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2019

Open to Public

Form 990-PF **Return of Private Foundation** Department of the Treasury or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service ▶ 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.

							Inspection
or	caler	ndar year 2019, or tax year	beginning 01-01-20	019 , aı	nd ending 12-	31-2019	
		Indation			A Employ	er identification num	ber
IF	IE JORD	AN FUND			61-143712	7	
		street (or P.O. box number if mail is no	ot delivered to street address) Room/suite	B Telephor	ne number (see instruc	tions)
Р	O BOX 6	506			(425) 829-	`	
		, state or province, country, and ZIP or	foreign postal code	1			dia a al-a-la la ara
MED	INA, W	A 98039			C If exemp	ption application is pen	aing, check here
G Cl	neck al	l that apply: \Box Initial return	\square Initial return of a	former public charity	D 1. Foreig	n organizations, check	here
		Final return	Amended return			gn organizations meeti check here and attach	
		Address chang	-				· -
1 CH	neck ty	pe of organization: 🗹 Section 5	501(c)(3) exempt private	foundation		te foundation status wa ection 507(b)(1)(A), cl	
		1 4947(a)(1) nonexempt charitable		le private foundation			
		rom Part II, col. (c),	J Accounting method:	✓ Cash ☐ Accru		oundation is in a 60-mo ection 507(b)(1)(B), cl	
		> \$ <u>7,123,733</u>	U Other (specify) (Part I, column (d) must	he on cash hasis)			
				T			
Pa	rt I	Analysis of Revenue and of amounts in columns (b), (c), and (•	(a) Revenue and	(b) Net investme	nt (c) Adjusted ne	(d) Disbursements for charitable
		equal the amounts in column (a) (see		expenses per books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc.,	received (attach				(,,
		schedule)		5,997			
	2	Check ► ☐ if the foundation is selection.	not required to attach				
	3	Interest on savings and temporal	ry cash investments	1		1	
	4	Dividends and interest from secu		160,051	160	,051	
	5a	Gross rents					
	b	Net rental income or (loss)		-			
KIE	6a	Net gain or (loss) from sale of as	sets not on line 10				
Revenue	b	Gross sales price for all assets or	line 6a	_			
Re	7	Capital gain net income (from Pa	rt IV, line 2)				
	8	Net short-term capital gain .					
	9	Income modifications					
	10a	Gross sales less returns and allow	vances	<u> </u>			
	b c	Less: Cost of goods sold Gross profit or (loss) (attach sche	· ·	<u>]</u>			
	11	Other income (attach schedule)	cualcy I I I I				
	12	Total. Add lines 1 through 11		166,049	160	,052	
	13	Compensation of officers, directo		96,500		,523	62,977
	14	Other employee salaries and wag	,	30,300]	,323	02,377
Š	15	Pension plans, employee benefits		20,035			20,035
JSe	16a	Legal fees (attach schedule) .					
<u>ē</u>	ь	Accounting fees (attach schedule)	2,438			2,438
Ũ	c	Other professional fees (attach se	chedule)				
EKE	17	Interest					
e I	18	Taxes (attach schedule) (see inst	ructions)	10,574			7,457
≦.	19	Depreciation (attach schedule) a	nd depletion				
Operating and Administrative Expenses	20	Occupancy					
D A	21	Travel, conferences, and meeting					
E	22	Printing and publications					
E E	23	Other expenses (attach schedule)	2,244			2,244
تع	24	Total operating and administr	•				
<u>6</u>	_	Add lines 13 through 23		131,791		,523	95,151
ب	25	Contributions, gifts, grants paid		218,136			218,136
	26	Total expenses and disbursen 25	nents. Add lines 24 and	349,927	23	,523	313,287
	27	Subtract line 26 from line 12:		349,927	33	,525	313,267
	a	Excess of revenue over expen	ses and				
		disbursements Net investment income (if neg	ative enter -0-1	-183,878		F20	_
	b c	Adjusted net income (if negative	•		126	,529	
	. ~	, (gua		i .	1		1

Attached schedules and amounts in the description column

Beginning of year

3.417,189

3,417,189

3,417,189

3.233.311

3,233,311

3,233,311

1

2

3

4

5

6

3,417,189

3,233,311

3,233,311 Form **990-PF** (2019)

-183,878

Page 2

7,123,733

End of year

Form 990-PF (2019)

Balance Sheets

Part II

17

18

19

20 21

22

23

24 25

26

27

28

29

30

Part III

2

3

Liabilities

Assets or Fund Balances

Net

Grants payable

Other liabilities (describe ▶_

Accounts payable and accrued expenses . . .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions .

and complete lines 26 through 30.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Foundations that follow FASB ASC 958, check here

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

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

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds

		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 ▶				
S	8	Inventories for sale or use				
sets	9	Prepaid expenses and deferred charges	1,420		3,120	3,120
As	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)	2,978,750	% J	2,978,750	6,850,523
	c	Investments—corporate bonds (attach schedule)	123,513	% J	123,513	142,162
	11	Investments—land, buildings, and equipment: basis ▶				

