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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491133023719

2018

OMB No 1545-0052

## **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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd ending 12-31-	2018				
		ındatıon		A Employer id	entification numbe	r			
TH	IE BURN	IING FOUNDATION		91-1815335					
	ber and	d street (or P O box number if mail is not delivered to street address) i 5275	Room/suite	<b>B</b> Telephone nu	<b>B</b> Telephone number (see instructions)				
	o box i	13273		(206) 920-6252	(206) 920-6252				
		n, state or province, country, and ZIP or foreign postal code /A 98115	1	C If exemption	application is pendin	g, check here			
c C	neck al	I that apply	former public charity	D 1 Foreign or	ganizations, check he	ore $\square$			
<b>u</b> ci	ieck ai	Final return Amended return	Torrier public charity		ganizations meeting	▶ ⊔			
		Andress change Name change			k here and attach co				
H C	neck tv	rpe of organization  ✓ Section 501(c)(3) exempt private	foundation		indation status was t				
_	•	_	e private foundation	under sectio	n 507(b)(1)(A), chec	k here			
			☑ Cash ☐ Accru	F If the founda	ition is in a 60-montl	n termination 🖂			
of '	year (f	from Part II, col (c),  ▶\$ 12,739,952			n 507(b)(1)(B), chec				
Pa	rt I	Analysis of Revenue and Expenses (The total				(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc , received (attach							
		schedule)	495,075						
Reversie	2	Check ► ☐ If the foundation is <b>not</b> required to attach							
	3	Sch B Interest on savings and temporary cash investments	1,993	1,993					
	4	Dividends and interest from securities	268,426	268,426					
	5a	Gross rents							
	ь	Net rental income or (loss)							
	6a	Net gain or (loss) from sale of assets not on line 10	2,064,756						
	ь	Gross sales price for all assets on line 6a							
	7	Capital gain net income (from Part IV, line 2)		2,064,756					
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	С	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	2,830,250	2,335,175					
	13	Compensation of officers, directors, trustees, etc	0	0		С			
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
Sui	16a	Legal fees (attach schedule)	295	0		295			
Expenses	b	Accounting fees (attach schedule)	4,551	0		4,551			
	C	Other professional fees (attach schedule)	74,037	44,479		29,558			
and Administrative	17	Interest							
Stra	18	Taxes (attach schedule) (see instructions)							
ੂ	19	Depreciation (attach schedule) and depletion							
<del>j</del>	20	Occupancy							
<b>∀</b>	21	Travel, conferences, and meetings							
	22	Printing and publications							
Бui	23	Other expenses (attach schedule)	4,285	0		4,285			
Operating	24	Total operating and administrative expenses.							
<u>6</u>		Add lines 13 through 23	83,168			38,689			
ں	25	Contributions, gifts, grants paid	593,000			593,000			
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	676,168	44,479		631,689			
	27	Subtract line 26 from line 12							
	a	Excess of revenue over expenses and disbursements	2,154,082						
	ь	Net investment income (if negative, enter -0-)	2,134,002	2,290,696					
	c	Adjusted net income (if negative, enter -0-)		_,,					
F	Dance	work Doduction Act Notice and instructions	1	0 . 11 . 11200		000 BE (2212)			

6,786,626

8,805,592

1,755,154

10,700,208

10,700,208

10,700,208

10,700,208

2

3

4

5

8,656,164

2,154,082

10,810,246

10,700,208 Form **990-PF** (2018)

110,038

10,874,937

1,725,553

12,739,952

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

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

Other notes and loans receivable (attach schedule)

Less allowance for doubtful accounts

sets	
As	

7

8

9

10a

b

				_
	С	Investments—corporate bonds (attach schedule)	1,746,366	<b>%</b>
	11	Investments—land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶	,	
	12	Investments—mortgage loans		
	13	Investments—other (attach schedule)		
	14	Land, buildings, and equipment basis ▶		
		Less accumulated depreciation (attach schedule) ▶		
	15	Other assets (describe ▶)		
	16	Total assets (to be completed by all filers—see the		
		ınstructions Also, see page 1, item I)	8,656,164	
	17	Accounts payable and accrued expenses		
	18	Grants payable		
es	19	Deferred revenue		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		
	21	Mortgages and other notes payable (attach schedule)		
	22	Other liabilities (describe )		
	23	Total liabilities(add lines 17 through 22)	0	
es		Foundations that follow SFAS 117, check here ▶		
		and complete lines 24 through 26 and lines 30 and 31.		
anc	24	Unrestricted		
3a l	25	Temporarily restricted		
Net Assets or Fund Balances	26	Permanently restricted		
Fui		Foundations that do not follow SFAS 117, check here		
o		and complete lines 27 through 31.		
ţ	27	Capital stock, trust principal, or current funds	0	
556	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	
t A	29	Retained earnings, accumulated income, endowment, or other funds	8,656,164	
Ne	30	Total net assets or fund balances (see instructions)	8,656,164	
	31	Total liabilities and net assets/fund balances (see instructions) .	8,656,164	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		•
1		net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	30 (must agree with	end-
2	Ente	r amount from Part I, line 27a		
3	Othe	r ıncreases not ıncluded ın lıne 2 (ıtemıze) ▶		
4		lines 1, 2, and 3		
5	Decr	eases not included in line 2 (itemize) 🕨	<u>~</u>	

