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2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 01-01-2	2018	, aı	nd en	nding 12-31-	2018			
		indation G MEMORIAL TRUST				A Employer Id	entification numbe	r		
						94-3166048				
		d street (or P O box number if mail is not delivered to street addres	ss) Room/s	uite		B Telephone nu	mber (see instructioi	ns)		
P	D BOX :	1588				(360) 582-3801				
	City or town, state or province, country, and ZIP or foreign postal code									
POR	PORT ANGELES, WA 98362					C If exemption	application is pendin	g, check here		
G Cł	neck al	ll that apply 🔲 Initial return 🔲 Initial return of	a former p	ublic charity		D 1. Foreign or	ganızatıons, check he	ere . \square		
		\square Final return \square Amended retur	'n				ganizations meeting			
		\square Address change \square Name change					k here and attach co	· · · —		
H C	neck ty	$arphi$ pe of organization $oxedsymbol{arphi}$ Section 501(c)(3) exempt private	e foundation	on			ındatıon status was t n 507(b)(1)(A), chec			
	Section	n 4947(a)(1) nonexempt charitable trust								
		ket value of all assets at end from Part II, col (c),	✓ Cash	n 🗌 Accru	al		ition is in a 60-mont <mark>i</mark> n 507(b)(1)(B), chec			
		●\$ 2,577,734	ct bo on c	ach hacis 1		drider section	1 307 (B)(1)(B), clice	K Here		
		(Part 1, Column (d) mas	T De OII Ca	1511 Da515)				,		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	1, ,	evenue and	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable		
		equal the amounts in column (a) (see instructions))	ex	kpenses per books	` _	ıncome	income	purposes (cash basis only)		
-	1	Contributions, gifts, grants, etc , received (attach						(edell Edels ellif)		
	_	schedule)								
	2	Check If the foundation is not required to attach								
	3	Sch B		747		747				
	4	Dividends and interest from securities		76,984		76,984				
	5a	Gross rents				,				
	ь	Net rental income or (loss)	_							
ne	6a	Net gain or (loss) from sale of assets not on line 10		91,073						
Reverkie	ь	Gross sales price for all assets on line 6a717,52	21							
Re	7	Capital gain net income (from Part IV, line 2)				91,073				
	8	Net short-term capital gain					16			
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	b	Less Cost of goods sold								
	C	Gross profit or (loss) (attach schedule)	06.1	64.240		64.240				
	11	Other income (attach schedule)	*3	64,310		64,310				
	12	Total. Add lines 1 through 11		233,114		233,114	16			
	13	Compensation of officers, directors, trustees, etc								
. ^	14 15	Other employee salaries and wages								
se	16a	Legal fees (attach schedule)								
Expenses	ь	Accounting fees (attach schedule)	% J	2,494		2,494				
Ë	c	Other professional fees (attach schedule)	9 €J	29,136	-	27,543	1,593			
IVe	17	Interest	-	<u> </u>		· ·	·			
and Administrative	18	Taxes (attach schedule) (see instructions)	9	785		785				
Z I	19	Depreciation (attach schedule) and depletion								
Ē.	20	Occupancy								
Ă	21	Travel, conferences, and meetings								
anc	22	Printing and publications								
	23	Other expenses (attach schedule)	% J	1,371		120	1,251			
Operating	24	Total operating and administrative expenses.								
<u>pe</u>		Add lines 13 through 23		33,786		30,942	2,844	0		
0	25	Contributions, gifts, grants paid		113,264				113,264		
	26	Total expenses and disbursements. Add lines 24 and 25		447.050		20.010	2011	442.054		
	27	Subtract line 26 from line 12		147,050		30,942	2,844	113,264		
	a	Excess of revenue over expenses and								
		disbursements		86,064						
	b	Net investment income (If negative, enter -0-)				202,172				
For	C	Adjusted net income (If negative, enter -0-)			<u> </u>	Cat No. 11300'	,	m 000 BE (2010)		
. 01	. арег	Reduction Act House, See Instructions.			(Cat No 11289>	, For	m 990-PF (2018)		

