add lines 13 through 23 24 25 1.985 如中心被点件 #/s 4 1 7 87 Contributions, gifts, grants paid 1,985 26 Total expenses and disbursements, Add lines 24 and 25 2.034 0 0 2,009 $\Xi_{t_{1}}^{T,T,t}$ 27 Subtract line 26 from line 12 Ŧ Excess of revenue over expenses and disbursements -2.034 ş., Net investment income (if negative, enter -0-) in the property of the second 0

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For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2018)

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Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
L	art II '	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	5,140	3,106	3,106
	2	Savings and temporary cash investments		<u> </u>	
	3	Accounts receivable ▶			1,15
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		·-	
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ts	8	Inventories for sale or use			*****
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)	-		· · · · · · · · · · · · · · · · · · ·
	b	Investments—corporate stock (attach schedule)		±	
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis		4 1 4	- 1
		Less accumulated depreciation (attach schedule)		<u></u>	
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Lond huildings, and accument basis	, •.		, -
	' '	Less accumulated depreciation (attach schedule)	- 		
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	5,140	3,106	3,106
	17	Accounts payable and accrued expenses	0,110	0,100	. 1
	18	Grants payable			
Liabilities	19	Deferred revenue			
≝	20	Loans from officers, directors, trustees, and other disqualified persons			
ab	21	Mortgages and other notes payable (attach schedule)			
コ	22	Other liabilities (describe			· · ·
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
alances		and complete lines 24 through 26, and lines 30 and 31.			1
2	24	Unrestricted	5,140	3,106	-
ala	25	Temporarily restricted	5,140	5,100	
00	26	Permanently restricted			
or Fund B		Foundations that do not follow SFAS 117, check here			·
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund		· · · ·	+ .
Se	29	Retained earnings, accumulated income, endowment, or other funds		71. "	1 ' .
¥	30	Total net assets or fund balances (see instructions)	5,140	3,106	
et	31	Total liabilities and net assets/fund balances (see	5,110		
~		instructions)	5,140	3,106	
Pa	ırt III	Analysis of Changes in Net Assets or Fund Balances	0,1401	3, 100	· · · · · · · · · · · · · · · · · · ·
		net assets or fund balances at beginning of year—Part II, column (a),	line 30 (must agree	with	
•		of-year figure reported on prior year's return)	oo (mast agree	1	5,140
2		amount from Part I, line 27a		 	
3		increases not included in line 2 (itemize)		3	-2,034
Δ		nes 1, 2, and 3			2 400
5		eases not included in line 2 (itemize)		4	3,106
6		net assets or fund balances at end of year (line 4 minus line 5)—Part	Il column (b) line 3	5 0 6	0.400
~	·otari	Tall	n, column (b), line 3	v [6]	3,106

Part	V Capital Gains and	Losses for Tax on Investmen	t Income					
	a) List and describe the kine	d(s) of property sold (for example, real estate, se, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)		(d) Date sold (mo , day, yr)	
1a								
<u>b</u>								
<u>c</u>		.		<u> </u>			 	
<u>d</u>								
<u> </u>	. T	(0 December 2012)	(=) Cook or			(h) Co	I or (loss)	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		(h) Gain or (loss) ((e) plus (f) minus (g))		
a								
b								
С								
d								
e								
	Complete only for assets sho	owing gain in column (h) and owned by	the foundation	on 12/31/69			l (h) gain minus	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but not less than -0-) or Losses (from col (h))			
<u>a</u>								
<u>b</u>								
c	""					·		
<u>u</u>								
2	Capital gain net income or	IDAT CONTOLINGES 1 -	o enter in Par nter -0- in Par	,	2		0	
3	Net short-term capital gain	or (loss) as defined in sections 1222		(I, IIIIe /)	-			
		line 8, column (c) See instructions		er -0- in 1				
	Part I, line 8		(,,	}	3		0	
Part		er Section 4940(e) for Reduce	d Tax on N	let Investment	Incom	ne		
Was		e this part blank ection 4942 tax on the distributable a alify under section 4940(e). Do not c			e period	1 ?	☐ Yes ☒ No	
1	Enter the appropriate amou	int in each column for each year, se	e the instruct	ions before makir	ng any e	entries		
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c) of noncharitable-use as		Dis	(d) stribution ratio divided by col (c))	
	2017		0		315	(==: (=)	0 000000	
	2016	3	33		56		0 589286	
	2015		24		43		0 558140	
	2014	37	_		342		<u>1 108</u> 187	
	2013	57	⁷ 4		536		1 070896	
_	Tatal of line 4 column (d)						2 222500	
2 3	Total of line 1, column (d) Average distribution ratio for	or the 5-year base period—divide the	a total on line	2 by 5.0 or by	-	2	3 326509	
3	•	undation has been in existence if les				3	0 665302	
4	Enter the net value of nonc	haritable-use assets for 2018 from F	Part X, line 5			4	4,156	
5	Multiply line 4 by line 3				-	5	2,765	
6	Enter 1% of net investment	income (1% of Part I, line 27b)				6	0	
7	Add lines 5 and 6					7	2,765	
8	Enter qualifying distribution				Ļ	8	2,009	
	Part VI instructions	er than line 7, check the box in Part	vi, line 1b, ai	na complete that	part usi	ng a 1% tax	rate See the	