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs  $\,$  MLC Co  $\,$  )

(mo , day, yr )

Page **3** 

1 a CAPITAL GAIN DISTRIBU	TION						
b PUBLICLY TRADED SECU							
c PUBLICLY TRADED SECU							
d PUBLICLY TRADED SECU							
e							
-	(f)		(a)	,	<u> </u>		
(e)	(f) Depreciation allowed		(g) other basis		<b>h)</b> r (loss)		
Gross sales price	(or allowable)		ense of sale		) minus (g)		
a 14	9,634				149,634		
<b>b</b> 12,08			10,308,758		1,780,044		
	1,397		8,104		23,293		
	6,822		385,037		111,785		
e							
Complete only for assets	showing gain in column (h) and ow	<u> </u>			I)		
(i)	(i)		(k)		h) gain minus		
FMV as of 12/31/69	Adjusted basis as of 12/31/69		of col (i)		less than -0-) <b>or</b> om col (h))		
	as 01 12/31/09	over cor	over col(ʒ), ıf any		149,634		
a .							
b					1,780,044		
С					23,293		
d					111,785		
e							
2 Capital gain net income or (net capital loss)  If gain, also enter in Part I, line 7  If (loss), enter -0- in Part I, line 7  2 2,064,756  Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8  3 3							
David V Overlift actions I	Indon Cootion 4040(a) for Br	dad Ta au Nat	, , , , , , , , , , , , , , , , , , ,				
	Inder Section 4940(e) for Re						
For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment incom	ie)			
f section 4940(d)(2) applies, le	ave this part blank						
	e section 4942 tax on the distributa t qualify under section 4940(e) Do		in the base period?	,	es 🔽 No		
	nount in each column for each year,		making any entries				
(a) Base period years Calendar	(b) Adjusted qualifying distributions	(c) Net value of noncharitable		( <b>d)</b> Distribution rati	0		
year (or tax year beginning in)	Adjusted qualifying distributions	Net value of Horicilaritable		(col (b) divided by c			
2017	671,119		13,279,171		0 050539		
2016	567,975		11,916,426		0 047663		
2015	583,064		12,444,342		0 046854		
2014	640,736		12,717,712		0 050381		
2013	631,069		11,823,961		0 053372		
2 Total of line 1, column (c	1)		2		0 248809		
	for the 5-year base period—divide dation has been in existence if less		0, or by the <b>3</b>		0 049762		
4 Enter the net value of no	ncharitable-use assets for 2018 fron	n Part X, line 5	4		14,097,847		
<b>5</b> Multiply line 4 by line 3			5		701,537		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		22,907		
<b>7</b> Add lines 5 and 6			7		724,444		
	ons from Part XII, line 4				631,689		
. , ,	ater than line 7, check the box in Pa			g a 1% tax rate Se			
				Fc	orm <b>990-PF</b> (2018)		

(b)

How acquired

P—Purchase

D—Donation

(c)

Date acquired

(mo, day, yr)

Form	990-PF (20	018)							F	age <b>6</b>
Pai	rt VII-B	Statements Reg	arding	<b>Activities for Which</b>	Form 4720 May Be	Required (continued)				
5a	During the	year did the foundati	on pay o	r incur any amount to					Yes	No
	(1) Carry	on propaganda, or oth	nerwise a	se attempt to influence legislation (section 4945(e))?  Lorific public election (see section 4955), or to carry						
	(2) Influe	nce the outcome of an	y specifi							
	on, dı	ectly or indirectly, any	voter re	r registration drive?						
	(3) Provid	le a grant to an individ	lual for t	ravel, study, or other sım	ılar purposes?	☐ Yes ✓	No No			
	(4) Provid	le a grant to an organi	zation ot	her than a charitable, etc	c , organization described					
	ın sec	tion 4945(d)(4)(A)? Se	ee instru	ctions		· · ☐ Yes 🗸	No			
	(5) Provid	le for any purpose oth	er than r	eligious, charitable, scier	itific, literary, or					
	educa	tional purposes, or for	the prev	ention of cruelty to child	ren or anımals?	· · □ Yes ✓	No			
b				any of the transactions fa		ceptions described in				
	_				notice regarding disaster assistance? See instructions					
	Organizations relying on a current notice					▶ □	]			
С		·		does the foundation clair	•					
		•		sponsibility for the grant		· · 🗌 Yes 🗌	No			
	If "Yes," a	ttach the statement re	quired b	y Regulations section 53	4945-5(d)					
6a	Did the fo	undation, during the y	ear, rece	ive any funds, directly or	· indirectly, to pay premi	ums on				
						⊔ Yes 🔻	No			
Ь			ear, pay	premiums, directly or inc	directly, on a personal be	nefit contract?		6b		No
		6b, file Form 8870								
7a				foundation a party to a p		∟ Yes 💌	No			
				oceeds or have any net in			L	7b		
8		•		1960 tax on payment(s) o						
	excess pa	rachute payment durin	g the ye	ar <sup>?</sup>		·· 🗌 Yes 🗸	No L			
Dai	rt VIII		ıt Offic	ers, Directors, Trus	tees, Foundation Ma	anagers, Highly Paid E	mploy	ees,		
ГЧ	C VIIII	and Contractors								
1	List all of	ficers, directors, tru	stees, fo	oundation managers a	nd their compensation	. See instructions	_			
	(a) Na	mo and address	(	<b>(b)</b> Title, and average hours per week	(c) Compensation (If		」 (e) E	xpen	se acc	ount,
	(a) Name and address		devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	d oth	other allowances			
DAVI	O N WEISE			IDENT	0		0			0
	OX 15275		15 0	0						
	TLE, WA 981	15		PREGINENT			_			
	DX 15275		1 00	PRESIDENT	O		0			0
	TLE, WA 981	15								
ALISA	KF WEISE		SECF	RETARY	0		0			0
	OX 15275		1 00							
	TLE, WA 981		naid an	unlavaas (athau thau t	hasa ingludad an lina '	1 coo instructions) If no		tor "	NONE	"
	Compens	acion of five nighest	-paid ei	inployees (other than t		1—see instructions). If no (d) Contributions to	ne, en	ter	NONE.	
(a)	Name and a	ddress of each employ	ee paid	(b) Title, and average	(-) (	employee benefit	(e) E	xpens	se acco	unt,
•	more than \$50,000			hours per week (c) Compensation devoted to position		plans and deferred	oth	er all	owanc	es
	_					compensation				
NON	<u> </u>									
Tota	I number of	other employees paid	over \$5	0,000						0
							Form	- aaı	1-DF	2018)