Page **3**

	ribe the kind(s) of property sold (e.g., warehouse; or common stock, 200 sha		(b) How acquired P—Purchase D—Donation	(mo day yr)	(d) Date sold (mo., day, yr
1a					
	(f)		(g)	1 (h)
Gross sales price	Depreciation allowed		other basis pense of sale		or (loss)) minus (g)
a					
b					
d d					
	ets showing gain in column (h) and ow	ned by the foundation	on 12/31/69	 	(I)
	(j)		(k)	Gains (Col. (h) gain minus
F.M.V. as of 12/31/6	Adjusted basis as of 12/31/69		s of col. (i) l. (j), if any		less than -0-) o om col.(h))
a					
b					
d e					
3 Net short-term capita	ne or (net capital loss) { Il gain or (loss) as defined in sections Part I, line 8, column (c) (see instructi	. ,		} 2	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	t Investment	Income	
(For optional use by domestic	private foundations subject to the se	ction 4940(a) tax on n	et investment inc	come.)	
If "Yes," the foundation does	the section 4942 tax on the distributa not qualify under section 4940(e). Do	not complete this part			es 🗹 No
(a)	amount in each column for each year;	see instructions before	e making any ent	ries. (d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital		Distribution rat (col. (b) divided by c	
2018	319,942		6,716,094		0.047638
2017	305,428		6,236,340		0.048976
2016	281,401		5,811,550		0.048421
2015	265,414 238,853		5,536,487 5,402,428		0.047939
2 Total of line 1, column			'''''	2	0.237186
3 Average distribution ra	tio for the 5-year base period—divide undation has been in existence if less		5.0, or by the	3	0.047437
	noncharitable-use assets for 2019 from			4	6,590,607
5 Multiply line 4 by line 3			!	5	312,639
	ment income (1% of Part I, line 27b)			6	1,265
				7	313,904
8 Enter qualifying distrib	utions from Part XII, line 4 ,		<u> </u>	8	313,287
If line 8 is equal to or ginstructions.	reater than line 7, check the box in P	art VI, line 1b, and con	nplete that part ι	using a 1% tax rate. Se	e the Part VI

Form	990-PF (20	19)								F	age 6
Pa	rt VII-B	Statements Regard	ding	Activities for Which	Form 4720 May Be	Required (continue	d)				
5a	During the	year did the foundation	рау о	r incur any amount to:						Yes	No
	(1) Carry	on propaganda, or other	vise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	V	No			
	(2) Influe	nce the outcome of any s	pecifi	ecific public election (see section 4955); or to carry							
	on, dir	ectly or indirectly, any vo	oter re	gistration drive?		· · 🔲 Yes	~	No			
	(3) Provid	le a grant to an individua	for t	avel, study, or other sim	ilar purposes?	☐ Yes	~	No			
	(4) Provid	le a grant to an organizat	ion ot	her than a charitable, etc	c., organization described						
	in sect	tion 4945(d)(4)(A)? See i	nstru	ctions		· ·	✓	No			
		e for any purpose other t		-	* * * * * * * * * * * * * * * * * * * *						
		tional purposes, or for the		•		∟ Yes	✓	No			
b		wer is "Yes" to 5a(1)-(5)		=					5b		
	=			nt notice regarding disaster assistance? See instructions							
	_	ons relying on a current i									
С		ver is "Yes" to question 5			•	_					
		se it maintained expendit		, ,		· · Yes		No			
_		ttach the statement requ		-							
6a	, , ,			, , ,	,, , , , ,		_				
L		benefit contract?				⊔ Yes	✓	No	6b		N.
b		undation, during the year 6b, file Form 8870.	, pay	premiums, directly or ind	ilrectly, on a personal be	nent contract?	•		6 D		No
7a		e during the tax year, wa	s the	foundation a party to a r	prohibited tay shelter train	asaction?	_				
	-	id the foundation receive				⊔ res	\checkmark	No	7b		
8	,	ndation subject to the sec		,			•				
•		rachute payment during t					. 🚁				
		Information About								<u> </u>	
Pa		and Contractors	OIIIC	ers, Directors, Trusi	lees, roundation Ma	inagers, nigniy Pai	u En	npio	yees,		
_			6			Can implumentians					
1	LIST AII OII	ficers, directors, truste	$\overline{}$	b) Title, and average	(c) Compensation (If			Ι			
	(a) Na	me and address	`	hours per week	not paid, enter	employee benefit plans	and			ise acc Ilowan	
			-	devoted to position	-0-) deferred compens			Դ			
	OLERUD	·F	PRES 1.00	IDENT	0		0				0
	140TH WAY S EVUE, WA 98										
KELLY	/ OLERUD		VP		0		0				0
	140TH WAY S		1.00								
	EVUE, WA 98	039	CECE	ETAD./	06.500						
	-JIN CHONG 3 S 43RD PL		40.00	ETARY)	96,500		0				0
	NIX, AZ 8504	14									
2	Compens	ation of five highest-pa	id en	ployees (other than t	hose included on line 1	l—see instructions). I	f noi	ne, e	nter "	NONE.	."
(-)	Na		لدندسا	(b) Title, and average		(d) Contributions to	0	(-)	F		
(a)		iddress of each employee ore than \$50,000	paid	hours per week	(c) Compensation	employee benefit plans and deferred				se acco owano	
				devoted to position		compensation					
NON	E										
						<u> </u>	_				
Tota	I number of	other employees paid o	er \$5	0,000		<u> </u>					
								For	m 99 0	U-PF ((2019)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		•
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include rel- organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the number uced, etc.	r of Expenses
1	,	
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 t		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 900 PE (2010)