Form 990-PF (2018) Page 2 Attached schedules and amounts in the description column Beginning of year End of year Part II Balance Sheets 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 10,034 5,978 5,978 33,712 37,137 31,467 2 Savings and temporary cash investments 3 Accounts receivable ▶ Less allowance for doubtful accounts ▶ 4 Pledges receivable Less allowance for doubtful accounts ▶ 5 6 Receivables due from officers, directors, trustees, and other

7,651

2,439,171

2,490,568

37,018

37,018

2,453,550

2,453,550

2,490,568

7,575

2.647.320

2,698,010

36,950

36,950

2,661,060

2,661,060

2,698,010

1

2

3

4

5

6

2,453,550

86,064

121,446

2,661,060

2,661,060 Form **990-PF** (2018)

8,989

2.531.300

2,577,734

disqualified persons (attach schedule) (see instructions)

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

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

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Other notes and loans receivable (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

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

Foundations that do not follow SFAS 117, check here ▶

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Temporarily restricted

Permanently restricted . .

Unrestricted

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Grants payable

	•
	5
	6
	7
2	8
Assets	9
Ą	10a
	b
	С
	11

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

	e the kınd(s) of property sold (e g , arehouse, or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1aSee Addıtıonal Data Tabl	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) mınus (g)
a See Additional Data Tabl	e				
b					
С					
d					
e					
Complete only for assets	s showing gain in column (h) and ow	vned by the foundation	on 12/31/69		I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) s of col (ı) l (j), ıf any	col (k), but not	h) gain minus less than -0-) or om col (h))
a See Addıtıonal Data Tabl		0.10.100.	. (3),,	,	, ,
b					
С					
d					
e					
·	gain or (loss) as defined in sections irt I, line 8, column (c) (see instruct)-	3	91,073
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domestic p	private foundations subject to the se	ction 4940(a) tax on ne	et investment incom	ne)	
If section 4940(d)(2) applies, le	eave this part blank				
If "Yes," the foundation does no	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do	not complete this part	·		es Ll No
	nount in each column for each year,	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	ole-use assets	(d) Distribution rati (col (b) divided by c	
2017					
2016					
2015 2014					
2014					
2 Total of line 1, column (l d)		2	1	
,	o for the 5-year base period—divide				
number of years the four	ndation has been in existence if less incharitable-use assets for 2018 from	than 5 years			
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
	ions from Part XII, line 4 ,			10/ 1	
If line 8 is equal to or gre instructions	eater than line 7, check the box in P	art VI, line 1b, and com	npiete that part usir	ig a 1% tax rate Se	e the Part VI

orm	990-PF (2018)					F	age 6	
Pai	t VIII-B Statements Regardi	ng Activities for Which	Form 4720 May Be	Required (continued)				
5a	During the year did the foundation pa	ay or incur any amount to				Yes	No	
	(1) Carry on propaganda, or otherwi	se attempt to influence legisl	ation (section 4945(e))?	☐ Yes ✓	No			
	(2) Influence the outcome of any spe	outcome of any specific public election (see section 4955), or to carry						
	on, directly or indirectly, any vote	r indirectly, any voter registration drive?						
	(3) Provide a grant to an individual f	No No						
	(4) Provide a grant to an organizatio	10						
	ın section 4945(d)(4)(A)? See ins	No						
	(5) Provide for any purpose other the	· ·						
	educational purposes, or for the p	prevention of cruelty to childr	en or animals?	· · 🗌 Yes 🗸	No			
b	If any answer is "Yes" to $5a(1)-(5)$, or			ceptions described in				
	Regulations section 53 4945 or in a c				5b		No	
	Organizations relying on a current no			▶ □				
С	If the answer is "Yes" to question 5a(• • •	•					
	tax because it maintained expenditur	· · · ·		· · Yes	No			
	If "Yes," attach the statement require	·						
6a	Did the foundation, during the year,		indirectly, to pay premit	ıms on				
	a personal benefit contract?			¹ Yes ✓	No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?	6b		No	
_	If "Yes" to 6b, file Form 8870							
	At any time during the tax year, was			∟ tes 🖭				
	If yes, did the foundation receive any				7b			
В	Is the foundation subject to the section							
	excess parachute payment during the				No L		<u> </u>	
Pai		fficers, Directors, Trust	ees, Foundation Ma	inagers, Highly Paid Em	nployees,	,		
	and Contractors							
1	List all officers, directors, trustees							
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Exper			
	(-, -, -, -, -, -, -, -, -, -, -, -, -, -	devoted to position	-0-)	deferred compensation	other a	llowane	es ———	
ee /	Additional Data Table							
2	Compensation of five highest-paid	l employees (other than th	nose included on line 1		ne, enter "	NONE		
(a)	Name and address of each employee p	(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	50 3CC	unt	
(4)	more than \$50,000	nours per week	(c) Compensation	plans and deferred	other all			
		devoted to position		compensation				
ota	I number of other employees paid ove	r \$50,000	. 					
					Form 99	O-DE	2018)	