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1	,	
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form <b>990-PF</b> (2018)

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

1b

2

За 3h

4

5

631.689

631.689

Form 990-PF (2018)

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

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

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

Amounts set aside for specific charitable projects that satisfy the

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

2

3

4

5

631,689

17,151

10,238

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Form 990-PF (20	018)
Part XIII	Undi

**b** Total for prior years

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

e From 2017. . . . .

Part XIII Undi	Form 990-PF (2	018)
	Part XIII	Undi

rm 990-PF (20	18)		
Part XIII	Undistributed Income (see instruc	ctions)	
		(a)	(b)
		Corpus	Years prior to 2017

17,151

Distributable amount for 2018 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only. . . . . .

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2013 not

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. . c Excess from 2016. . . d Excess from 2017. . . e Excess from 2018. . .

applied on line 5 or line 7 (see instructions) . . .

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . . 17.151

17,151

0

(c)

2017

SPRING CYCLE-3RD WED OF JANUARY / FALL CYCLE-3RD WED OF AUGUST REFER TO WEBSITE FOR MORE DETAILS

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

- ENVIRONMENTAL 501(C)(3) GROUPS THROUGHOUT WASHINGTON AND OREGON WHO MEET THE STATED AREAS OF INTEREST, AND - NONPROFIT 501(C)(3) GROUPS IN WASHINGTON STATE THAT MEET THE STATED AREAS OF INTEREST REGARDING TEEN PREGNANCY

factors

PREVENTION REFER TO WEBSITE FOR ADDITIONAL DETAILS



a b c c d e e f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
b c d e f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent	and contracts from government agencies ship dues and assessments on savings and temporary cash ents					
c d e f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent	and contracts from government agencies ship dues and assessments on savings and temporary cash ents					
de e f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent	and contracts from government agencies ship dues and assessments on savings and temporary cash ents					
e f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent	and contracts from government agencies ship dues and assessments on savings and temporary cash ents					
f g Fees a 2 Member 3 Interest investme 4 Dividence 5 Net rent	and contracts from government agencies ship dues and assessments on savings and temporary cash ents					
<ul><li>Member</li><li>Interest investme</li><li>Dividence</li><li>Net rent</li></ul>	ship dues and assessments on savings and temporary cash ents					
<ul><li>Member</li><li>Interest investme</li><li>Dividence</li><li>Net rent</li></ul>	ship dues and assessments on savings and temporary cash ents			1		
<ul><li>investme</li><li>4 Dividend</li><li>5 Net rent</li></ul>	ents					
<b>5</b> Net rent	da and			14	1,993	
	ds and interest from securities			14	268,426	
- D-F+ C	al income or (loss) from real estate					
	inanced property.	<u> </u>				
	ebt-financed property	<u> </u>				
	tal income or (loss) from personal property	<del>                                     </del>				
	(loss) from sales of assets other than					
inventor	,			18	2,064,756	
	ome or (loss) from special events			10	2,004,730	
	rofit or (loss) from sales of inventory					
	evenue a					
	Add columns (b), (d), and (e)		0		2,335,175	
	Add line 12, columns (b), (d), and (e)			1	3	2,335,175
Part XVI	rksheet in line 13 instructions to verify calcu  -B Relationship of Activities to the	acions )	ment of Evenu	nt Burnoses		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exinstructions )					