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	uctio	ns)			
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	.	e de	' , ,		
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	-<u>:</u> ,			* .1	
_	here ▶ ☐ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	.			.,	
С	Part I, line 12, coi (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		0		
3	Add lines 1 and 2	3		0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		. 0		
6	Credits/Payments	1	1,		٠. د.	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a		*			
b	Exempt foreign organizations—tax withheld at source 6b	٠,	.'		•	
С	Tax paid with application for extension of time to file (Form 8868)		•	•	' .	
d	Backup withholding erroneously withheld 6d 6d				لــــــا	
7	Total credits and payments Add lines 6a through 6d	7		0		
8	Enter any penalty for underpayment of estimated tax. Check here.	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	_ .	0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		0		
11	Enter the amount of line 10 to be Credited to 2019 estimated tax	11	-	0		
	/II-A Statements Regarding Activities			Yes	No	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1a	res	No X	
	participate or intervene in any political campaign?		1a		_	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		46		_	
	instructions for the definition	_	1b		<u> </u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material	S	-		•	
	published or distributed by the foundation in connection with the activities		1c		X	
C	Did the foundation file Form 1120-POL for this year?					
d						
_	(1) On the foundation ►\$ (2) On foundation managers ►\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed	—			
е	on foundation managers > \$,cu	,	1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	·	×	
2	If "Yes," attach a detailed description of the activities			1.	^,	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		Х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	ļ	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	N/A		
5	Was there 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 either		'	,		
	By language in the governing instrument, or				.	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions the 	at	<u> </u>		<u> </u>	
	conflict with the state law 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," complete Part II, col. (c), and Part XV		7	X	ļ	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		•			
	WA		'	٠,	-	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral		-ب-	<u> </u>	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	-		· ·	 -	
	or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV	lf			1	
	"Yes," complete Part XIV		9	 	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	neir			İ	
	names and addresses		10	1	ΙX	

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	<u></u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	١		
	person had advisory privileges? If "Yes," attach statement. See instructions	12	\	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address Talanhara as \$\infty\$ 500 236	2104		
14	The books are in care of ► DON PETERS Telephone no ► 509 326 Located at ► 1436 N SUMMIT BLVD SPOKANE WA ZIP+4 ► 9920130			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the		•	. , l
	name of the foreign country			!
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	 	Voc	No
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	100
1a	During the year, did the foundation (either directly)	· ']
	(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	7.	,	1
	disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	١	i	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			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)?	,	٠ ،	
	(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)	ļ .		ľ.
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here	i ,		
С	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 2018?	1 <u>c</u>	 	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	' , '	١.	
•	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	` '		
а	6e, Part XIII) for tax year(s) beginning before 2018? Yes X No	<u>، ب</u>	1	
	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			1. 4
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	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		1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			į.
	at any time during the year?			, *
b	If "Yes," did it have excess business holdings in 2018 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		<u> </u>	لـــــا
	foundation had excess business holdings in 2018)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
þ	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 2018?	4b		
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	i 4D	1	ı /