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	undation Managers, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services ((see instructions). If none, enter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service (c) Compensation
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 organizations and other beneficiaries served, conferences convened, research papers produced,	
1 CHARITABLE GRANT FOR MEDICAL RELATED ACTIVITIES LOCATED IN CLALLAI	
CCPS AND MEDICAL RELATED SCHOLARSHIPS	12,214
2 EDUCATIONAL COLLEGE SCHOLARSHIPS PAID TO GRADUATES OF PORT ANGE AREAS	ELES HIGH SCHOOL AND OUTLYING 67,250
3 CHARITABLE GRANTS TO NON-PROFIT ORGANIZATIONS IN CLALLAM COUNTY PROGRAMS AND CAPITAL IMPROVEMENTS	WASHINGTON TO ASSIST WITH NEW 33,800
4	
Part IX-B Summary of Program-Related Investments (see instr	ructions)
Describe the two largest program-related investments made by the foundation during the tax	x year on lines 1 and 2 Amount
1	
-	
2	
All other program-related investments See instructions	
3	
Total Add Imag 1 through 2	
Total. Add lines 1 through 3	
	Form 990-PF (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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

2

3a 3h

4

5

37,500

150.764

150.764

Form **990-PF** (2018)

130,349

Form **990-PF** (2018)

Form 990-PF (2018)					
Part XIII	Undistribute				

Form 990-PF (20	018)
Part XIII	Und

b Total for prior years

b From 2014. . . c From 2015. .

d From 2016. .

From 2013. . . .

e From 2017.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

same amount must be shown in column (a))

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). **d** Applied to 2018 distributable amount. . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

6 Enter the net total of each column as

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

9 Excess distributions carryover to 2019.

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. .

Subtract lines 7 and 8 from line 6a

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

indicated below:

rm 990-PF (2018)					
Part XIIII Undistributed	Income (see instructio	ns)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018	from Part XI, line 7				130,349
Undistributed income, if any, a	s of the end of 2018				
a Enter amount for 2017 only.					

441.697

441,697

441,697

		Corpus	Years prior to 2017	2017	2
1	Distributable amount for 2018 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2018				
а	Enter amount for 2017 only				

67.709 103,522

76 846

102.298 91,322

103.522

76,846

102.298

91.322

20.415

SCHOLARSHIPS AND GRANTS ARE LIMITED TO ACTIVITIES IN CLALLAM COUNTY WASHINGTON THE TRUST DOES NOT FINANCE ONGOING ACTIVITIES OF LOCAL AGENCIES, ONLY SPECIAL REQUESTS AND ONE-TIME ITEMS. THE TRUST HAS FOUR SCHOLARSHIP PROGRAMS. THE PHYSICIANS COMMUNITY BENEFIT FUND PROVIDES MEDICAL RELATED SCHOLARSHIPS TO RESIDENTS OF CLALLAM COUNTY. VOCATIONAL SCHOLARSHIPS ARE AVAILABLE TO GRADUATES OF PORT ANGELES HIGH SCHOOL. ACADEMIC SCHOLARSHIPS ARE AVAILABLE TO

GRADUATES OF PORT ANGELES HIGH SCHOOL ADDITIONAL ACADEMIC SCHOLARSHIPS ARE AVAILABLE TO GRADUATES OF OTHER CLALLAM

COUNTY HIGH SCHOOLS THESE GUIDELINES WERE ESTABLISHED BY THE WILL THAT ESTABLISHED THE TRUST

VARIOUS STUDENTS PO BOX 1588 PORT ANGELES, WA 98362 CLALLAM FIRE RESCUE 1212 E FIRST STREET PORT ANGELES, WA 98362 PARENTING MATTERS FOUNDATION