	/
(VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	-	ransters to a	ına iransactı	ons and Relatio	nsnips with Noncha	ritable		
			directly enga				on described in section 50	1	Yes	No
a Trai	sfers f	rom the reporting foun	dation to a n	oncharitable exe	empt organizatio	n of				
								1a(1)		No
(2)	Other	assets						1a(2)		No
<b>b</b> Oth	er tran:	sactions								
		of assets to a nonchar	•	-				1b(1)		No
		ases of assets from a r						1b(2) 1b(3)		No
			equipment, or other assets							No
								1b(4)		No
		or loan guarantees. mance of services or m						1b(5) 1b(6)		No No
٠.		facilities, equipment, n	•	<del>-</del>				1c		No
	-						ways show the fair marke			110
of tl	ne good	ds, other assets, or ser	vices given b	y the reporting f	foundation If th	e foundation receive	ed less than fair market v	alue		
ın a	ny tran	saction or sharing arra	ngement, sh	ow in column <b>(d</b>	l) the value of th	e goods, other asse	ets, or services received			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exer	mpt organization	(d) Description of	transfers, transactions, and	sharing arra	ngemen	its
					_					
2a Is th	ne foun	dation directly or indire	ectly affiliated	d with, or related	d to, one or mor	e tax-exempt orgar	ızatıons			
des	ribed i	n section 501(c) (other	r than section	n 501(c)(3)) or i	n section 527? .		🗆 Yes	<b>✓</b> No		
<b>b</b> If "\	es," co	emplete the following s	chedule							
		(a) Name of organization	on	(Б	) Type of organiza	tion	(c) Description of re	ationship		
	Unde	er penalties of perjury,	I declare tha	t I have examine	ed this return, ir	icluding accompany	ing schedules and statem	ents, and	to the	best
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on					on all info	rmation	n of		
Sign	wnic	h preparer has any kno	wieage		I					
Here		****			2019-05-13	*****		y the IRS d urn	scuss tr	าเร
Here	-					— <b>)</b> —		h the prepa ow	rer shov	vn
	9	Signature of officer or t	rustee		Date	Title		e instr )? [	Vec Vec	□No
		1		T			(30	e 1113ci / 1		.,,
		Print/Type preparer's	name	Preparer's Sign	nature	Date	Check if self-			
							employed ▶ □	P0074	5598	
Daid		KATHRYN J OKIMO	то			2019-04-29	employed F			
Paid	<b></b>									
Prep		Firm's name ► CLAF	RK NUBER PS	5			Firm'	s EIN ▶91	-11940	016
Use (	JIIIY	Firm's address ▶ 10	900 NF 4TH	STREET SUITE 1	1400					
							Dhon	no (425	\ 454-4	4010
		BELLEVUE, WA 98004						= 110 (423	, 434-4	<b>オフエブ</b>

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

593,000

any foundation manager

Name and address (home or business)

POTCE ID 02702

Total .

Hame and dadress (Herrie or Business)	or substantial contributor			
a Paid during the year				
ADVOCATES FOR THE WEST 1320 W FRANKLIN ST		PC 509(A) (1) OR (A)	PROTECTING OREGON'S SENSITIVE SPECIES AND	12,000

AUDUBON SOCIETY OF PORTLAND  PC 509(A) RESTORING MALHEUR AND	
AUDUBON SOCIETY OF PORTLAND  5151 NW CORNELL ROAD  PORTLAND, OR 97210  PC 509(A) RESTORING MALHEUR AND  (1) OR (A) BUILDING BRIDGES ACROSS  THE URBAN-RURAL DIVIDE	15,

AUDUBON SOCIETY OF PORTLAND 5151 NW CORNELL ROAD PORTLAND, OR 97210	PC 5 (1) OI	` '	15,000
AUDUBON WASHINGTON 5902 LAKE WASHINGTON BLVD S	PC 5(1) OI	` '	10,000

5151 NW CORNELL ROAD PORTLAND, OR 97210	(1) OR (A)	BUILDING BRIDGES ACROSS THE URBAN-RURAL DIVIDE	
AUDUBON WASHINGTON 5902 LAKE WASHINGTON BLVD S SEATTLE, WA 98118	PC 509(A) (1) OR (A)	PROTECTING WASHINGTON'S SAGEBRUSH SEA	10,0

PORTLAND, OR 97210		THE URBAN-RURAL DIVIDE	
AUDUBON WASHINGTON 5902 LAKE WASHINGTON BLVD S SEATTLE, WA 98118	PC 509(A) (1) OR (A)	PROTECTING WASHINGTON'S SAGEBRUSH SEA	10,0

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
BARKPO BOX 12065		PC 509(A)	GENERAL SUPPORT	12,000

PORTLAND, OR 97212	(1) OR (A)		
CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST SUITE 230A	PC 509(A) (1) OR (A)	GENERAL SUPPORT	

or substantial contributor

CASCADE FOREST CONSERVANCY 4506 SE BELMONT ST SUITE 230A PORTLAND, OR 97215	PC 509(A) (1) OR (A)	GENERAL SUPPORT	12,000

	PORTLAND, OR 97215	(1) OR (A)		
Ш	CASCADIA WILDLANDSPO BOX 10455	PC 509(A)	CASCADIA'S WILD FORESTS	12,0

PORTLAND, OR 97215	(-) ()		
CASCADIA WILDLANDSPO BOX 10455	` '	CASCADIA'S WILD FORESTS	12,000

CASCADIA WILDLANDSPO BOX 10455	PC 509(A)	CASCADIA'S WILD FORESTS	12,000
EUGENE, OR 97440	(1) OR (A)	AND RIVERS PROJECT	

EUGENE, OR 97440	(1) OR (A)	AND RIVERS PROJECT	
CASCADIA WILDLANDSPO BOX 10455   EUGENE, OR 97440	PC 509(A) (1) OR (A)	CASCADIA'S WILD FORESTS AND RIVERS PROJECT	12,000