Par	Statements Regarding Activities						- 1			_		
5a	During the year, did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to i			section	4945(e))?		□ Y	es/	X No	, ,	Yes	No
	(2) Influence the outcome of any specific public ele	-	see section 4	955), or	to carry on	,	_		_		٠.	
	directly or indirectly, any voter registration drive			0			\equiv	es	X No	,		
	(3) Provide a grant to an individual for travel, study(4) Provide a grant to an organization other than a		-	-		10	י 🗀	'es	X No		. 4	•
	section 4945(d)(4)(A)? See instructions	Crianta	ible, etc , orga	nzalio	ii described	111	□ Y	'es	No			e
	(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to chi		•				□ Y	'es	X No			• •
b	If any answer is "Yes" to 5a(1)–(5), did any of the t		-	•		•		ibe	d ın	ļ	<u></u>	•
	Regulations section 53 4945 or in a current notice	•	•			tructions	6			5b	N/A	
С	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for	oundation	on claim exer				□ Y	'es	□ No	1	4	
_	If "Yes," attach the statement required by Regulation			. ,						, '	٠.	٠,
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?	nds, dire	ectly or indire	ctly, to p	oay premiur	ns	□ Y	'es	X No	.		L
b	Did the foundation, during the year, pay premiums,	directly	y or indirectly,	on a p	ersonal ben	efit cont	 tract?		_	6b		Х
_	If "Yes" to 6b, file Form 8870							_		١,		
7a b	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds o	•	•			e transa		'es ว	X No	7b	N/A	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in						_		_		,	.
Part	remuneration or excess parachute payment(s) duri		<u>- </u>	undati	on Manac	tore U	_	es	X No			• 1
rall	and Contractors	JIS, 11	usiees, Fo	unuan	On Wanag	jers, n	igiliy	/ F	aiu Eiii	ipioye	es,	
1	List all officers, directors, trustees, and foundat	ion ma	nagers and	heir co	mpensatio	n. See i	instru	ıcti	ons.			
	(a) Name and address	hou	hours per week (If not paid, ei		emplo	(d) Contributions to employee benefit plans and deferred compensation		plans	(e) Expe	nse acc allowan		
	PETERS	Pres										
	N Summit Blvd Spokane, WA 99201 ENE PETERS		1 00		O I				i			
		1800										
	***************************************	Sec	1 00		0							
	N Summit Blvd Spokane, WA 99201	Sec	1 00		0							
	***************************************	Sec	1 00		0							
	***************************************	Sec	1 00		0							
2	***************************************			cluded		see ins	tructi	ons	s). If no	ne, ent	er	
	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees (verage eek			(d) Cor emplo plans a	ntribi	s). If nor	(e) Expe		
2	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	
	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	
2	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	
2	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	
2	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	
2 NONE	N Summit Blvd Spokane, WA 99201 Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000		han those ind (b) Title, and a	verage eek	on line 1—		(d) Cor emplo plans a	ntribi	utions to benefit deferred	(e) Expe	nse acc	

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."	
	c) Compensation
NONE	
	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 NA	
100	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	0

Form **990-PF** (2018)

Part	wilnimum investment keturn (All domestic foundations must complete this part Fore	ign ioundanc	ms,
	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	0
b	Average of monthly cash balances	1b	4,219
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	4,219
е	Reduction claimed for blockage or other factors reported on lines 1a and	74	
	1c (attach detailed explanation)	\$ 150 C #	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,219
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	63
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,156
6	Minimum investment return. Enter 5% of line 5	6	208
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation	tions	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	208
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	208
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	208
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	208
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	2	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,009
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
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	2,009
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,009
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating who	ether the foun	dation
	qualifies for the section 4940(e) reduction of tax in those years		