PO BOX 3323

SEQUIM, WA 98382

Form **990-PF** (2018)

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
	and contracts from government agencies					
_	rship dues and assessments					
Interes	t on savings and temporary cash					
	nents			14	747	
	ids and interest from securities			14	76,984	
	ital income or (loss) from real estate					
	financed property ebt-financed property					
	ital income or (loss) from personal property					
	nvestment income.			14	64,310	
	(loss) from sales of assets other than				•	
ınvento	ry			14	91,073	
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
Other r	evenue a					
u						
	al Add columns (b), (d), and (e).				233,114	
	ar Add Coldiniis (b), (d), dild (c).	1			233,114	
				13	3	233.11
Total.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)			3	233,11
Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcular Relationship of Activities to the	lations) ie Accomplish	ment of Exem	pt Purposes		
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
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Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
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Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ne No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo art XVI ine No.	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	
Total. (See wo	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's expressions.	lations) le Accomplish income is reporte	ment of Exemed in column (e) o	pt Purposes of Part XVI-A contribu	ted importantly to	233,114

orm 99	0-PF (2	2018)							Pa	age 13
Part	XVII	Information Re Exempt Organia		ransfers To	and Transacti	ons and Re	lationships With N	oncharitable	е	
		anization directly or in han section 501(c)(3)					nization described in sec zations?	tion 501	Yes	No
a Tran	sfers fr	om the reporting foun	dation to a n	oncharitable ex	empt organization	n of				
(1)	Cash.							1a(1)	No
(2)	Other	assets						1a(2)	No
		actions								
		of assets to a nonchari	•	-				1b(1)	No
		ases of assets from a n						1b(_	No
		of facilities, equipmer	•					1b(No
		ursement arrangemen						. 1b(No No
٠.		or loan guarantees.						1b(No
٠.,		nance of services or m	•	-				1b(_	No
	-	facilities, equipment, n	-				uld always show the fam	10		No_
or tr in ai Line (a)	ny trans	s, other assets, or services or services or saction or sharing arra (b) Amount involved	ngement, sh	ow in column (d) the value of the	e goods, othe	eceived less than fair m r assets, or services rec tion of transfers, transaction	eived	rrangeme	nts
(2) 2	-	(2) ranounc involved	(c) Hame of	TIONICH AND CONTRACTOR	Simple or game action	(4) 5 656115	cion of cranorors, cranoaccion	no, and onamig a	. rangeme	
			.1 .661 .	1 .1	1.	<u> </u>				
		dation directly or indire n section 501(c) (other	,	,	•		_	Yes 🗹 No		
		mplete the following so		1 301(0)(3)) 01	III section 527			163		
וועם	es, co	(a) Name of organization		1 (b) Type of organizat	ion I	(c) Descripti	on of relationship	ı	
		. ,								
	of my		, it is true, co		,	-	panying schedules and other than taxpayer) is	,		
Sign Here	*	****			2019-11-06	***	***	May the IRS return with the pre		
	s	ignature of officer or t	rustee		Date	Title	:	below (see instr) ¹	√ Yes	. □ No
		Print/Type preparer's	name	Preparer's Sig	nature	Date	Check if self-	PTIN	868993	
		Duane Wolfe				2019-11	employed ▶ ☐		100933	

Sign Here	
Paid Prepa Use (

				<u> </u>			
describe	bundation directly or indirectly affiliated in section 501(c) (other than section 501)	· ·	•				Yes 🔽 No
b If Yes,	complete the following schedule (a) Name of organization	l a	b) Type of organiz	zation	I	(c) Description	on of relationship
	. , ,	,					·
of	nder penalties of perjury, I declare to my knowledge and belief, it is true, hich preparer has any knowledge ****** Signature of officer or trustee			on of prepare			
Paid	Print/Type preparer's name Duane Wolfe	Preparer's Sigi	Preparer's Signature		11-15	Check if self- employed ▶ □	PTIN P00368993
Prepare Use Onl	printing marrier admicro annum	Firm's name ► Garnero Smith Hurd Miller					Fırm's EIN ▶91-1308065
	Firm's address ► 432 E 8TH S	Firm's address ► 432 E 8TH ST PORT ANGELES, WA 98362					Phone no (360) 457-0436
							Form 990-PF (2018)