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

Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
CENTER FOR JUSTICE 35 MAIN STREET SUITE 300 SPOKANE, WA 99201		PC 509(A) (1) OR (A)	SPOKANE RIVERKEEPER	12,000
COALITION OF OREGON LAND TRUSTS 511 SE MORRISON ST PORTLAND, OR 97214		PC 509(A) (1) OR (A)	GENERAL SUPPORT	12,000
COAST RANGE ASSOCIATION PO BOX 2250 CORVALLIS, OR 97339		PC 509(A) (1) OR (A)	OREGON FOREST PRACTICES AND STREAM PROTECTION PROJECT	12,000

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

or substantial contributor

Name and address (home or business)

PORTLAND, OR 97214

Total .

a Paid during the year			
COLUMBIA RIVERKEEPER 407 PORTWAY AVE SUITE 301 HOOD RIVER, OR 97031	PC 509(A) (1) OR (A)	PROTECTING SALMON HABITAT	12,000
CONSERVATION NORTHWEST 1829 10TH AVE W SUITE B SEATTLE, WA 98119	PC 509(A) (1) OR (A)	GENERAL SUPPORT	15,000
CRAG314 E BURNSIDE STREET	PC 509(A)	PROTECTING COHO SALMON ON	12,000

recipient

(1) OR (A)

THE TILLAMOOK AND CLATSOP

593,000

STATE FORESTS

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

FRIDAY HARBOR, WA 98250

Total .

	or substantial contributor			
a Paid during the year				
DEFENDERS OF WILDLIFE 1130 17TH STREET NW WASHINGTON, DC 20036		PC 509(A) (1) OR (A)	PROTECTING THE MARBLED MURRELET	12,000
EARTHRISE LAW CENTER 10015 SW TERWILLIGER BLVD PORTLAND, OR 97219		PC 509(A) (1) OR (A)	PACIFIC NW WATERS	12,000
		1	I	

recipient

PROTECTION

·			
EARTHRISE LAW CENTER 10015 SW TERWILLIGER BLVD PORTLAND, OR 97219	PC 509(A) (1) OR (A)	PACIFIC NW WATERS	12,000
FRIENDS OF THE SAN JUANS PO BOX 1344	PC 509(A)	SAN JUAN ARCHIPELAGO MARINE FOOD WEB	12,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FUTUREWISE 816 SECOND AVE SUITE 200 SEATTLE WA 98104	PC 509(A) (1) OR (A)	SHORELINE ADVOCACY ENCOURAGING POLICIES THAT PROTECT SALMON AND ORCAS	12,000

•			
HELLS CANYON PRESERVATION COUNCIL 105 FIR STREET SUITE 327 LA GRANDE, OR 97850	PC 509(A) (1) OR (A)	GENERAL SUPPORT	15,000

COUNCIL 105 FIR STREET SUITE 327 LA GRANDE, OR 97850	(1) OR (A)		
KLAMATH SISKIYOU WILDLANDS CENTER PO BOX 102	PC 509(A) (1) OR (A)	GENERAL SUPPORT	20,000

KLAMATH SISKIYOU WILDLANDS CENTER PO BOX 102	PC 509(A) (1) OR (A)	GENERAL SUPPORT	20,00

LA GRANDE, OR 97850			
KLAMATH SISKIYOU WILDLANDS CENTER PO BOX 102 ASHLAND, OR 97520	PC 509(A) (1) OR (A)	GENERAL SUPPORT	20,000
		•	

KLAMATH SISKITOO WILDLANDS	FC 303(A)	I GENERAL SOFFORT	20,000
CENTER	(1) OR (A)		
PO BOX 102			
ASHLAND, OR 97520			
	•	•	

Total		<b>&gt;</b> 3a	593,000
ASHLAND, OR 97520			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

593,000

any foundation manager

Name and address (home or business)

PORT ANGELES, WA 98362

Total .

	or substantial contributor			
a Paid during the year				
LEAGUE OF WILDERNESS DEFENDERS 5622 NE 7TH AVE PORTLAND, OR 97211		PC 509(A) (1) OR (A)	BLUE MOUNTAINS BIODIVERSITY PROJECT GENERAL SUPPORT	7,000
METHOW VALLEY CITIZENS COUNCIL PO BOX 774 TWISP, WA 98856		PC 509(A) (1) OR (A)	WATERWISE LAND USE IN THE METHOW VALLEY	11,000

PORTLAND, OR 97211		GENERAL SUPPORT	
METHOW VALLEY CITIZENS COUNCIL PO BOX 774 TWISP, WA 98856	PC 509(A) (1) OR (A)	WATERWISE LAND USE IN THE METHOW VALLEY	11,000
NORTH OLYMPIC LAND TRUST PO BOX 2945	PC 509(A) (1) OR (A)	GENERAL SUPPORT	12,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
OREGON NATURAL DESERT ASSOCIATION 50 SW BOND STREET SUITE 4 BEND, OR 97702	PC 509(A) (1) OR (A)	GENERAL SUPPORT	12,000