Page 9

Part	XIII Undistributed Income	(see instructions	5)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from	n Part XI,	Corpus	Years prior to 2017	2017	2018
	line 7					208
2	Undistributed income, if any, as of the	end of 2018				
а	Enter amount for 2017 only				0	
b		20, 20				
3	Excess distributions carryover, if a	1 -				
a	From 2013	551				
b	From 2014	362				
C	From 2014	22				
d	From 2016	30			l	
e	From 2017	L				
	Total of lines 3a through e	D. (VII	965			
4	Qualifying distributions for 2018 fro	om Part XII,				
	line 4 \$ 2,009					•
a	Applied to 2017, but not more than					
b	Applied to undistributed income of					
	(Election required—see instruction	•				
С	Treated as distributions out of corp	ous (Election				
	required—see instructions)					
d	Applied to 2018 distributable amou		4 004			208
e	Remaining amount distributed out	•	1,801			
5	Excess distributions carryover app					
	(If an amount appears in column (in amount must be shown in column					
e	Enter the net total of each colum					
6	indicated below:	III dS				
_	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	2,766			
a b	Prior years' undistributed income		2,700			
D	line 4b from line 2b	Subtract		o		
С	Enter the amount of prior years' ur	ndistributed		0		
·	income for which a notice of defici					
	been issued, or on which the secti	-				
	tax has been previously assessed	011 10 12(4)				
d	Subtract line 6c from line 6b Taxa	ble				
_	amount—see instructions	5.0				•
е	Undistributed income for 2017 Su	btract line	,			
_	4a from line 2a Taxable amount—					
	instructions				o	
f	Undistributed income for 2018 Su	btract lines				
	4d and 5 from line 1 This amount	must be				
	distributed in 2019					0
7	Amounts treated as distributions of	ut of corpus				
	to satisfy requirements imposed by	y section				
	170(b)(1)(F) or 4942(g)(3) (Election	n may be				
	required—see instructions)				·	
8	Excess distributions carryover from	n 2013 not				
	applied on line 5 or line 7 (see inst	tructions)	551			
9	Excess distributions carryover t	·				
	Subtract lines 7 and 8 from line 6a	ı	2,215			
10	Analysis of line 9					
а	Excess from 2014	362				
b	Excess from 2014	22				
С	Excess from 2016	30				
d	Excess from 2017					
е	Excess from 2018	1,801				

Part 2	IV Private Operating Foundat	ions (see instruc	ctions and Part \	/II-A, question 9)		N/A
	If the foundation has received a ruling o					
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the foundation	on is a private operat	ing foundation descri	ribed in section	4942(j){	3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(8) 10(8)
	investment return from Part X for each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c			/		0
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test-enter		/			
	(1) Value of all assets				<u></u>	0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"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					0
	and 5 or more exempt organizations as provided in					0
	section 4942(j)(3)(B)(iii)	 	-	+		<u> </u>
	(3) Largest amount of support from	lt.				0
	an exempt organization	\ 	Wa		 	0
Part	(4) Gross investment income XV Supplementary Information	n (Complete thi	e part only if th	o foundation ha	d \$5 000 or mo	<u> </u>
Part	any time during the year—			ie iounuation ne	au \$5,000 or mo	ie iii assets at
1	Information Regarding Foundation M		3.]			
	List any managers of the foundation wh		I more than 2% of	the total contribution	ons received by the	foundation
-	before the close of any tax year (but on					
None		,		, ,	.,,,,	
b	List any managers of the foundation wh	o own 10% or mor	e of the stock of a	corporation (or an	equally large portion	n of the
-	ownership of a partnership or other enti					
None				-		
2	Information Regarding Contribution,	Grant, Gift, Loan,	Scholarship, etc	., Programs:		
	Check here ► X if the foundation or unsolicited requests for funds. If the foundations, complete items 2a, b, c, and	nly makes contribut indation makes gift	tions to preselecte ts, grants, etc , to i	d charitable organiz		
	The name, address, and telephone num		**	o whom application	ns should be address	ssed
а	The name, address, and telephone hun	inder of email addition	ess of the person t	о wпош аррісацої	is should be addres	33eu
b	The form in which applications should be	pe submitted and in	nformation and ma	terials they should	ınclude	
С	Any submission deadlines					
	Any restrictions or limitations on average	c cuch as his sace	raphical areas ab-	oritable fields lend	e of inctitutions of	other
đ	Any restrictions or limitations on awards factors	s, such as by geog	rapriicai areas, chi	antable lields, KINDS	s or misululions, or (ouiei