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 943 396 SHARES FKINX Р 2003-10-22 2018-12-21 315 368 SHARES FCISX Ρ 2017-12-05 2018-11-21 1781 318 SHARES FCISX Р 2012-01-04 2018-11-21 674 372 SHARES FCISX Р 2009-11-02 2018-11-21 208 205 SHARES DHMIX Ρ 2017-12-15 2018-06-11 Ρ 752 554 SHARES FDSAX 2017-06-29 2018-06-11 Ρ 5939 609 SHARES DHMIX 2016-05-10 2018-06-11 Р 60 SHARES QQQ 2016-05-10 2018-06-08 4315 424 SHARES GLIFX Ρ 2016-05-10 2018-06-11 5502 682 SHARES SGSYX Р 2018-06-11 2016-05-10 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 1,993 2,245 -252 712 741 -29 4,021 4,116 -95 1,522 1.432 90 4,857 4,632 225 13,681 13,861 -180 138,524 116,007 22,517 10,473 6,422 4,051 67,963 61,236 6,727 55,631 58,219 -2,588Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -252 -29 -95 90 225 -180 22,517 4,051 6,727 -2,588

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (c) (d) (b) How acquired (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation 6664 319 SHARES LFRAX Р 2013-02-14 2018-06-11 4636 798 SHARES PIMIX Ρ 2016-05-10 2018-06-11 130 SHARES PWRSH QQQ Р 2016-05-10 2018-01-09 1596 522 SHARES PCBIX Р 2013-02-14 2018-06-11 7333 404 SHARES FDSAX Ρ 2016-05-10 2018-06-11 Ρ 874 625 SHARES PRWCX 2011-10-10 2018-06-11 Ρ 1503 307 SHARES SAAAX 2012-04-09 2018-12-19 Р 1768 709 SHARES SLGAX 2010-12-03 2018-10-03 299 876 SHARES SEITX Ρ 2007-12-11 2018-04-04 1001 841 SHARES SIEMX Р 2007-12-07 2018-03-26 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 59,776 61.796 -2,020 55,526 54,711 815 21,185 13,915 7,270 45,121 27,123 17,998 133,871 119,684 14,187 25,388 17,353 8,035 13,860 15,033 -1,17327,741 18,421 9,320 3,428 -782 4,210 13,238 11,595 1,643 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -2.020815 7,270 17,998 14,187 8,035 -1,1739,320 -782 1,643

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P—Purchase (mo , day, yr) (mo, day, yr) D-Donation 1458 583 SHARES SDYAX 2015-10-05 2018-09-24 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss)

	(f) (or allowable)	(g) plus expense of sale	(h) (e) plus (f) mınus (g)				
19,010 13,696 5,31							
Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I							
Complete only for assets show	Gains (Col (h) gain minus						
(i) F M V as of 12/31/69	Adjusted basis	Excess of col (ı)	col (k), but not less than -0-) or				

rm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I						
Complete only for assets show	Gains (Col (h) gain minus					
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col(i) (k) over col(j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))			
			5,314			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation VICKI CORSON CHATRMAN 5 00 332 BENSON ROAD Port Angeles, WA 98363 TOM ANDERSON SECRETARY 5 00 325 WEST 15TH ST Port Angeles, WA 98362 CARL GAY DIRECTOR 2.00 734 EAST 1ST STREET SUITE A Port Angeles, WA 98362 DAWN SHIDELER DIRECTOR n 2 00 403 SOUTH PEABODY Port Angeles, WA 98362 LIZ ZENONIANWAD DIRECTOR 2 00 284 GREYWOLF ROAD

Sequim, WA 98382

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

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

a Paid during the year			
MANNA139 WEST 8TH STREET PORT ANGELES, WA 98362		PROGRAM SUPPORT	5,000
CLALLAM MOSATC301 LOPEZ AVE		PROGRAM SUPPORT	1 300