BEND, OR 97702			
OREGON WILD 5825 NORTH GREELEY AVE PORTLAND, OR 97217	PC 509(A) (1) OR (A)	GENERAL SUPPORT	12,000
PUGET SOUNDKEEPER ALLIANCE	PC 509(A)	PUGET SOUND LEADERSHIP,	20,000

5825 NORTH GREELEY AVE PORTLAND, OR 97217	I	OR (A)	L SUPPORT	12,000
PUGET SOUNDKEEPER ALLIANCE 130 NICKERSON ST SUITE 107 SEATTLE, WA 98109	l l	OR (À) CLEAN V	SOUND LEADERSHIP, VATER REGULATION FORCEMENT	20,000

PORTLAND, OR 97217			
PUGET SOUNDKEEPER ALLIANCE 130 NICKERSON ST SUITE 107 SEATTLE, WA 98109	` ,	PUGET SOUND LEADERSHIP, CLEAN WATER REGULATION AND ENFORCEMENT	20,000
Total	 	▶ 3a	593,000

Recipient
Show any relationship to any foundation manager or substantial contributor

If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

Purpose of grant or contribution

a Paid during the year

Total . .

RE SOURCES FOR SUSTAINABLE COMMUNITIES 2309 MERIDIAN STREET BELLINGHAM, WA 98225	PC 509(A) (1) OR (A)	DEFENDING AND RESTORING THE MARINE AND FRESH WATERS OF NORTHERN PUGET SOUND	12,000
SKAGIT LAND TRUSTPO BOX 1017	PC 509(A)	GENERAL SUPPORT	20,000

SKAGIT LAND TRUSTPO BOX 1017 MOUNT VERNON, WA 98273	PC 509(A) (1) OR (A)	GENERAL SUPPORT	20,000
SOUND ACTIONPO BOX 845 VASHON, WA 98070	PC 509(A) (1) OR (A)	GENERAL SUPPORT	10,000

593,000

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	a Paid during the year			
	THE LANDS COUNCIL 25 W MAIN AVE SUITE 222 SPOKANE, WA 99201	PC 509(A) (1) OR (A)	THE BEAVER SOLUTION AND WATERSHED RESTORATION	12,000
1	THEODORE BOOCEVELT	DC FOO(A)	DECTECTING WILD BLM LANDS	12 000

WASHINGTON ASSOCIATION OF LAND	PC 509(A)	CENEDAL SLIDDOPT	10.000
THEODORE ROOSEVELT CONSERVATION PARTNERSHIP 529 14TH ST NW SUITE 500	PC 509(A) (1) OR (A)	PROTECTING WILD BLM LANDS IN SE OR	12,000

529 14TH ST NW SUITE 500 WASHINGTON, DC 20045			
WASHINGTON ASSOCIATION OF LAND TRUSTS PO BOX 2001 SFATTLE WA 98111	PC 509(A) (1) OR (A)	GENERAL SUPPORT	10,000

MASHINGTON, BC 20015			
WASHINGTON ASSOCIATION OF LAND TRUSTS PO BOX 2001 SEATTLE, WA 98111	PC 509(A) (1) OR (A)	GENERAL SUPPORT	10,000
Total		▶ 3a	593,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
WASHINGTON ENVIRONMENTAL COUNCIL 1402 THIRD AVE SUITE 1400 SEATTLE, WA 98101	PC 509(A) (1) OR (A)	PEOPLE FOR PUGET SOUND PROGRAM	20,000

SEATTLE, WA 98101			
WATERWATCH213 SW ASH SUITE 208 PORTLAND, OR 97204	PC 509(A) (1) OR (A)	GENERAL SUPPORT	
WESTERN ENVIRONMENTAL LAW CENTER	PC 509(A) (1) OR (A)	PACIFIC NW FOREST DEFENSE CAMPAIGN	

PORTLAND, OR 97204	(1) OR (A)		,
WESTERN ENVIRONMENTAL LAW CENTER 120 SHELTON MCMURPHEY BLVD STE 340 FUGENE OR 97401	PC 509(A) (1) OR (A)	PACIFIC NW FOREST DEFENSE CAMPAIGN	12,000

•			
WESTERN ENVIRONMENTAL LAW CENTER 120 SHELTON MCMURPHEY BLVD STE 340 EUGENE, OR 97401	PC 509(A) (1) OR (A)	PACIFIC NW FOREST DEFENSE CAMPAIGN	12,000
Total	 	▶ 3a	593,000

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient

a Paid during the year			
WILD FISH CONSERVANCYPO BOX 402 DUVALL, WA 98019	PC 509(A)	WILD SALMON RECOVERY INITIATIVE	12,000

ALL, WA 98019	(1) OR (A)	INITIATIVE
D RIVERS LAND TRUSTPO BOX 1158 T ORFORD, OR 97465	PC 509(A) (1) OR (A)	SOUTH COAST CONSERVATION

or substantial contributor

Name and address (home or business)

Total .