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approve	ed for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
Spokane Humane Society	None	PC	Anımal shelter	150
Box 6247		1	1	
Spokane, WA 99217	1			
Prison Fellowship	None	PC	Camp for prisoners kids	200
Box 1550]		J	
Mernfield, VA 22116				
Spokanimal CARE	None	PC	Animal shelter	50
710 N Napa				
Spokane, WA 99202				400
World Relief	None	PC	Services to refugees	100
1522 N Washington St Unit 200	İ			
Spokane, WA 99201	NI.		Committee of the second	400
Salvation Army	None	PC	Camp for underprivileged kids	100
Box 60004				
Prescott, AZ 86304	Name	l nc	School backs & supplies	100
St Joseph's Indian School	None	PC	School books & supplies	100
Box 300 Chamberlain SD 57335				
Chamberlain, SD 57325 Adventist Medical Evangelism Network	None	PC	Free medical services for the	100
570 Business Park Dr Unit 110	None		needy	100
Lincoln, CA 95648	J] local	
Reading is Fundamental	None	PC	Books for needy kids	205
Box 96897	None	'	Books for ficedy kids	200
Washington, DC 20090				
International Rescue Committee	None	PC	Services to refugees	100
Box 6068	110110	' •	Control to rollagous	.55
Albert Lea, MN 56007				
USA for UNHCR	None	PC	Services to refugees	200
Box 97114				
Washington, DC 20077				
Union Gospel Mission	None	PC	Camp for underpriv kids & meals	150
Box 4066			for the needy	
Spokane, WA 99220				
Total See Attached Statement			▶ 3a	1,985
b Approved for future payment				
	,	ļ	ļ	
	ł	ł		
	ĺ			
	Ì		1	
		ľ		
Total		 	▶ 3b	0
	-			000 DE

	Analysis of Income-Producing Ac			T =	212 212 514	
Ente	r gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					(Oce mandement)
	a					
	b					
	c					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments		-			
3	Interest on savings and temporary cash investments					
4	Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·			
5	Net rental income or (loss) from real estate	e. 5 .			•. • 1	,
•	a Debt-financed property		·		<u> </u>	
	b Not debt-financed property	-	·			
6	Net rental income or (loss) from personal property			-		
6		 	· ······			
7	Other investment income			 		·
8	Gain or (loss) from sales of assets other than inventory	· · · · · · · · · · · · · · · · · · ·				_
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a		·			
	b			ļ <u>.</u>		
	c					
	d		*			
	e					
12	Subtotal Add columns (b), (d), and (e)	t-	0	1 ,	0	
						_
	Total. Add line 12, columns (b), (d), and (e)				13	0
(Se	worksheet in line 13 instructions to verify calculations		7772		13	0
(Se			ent of Exempt	Purposes	13	0
(See Par Lin	worksheet in line 13 instructions to verify calculations	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
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(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
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(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	
(See Par Lin	worksheet in line 13 instructions to verify calculations t XVI-B Relationship of Activities to the A No. Explain below how each activity for which incom	ccomplishme	olumn (e) of Part 2	KVI-A contributed	importantly to the	ons)