· · · · · · · · · · · · · · · · · · ·			
CLALLAM MOSAIC301 LOPEZ AVE PORT ANGELES, WA 98362		PROGRAM SUPPORT	1,300
OLYMPIC MEDICAL CENTER FOUNDATION 1015 GEORGIANA STREET		PROGRAM SUPPORT	3,000

•			
OLYMPIC MEDICAL CENTER FOUNDATION		PROGRAM SUPPORT	3,000
1015 GEORGIANA STREET			
PORT ANGELES, WA 98362			

113,264

DLYMPIC MEDICAL CENTER		PROGRAM SUPPORT	3,00
OUNDATION			
.015 GEORGIANA STREET			
PORT ANGELES, WA 98362			
			f

Total .

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

Name and address (home or business)

Total .

· ·	or substantial contributor		
a Paid during the year			
CLALLAM FIRERESCUE 1212 EAST 1ST STREET PORT ANGELES WA 98362		PROGRAM SUPPORT	1,874

recipient

113,264

TORT ANGELES, WA 30302			
BOYS AND GIRLS CLUB PORT ANGELES 2620 SOUTH FRANCIS STREET PORT ANGELES, WA 98362		PROGRAM SUPPORT	2,500
			1

PORT ANGELES, WA 98362			
PORT ANGELES SCHOOL DISTRICT 905 W 9TH STREET PORT ANGELES, WA 98363		CAPITAL PROJECT FUNDING	3,640

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

113,264

any foundation manager

or substantial contributor

Name and address (home or business)

939 CAROLINE STREET PORT ANGELES, WA 98362

Total .

a Paid during the year			
GUARDIAN INSTITUTEPO BOX 610 SEQUIM, WA 98382		PROGRAM SUPPORT	2,500
JOYCE COMMUNITY EDUCATION FOUNDATIO PO BOX 20 JOYCE, WA 98343		PROGRAM SUPPORT	2,500

JOYCE COMMUNITY EDUCATION FOUNDATIO PO BOX 20 JOYCE, WA 98343		PROGRAM SUPPORT	2,500
OLYMPIC MEDICAL CENTER		PROGRAM SUPPORT	1,000

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

recipient

113,264

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor		
a Paid during the year			
PENINSULA BEHAVIORAL HEALTH 118 EAST 8TH STREET PORT ANGELES, WA 98362		PROGRAM SUPPORT	6,700
PENINSULA FRIENDS OF ANIMALS PO BOX 404 SEQUIM, WA 98382		PROGRAM SUPPORT	2,000
RAINFOREST COUNCIL FOR THE ARTS PO BOX 565 FORKS, WA 98331		PROGRAM SUPPORT	500

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

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

SEQUIM FOOD BANKPO BOX 1453 SEQUIM, WA 98382		PROGRAM SUPPORT	2,000
a Paid during the year			

,			
SERENITY HOUSE OF CLALLAM COUNTY 2203 WEST 18TH STREET PORT ANGELES, WA 98363		PROGRAM SUPPORT	2,000
THE ANSWER FOR YOUTH TAFY		PROGRAM SUPPORT	2,000

PORT ANGELES, WA 98363			
THE ANSWER FOR YOUTH TAFY PO BOX 633 PORT ANGELES, WA 98362		PROGRAM SUPPORT	2,000

Total .

113,264

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

recipient

113,264

a Paid during the year			
VARIOUS STUDENTSPO BOX 1588 PORT ANGELES, WA 98362		SCHOLARSHIPS	67,250

any foundation manager

or substantial contributor

Name and address (home or business)

Total.