WILD RIVERS LAND TRUSTPO BOX 1158 PORT ORFORD, OR 97465	PC 509(A) (1) OR (A)	SOUTH COAST CONSERVATION	12,000
WILD SALMON CENTER	` '	FORESTS AND RIVERS OF	10,000

PORT ORPORD, OR 97463	(1) OK (A)		
WILD SALMON CENTER 721 NW 9TH AVE SUITE 300 PORTLAND, OR 97209	1 '	FORESTS AND RIVERS OF WESTERN OREGON	10,000

WILD SALMON CENTER 721 NW 9TH AVE SUITE 300 PORTLAND, OR 97209	PC 509(A) (1) OR (A)	FORESTS AND RIVERS OF WESTERN OREGON	10,0

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
WILDEARTH GUARDIANS 516 ALTO STREET SANTA FE, NM 87501	PC 509(A) (1) OR (A)	REWILDING OREGON AND WASHINGTON CAMPAIGN	12,000
WILLAMETTE RIVERKEEPER 1515 SE WATER AVE 102	PC 509(A) (1) OR (A)	PROTECTING AND RESTORING WESTERN PEARLSHELL	12,000

recipient

WILLAMETTE RIVERKEEPER 1515 SE WATER AVE 102 PORTLAND, OR 97214		PC 509(A) (1) OR (A)	PROTECTING AND RESTORING WESTERN PEARLSHELL MUSSELS	12,
NORTH CASCADES INSTITUTE 810 STATE ROUTE 20	I	PC 509(A) (1) OR (A)	MOUNTAIN SCHOOL EXPANSION	12

1515 SE WATER AVE 102 PORTLAND, OR 97214	(1) OR (A)	WESTERN PEARLSHELL MUSSELS	12,000
NORTH CASCADES INSTITUTE 810 STATE ROUTE 20 SEDROWOLLEY, WA 98284	PC 509(A) (1) OR (A)	MOUNTAIN SCHOOL EXPANSION	12,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NEIGHBORCARE HEALTH 1200 12TH AVE S SUITE 901 SEATTLE, WA 98144		) OR (A)	SCHOOL-BASED HEALTH CENTER'S TEEN PREGNANCY PREVENTION	15,000
PLANNED PARENTHOOD COLUMBIA	PC	509(A)	TEEN COUNCIL, YOUTH SEXUAL	12,000

l	PLANNED PARENTHOOD COLUMBIA WILLAMETTE 3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212	` '	TEEN COUNCIL, YOUTH SEXUAL HEALTH EDUCATION, PREGNANCY PREVENTION PROGRAM	12,000
	PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO	PC 509(A) (1) OR (A)	TEEN COUNCIL EXPANSION AND REPLICATION	20,000

3727 NE MARTIN LUTHER KING JR BLVD PORTLAND, OR 97212		PREGNANCY PREVENTION PROGRAM	
PLANNED PARENTHOOD OF GREATER WASHINGTON AND NORTH IDAHO 1117 TIETON DRIVE YAKIMA, WA 98902	PC 509(A) (1) OR (A)	TEEN COUNCIL EXPANSION AND REPLICATION	20,000

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
PLANNED PARENTHOOD OF THE GREAT NORTHWEST 2001 E MADISON STREET	PC 509(A) (1) OR (A)	TEEN PREGNANCY PREVENTION EDUCATION	12,000

SEATTLE, WA 98122		
ROOM ONE315 LINCOLN STREET TWISP, WA 98856	(1) OR (A)	SCHOOL-BASED COMPREHENSIVE SEXUAL HEALTH EDUCATION PROGRAM FOR METHOW VALLEY YOUTH

TWISP, WA 98856	(1)	, , ,	COMPREHENSIVE SEXUAL HEALTH EDUCATION PROGRAM FOR METHOW VALLEY YOUTH	
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY		) OR (À)	SUPPORT FOR CONTRACEPTIVE CARE AT BALLARD AND CENTER SCHOOL TEEN HEALTH CENTERS	12,0

		FOR METHOW VALLEY YOUTH	
SWEDISH MEDICAL CENTER FOUNDATION 747 BROADWAY SEATTLE, WA 98122	PC 509(A) (1) OR (A)	SUPPORT FOR CONTRACEPTIVE CARE AT BALLARD AND CENTER SCHOOL TEEN HEALTH CENTERS	12,000

Total	 	▶ 3a	593,000
747 BROADWAY SEATTLE, WA 98122		SCHOOL TEEN HEALTH CENTERS	
SWEDISH MEDICAL CENTER FOUNDATION	PC 509(A) (1) OR (A)	SUPPORT FOR CONTRACEPTIVE CARE AT BALLARD AND CENTER	12,000

Recipient If recipient is an individual, show any relationship to status of contribution status of contribution status of contribution

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
YWCA CLARK COUNTY		PC 509(A)	SEX EDUCATION FOR FOSTER	10,000

recipient

593,000

YWCA CLARK COUNTY
3609 MAIN STREET
VANCOUVER, WA 98663

PC 509(A)
(1) OR (A)
SEX EDUCATION FOR FOSTER
YOUTH

any foundation manager

Name and address (home or business)

Total.

efile GRAPHIC print - DO NOT P	ROCESS	As Filed Da	ata -		DLN: 93491133023719		
TY 2018 Accounting Fees Schedule							
_							
		THE BURN 91-18153	NING FOUNDATIO 335	DN			
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES		4,551		0	4,551		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133023719			
TV 2018 Investments Corporat	o Bonde Scho	dulo			
TY 2018 Investments Corporate Bonds Schedule					
Name:	THE BURNING FOL	INDATION			