Part XVII		Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations organization directly or indirectly engage in any of the following with any other organization described Yes No										
1	Did th			gage in any of the fo	llowing w	ith any oth	ner organiza	tion descri	bed		Yes	No
•			er than section 501(c)							ľ		7
		zations?	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0, 0.9						· /		
	-		ortina foundation to s	to a noncharitable exempt organization of						<u> </u>		
		•	orting touridation to e	TIONGRAMADIC CACIN	ipt organi	2011011 01				1a(1)		×
	(1) Ca									1a(1)		X
		her assets								10(2)		^
		transactions								45/4		
			a noncharitable exen	, •						1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization									1b(2)		X	
	(3) Rental of facilities, equipment, or other assets								1b(3)		X	
		eimbursement ai	-							1b(4)		X
		ans or loan gua								1b(5)	ļ	X
			rvices or membership	-						1b(6)		Х
			quipment, mailing lists							1c		X
d			he above is "Yes," com									
			er assets, or services go or sharing arrangemen									
(a) Line	no (1	b) Amount involved	(c) Name of noncl	narıtable exempt organizatı	on	(d) Desc	cription of transf	ers, transaction	ons, and shar	ring arrai	ngemen	ts
	\bot			·			<u></u>					
_										_		
_												
										-		-
					-							
										_		
				<u></u> -								
_	$\neg \vdash$					-						
	descri	bed in section 5	ctly or indirectly affiliat 01(c) (other than section following schedule				xempt orgai	nizations		Yes	X N	o
		(a) Name of organ		(b) Type of on	ganization	T		(c) Descript	on of relation	nship	-	
_												
							-					
				 	_			-				
						Î						
				- W-							•	
	Under	penalties of perjury, I dec	lare that I have examined this ref	urn, including accompanying scl	hedules and s	tatements, and	to the best of my k	nowledge and be	elief, it is true,			
Sign Here		and complete Declarate	tera	ver) is based on all information o	based on all information of which preparer has any knowledge 3/1/19 Pres				May the IRS discuss this return with the preparer shown below? See instructions Yes N			
Paid		Pnnt/Type preparer		Preparer's signature			Date	Che	ck lif	PTIN		
Prepa		Firm's name	· · · · · · · · · · · · · · · · · · ·					Firm's EIN				
Use O	nly	Firm's address						Phone no				
		200.000 -						, none no		- 00	DE	

Continuation of Part XV, Lir Recipient(s) paid during the year	ne 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	Year
Name					•	
Operation Smile						
Street	·					
Box 5017						
City		State	Zip Code	Foreign Count	irv	
Hagerstown		MD	21741		•	
Relationship	Foundation Status	•	•	<u>.</u>		
None	PC					
Purpose of grant/contribution Medical services for kids					Amount	150
Name					•	
Friends of KSPS						
Street						
3911 S Regal						
City		State	Zin Codo	Earnian Count		
Spokane		State WA	Zip Code	Foreign Count	гу	
Relationship	Foundation Status	I VVA	99223			
•						
None	PC			·· · ·	14	
Purpose of grant/contribution					Amount	400
Support of public TV					<u> </u>	100
Name						
Life Services of Spokane						
Street						
2659 N Ash						
City		State	Zip Code	Foreign Count	rv	
Spokane		WA	99205	. o.o.g oou	• •	
Relationship	Foundation Status		100200	<u></u>		
None	PC					
Purpose of grant/contribution	<u></u>			,	Amount	
Support for unwed mothers					Allioune	100
				·		100
Name						
M S Foundation						
Street						
Box 21360						
City		State	Zip Code	Foreign Count	ry	
Keizer	·	OR	97307			
Relationship	Foundation Status					
None	PC					
Purpose of grant/contribution					Amount	
Medical research						30
Name						
Boys Town						
Street						
Box 6000						
City		Ctata	Zip Code	Faraian Caunt		
Boystown		State	1 '	Foreign Count	гу	
Relationship	Foundation Status	NE	68010			
	Foundation Status					
None Purpose of grant/contribution	PC				T	
•					Amount	
Orphanage					J	50
Name						
Lutheran Immigration & Refugee Service	es					
Street						
Box 8477						
City		State	Zip Code	Foreign Count	n/	
Topeka		KS	66608	i Sieigii Coulit	7	
Relationship	Foundation Status	110	100000	<u></u>		
None	PC PC					
Purpose of grant/contribution	<u> </u>				Amount	
Services to refugees					Amount	100

Part I, Line 18 (990-PF) - Taxes

	25	0		0 0
	Revenue			Disbursements
	and Expenses	Net Investment	Adjusted	for Charitable
Description	per Books	Income	Net Income	Purposes
1 STATE FILING FEES	25			

Part I, Line 23 (990-PF) - Other Expenses

	24	0	0	24
	Revenue and			Disbursements
	Expenses	Net Investment	Adjusted Net	for Charitable
Description	per Books	Income	Income	Purposes
1 BANK CHARGES	24	0		24