PENINSUAL COLLEGE FOUNDATION 1502 E LAURIDSEN BLVD		PROMISE SCHOLARSHIP	
PORT ANGELES, WA 98362			

PENINSUAL COLLEGE FOUNDATION		PROMISE SCHOLARSHIP	7,500
1502 E LAURIDSEN BLVD			
PORT ANGELES, WA 98362			

efile GRAPHIC print - DO NOT PF	ROCESS	As Filed Da	ta -		DLN: 93491319026319
TY 2018 Accounting Fe	es Sched	lule			
		WALKLING 94-31660	6 MEMORIAL TRU 48	ST	
Category	Amount		Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX SERVICES		2,494	2,494		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319026319
TY 2018 Investments Governments	nent Obligat	ions Schedule	
Name:	WALKLING ME	MORIAL TRUST	
EIN:	94-3166048		
US Government Securities - End of Year Book Value:		7,575	
US Government Securities - End of Year Fair Market Value:		8,989	
State & Local Government Securities - End of Year Book Value:			
State & Local Government Securities - End of Year Fair Market Value:			

TY 2018 Investments - Other Schedule

Name: WALKLING MEMORIAL TRUST

EIN: 94-3166048

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
787 INVESCO QQQ ETF		84,240	121,403
6896.71 CHAMPLAIN MID CAP INSTL CL		131,789	116,554
5008.377 LAZARD GLOBAL GLIFX		72,150	67,663
11710.241 WESTERN ASSET SGSYX		125,809	120,030
13073.408 LORD ABBETT LFRAX		120,703	113,739
3046.383 RAINIER RAIIX		69,098	53,891
10004.73 PIMCO PIMIX		118,643	118,156
4361.048 PRIN MID PCBIX		82,705	98,865
2355.157 RMBLX		112,939	81,771
4554.219 PRWCX		104,997	120,823
5376.711 PTIAX		119,613	118,825
3139.897 WMFFX		147,262	128,861
371.779 CWGFX		16,611	15,875
4813.975 FKIQX		12,821	10,254
962.299 NEFZX		14,190	13,030
5359.125 FKINX		12,755	11,469
44 GABELLI GAB		272	224
4 GAB UTILITY GUT		28	24
5 HEALTHCARE GRX		41	46
15553.46 SLGAX		194,493	185,086
4135.92 SLLAX		45,169	39,994
18859.68 SEITX		179,303	179,921
4235.6 SIEMX		45,179	44,262
12968.49 TR;VX		147,934	141,746
10559.52 SHYAX		77,289	68,848
6935.89 SITEX		71,797	63,810
4777.51 SMSAX		47,568	43,953
6563.36 SDYAX		62,363	73,838
27877.72 SAAAX		276,616	249,227
3080.67 SIOAX		32,893	31,546

Category/ Item Listed at Cost or Book Value End of Year Fair FMV Market Value

120,050

97,566

Investments Other Schedule 2

12195.75 SIFAX

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491319026319	
TY 2018 Other Expenses Schedule					
Name:	WALKLING MEM	1ORIAL TRUST			
EIN:	IN: 94-3166048				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OFFICE SUPPLIES AND POSTAGE	873		873		
POST OFFICE BOX RENT	240	120	120		
IT SUPPORT	250		250		
BANK FEES	8		8		

TY 2018 Other Income Schedule

Name: WALKLING MEMORIAL TRUST

EIN: 94-3166048

CAPITAL GAIN DIVIDEND DISTRIBUTIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Ot

her Income Schedule				
Description	Revenue And	Net Investme		
	Expenses Per Books	Income		

nd	Net Investment

64,310

Adjusted Net Income

64,310

DLN: 93491319026319

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491319026319			
TY 2018 Other Increases Schedule				
Name: WALKLING MEMORIAL TRUST				
EIN: 94-3166048				
Description	Amount			
COST BASIS ADJUSTMENT FOR SEI FUNDS REPORTED INCORRECTLY ON PRIOR RETURNS	121,446			

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	iled Data - DLN: 93491319026319				
TY 2018 Other Professional Fees Schedule						
Name: WALKLING MEMORIAL TRUST						
EIN: 94-3166048						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
Category	Amount	Income	Income	for Charitable		
				Purposes		
HOLLY IRWIN	3,185	1,592	1,593			
SEI PRIVATE TRUST	13,781	13,781				
DA DAVIDSON	12,170	12,170				

efile GRAPHIC print - DO NOT	PROCESS	As Filed Data	-	DLI	N: 93491319026319	
TY 2018 Taxes Schedule						
Name: WALKLING MEMORIAL TRUST EIN: 94-3166048						
Category	An	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
TAXES		785	785			