654,351

653,541

Investments Corporate Bonds Schedule	
EIN:	91-1815335
name:	THE BURNING FOUNDATION

VANGUARD INTERM TERM

EIN. 91-1013333						
Investments Corporate Bonds Schedule						
Name of Bond	End of Year Book Value	End of Year Fair Market Value				
VANGUARD HIGH YIELD CORP	1,101,613	1,071,202				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934911330237

## **TY 2018 Investments Corporate Stock Schedule**

Name: THE BURNING FOUNDATION

<b>EIN:</b> 91-1815335				
Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
AON PLC	73,620	218,040		
CVS HEALTH CORPORATION	56,925	98,280		
COSTCO WHSL CORP NEW	62,828	203,710		
HOME DEPOT INC	79,140	343,640		
INTL BUSINESS MACHINES (IBM CORP)	91,703	113,670		
MCKESSON CORPORATION	42,710	110,470		
PPG INDUSTRIES INC	68,994	204,460		
PFIZER INCORPORATED	67,386	117,855		
TE CONNECTIVITY LTD	48,618	128,571		
AT&T INC	63,123	98,920		
ALTABA INCORP (FKA YAHOO INC)	44,678	133,262		
ARTISAN INTL VALUE FUND	262,630	315,651		
LAUDUS US LARGE CAP	469,010	626,350		
MATTHEWS PACIFIC TIGER	351,699	590,910		
INVESCO FTSE FAFI US 1000 ETF	318,650	650,048		
VANGUARD VALUE	419,559	979,500		
SCHWAB US LARGE CAP ETF	1,296,906	1,210,716		
VANGUARD FTSE ALL WORLD EX US ETF	1,506,240	1,458,560		
VANGUARD TOTAL STOCK MARKET ETF	3,481,152	3,272,306		
ARTISAN INTL VALUE FUND	21	18		

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491133023719		
TY 2018 Legal Fees Schedule						
Nai	Name: THE BURNING FOUNDATION					
<b>EIN:</b> 91-1815335						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
Category	Amount	Income	Income	for Charitable Purposes		
LEGAL FEES	295			295		

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491133023719
TY 2018 Other Decreases Schedule	
No THE BURNING FOUNDATION	
Name: THE BURNING FOUNDATION	
<b>EIN:</b> 91-1815335	
Description	Amount
ADJUSTMENT TO COST BASIS IN DONATED STOCK	110,038

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	93491133023719		
TY 2018 Other Expenses Schedule						
Name: THE BURNING FOUNDATION						
<b>EIN:</b> 91-1815335						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

35

4,250

35

4,250

`	other Expenses Schedule							
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disburse Char Pur			

FILING FEES

WEB SERVICES

Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable						
TY 2018 Other Professional Fees Schedule  Name: THE BURNING FOUNDATION						

44,479

29,558

29,558

44,479

CONSULTING FEES

INVESTMENT FEES

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -			DLN: 93491133023719
Schedule B	Schedule	of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		n 990, 990-EZ, or 990-PF <u>rrm990</u> for the latest information		2018
Name of the organization THE BURNING FOUNDATION			Employer id	lentification number
Organization type (check	one)		91-1815335	
	, , , , , , , , , , , , , , , , , , ,			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organ	ızatıon		
	4947(a)(1) nonexempt charitable	e trust <b>not</b> treated as a private	foundation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private foundation	ation		
	4947(a)(1) nonexempt charitable	e trust treated as a private four	ndation	
	501(c)(3) taxable private founda	ition		
	on filing Form 990, 990-EZ, or 990-PF th operty) from any one contributor Comp			
Special Rules				
under sections 509 received from any	described in section 501(c)(3) filing For (a)(1) and 170(b)(1)(A)(vi), that checked one contributor, during the year, total coi h, or (ii) Form 990-EZ, line 1 Complete	Schedule A (Form 990 or 990 htributions of the greater of <b>(1)</b>	-EZ), Part II, line 13,	16a, or 16b, and that
during the year, tot	described in section 501(c)(7), (8), or (all contributions of more than \$1,000 exceptions prevention of cruelty to children or anim	<i>lusively</i> for religious, charitable	e, scientific, literary, o	
during the year, co If this box is check purpose Don't con	described in section 501(c)(7), (8), or (intributions exclusively for religious, chartid, enter here the total contributions that plete any of the parts unless the <b>Gener</b> , etc., contributions totaling \$5,000 or m	table, etc , purposes, but no so were received during the year al Rule applies to this organiza	uch contributions tota for an <i>exclusively</i> re ation because it recer	aled more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>
990-EZ, or 990-PF), but it	nat isn't covered by the General Rule ar <b>nust</b> answer "No" on Part IV, line 2, of it n 990PF, Part I, line 2, to certify that it d	ts Form 990, or check the box	on line H of its	
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat No 30613X	Schedule B (Form 990	, 990-EZ, or 990-PF) (2018)

Name of organi THE BURNING FO		Employer identification 91-1815335	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if ad	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID WEISE PO BOX 15275  SEATTLE, WA 98115	\$ 495,075	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Schodulo P. (5	Person Payroll Noncash (Complete Part II for noncash contributions) orm 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)