1a

1b

2

За 3h

4

5

313,287

313.287

313.287

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Part XII

1

2

3

4

5

b

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

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.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

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

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

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract 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 —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount-see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. . c Excess from 2017. . d Excess from 2018. . e Excess from 2019. .

indicated below:

same amount must be shown in column (a).)

Part XIII Undistributed Income (see instruct	tions)			
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				326,999
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			216,270	
b Total for prior years: 20, 20, 20				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part				

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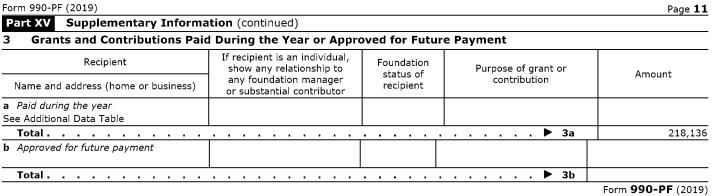
229,982

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U	, LIOUII 2013				
c	: From 2016				
d	l From 2017				
е	From 2018				
f	Total of lines 3a through e				
4	Qualifying distributions for 2019 fr	rom Part			
	XII, line 4: ▶ \$	313,287			
а	Applied to 2018, but not more tha	an line 2a		216,270	

С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
4	Qualifying distributions for 2019 from Part			
	XII, line 4: ► \$313,287			
а	Applied to 2018, but not more than line 2a		216,270	
b	Applied to undistributed income of prior years (Election required—see instructions)			
С	Treated as distributions out of corpus (Election required—see instructions).			
d	Applied to 2019 distributable amount			97,017
е	Remaining amount distributed out of corpus			
5	Excess distributions carryover applied to 2019.			

	Private Operating Found	- Li -u- (iu-tu		TT A susstian O)		Page II
	Part XIV Private Operating Found					
	If the foundation has received a ruling or del foundation, and the ruling is effective for 20	19, enter the date of	of the ruling	▶∟_	<u> </u>	
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	cribed in section $ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$	4942(j)(3) or L	」 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 investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed.					
c	"Support" alternative test—enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support					
	from an exempt organization (4) Gross investment income					
	Supplementary Information	(Complete this	part only if the f	oundation had	5,000 or more	in
Pē	assets at any time during th				•	
1	Information Regarding Foundation Mana		H 20/ - CH +			
а	List any managers of the foundation who hav before the close of any tax year (but only if				•	DΠ
b	List any managers of the foundation who own	n 10% or more of th	ne stock of a corporat	tion (or an equally la		
_	ownership of a partnership or other entity) of					
2	Information Regarding Contribution, Gra	ant, Gift, Loan, Sc	noiarsnip, etc., Pro	ograms:		
	Check here ► ☐ if the foundation only mak					
	unsolicited requests for funds. If the foundate other conditions, complete items 2a, b, c, a	, , ,	,	als or organizations	under	
	· · · · · · · · · · · · · · · · · · ·				In a state of the	
а	The name, address, and telephone number of	or e-mail address of	the person to whom	applications should	pe addressed:	
	HUAI-JIN CHONG PO BOX 606					
	MEDINA, WA 98039					
	(425) 829-1121					
b	The form in which applications should be sub	omitted and informa	tion and materials th	ney should include:		
	EMAIL FORMAT REGARDING SPECIAL NEEDS	5				
С	Any submission deadlines:					
	NONE					
d	Any restrictions or limitations on awards, sur	ch as by geographic	al areas, charitable f	ields, kinds of institu	utions, or other	
	factors:					
	NONE					



ter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
a					
b					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments Interest on savings and temporary cash investments					
			14	1 160,051	
Dividends and interest from securities Net rental income or (loss) from real estate:			14	160,031	
a Debt-financed property.					
b Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events:					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c					
d					
e				160.052	
e Subtotal. Add columns (b), (d), and (e)			13	160,052	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu	lations.)			160,052	
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcuart XVI-B Relationship of Activities to the page No. Explain below how each activity for which	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	160,052
Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's expression of the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's expression of the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's expression of the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the Relationship of Activity for which the accomplishment of the foundation's expression of the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculart XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculant XVI-B Relationship of Activities to the second se	lations.) le Accomplisi income is report	hment of Exem	pt Purposes f Part XVI-A contribut	ted importantly to	

o 556 11 (2025)										
		Information Regarding Transfers To and Transactions and Relationships With Noncharit	ahla							
Ŀ	Part XVII	Exempt Organizations	abic							
1	Did the organ	nization directly or indirectly engage in any of the following with any other organization described in section 501								

		Exempt Organi	zations								
		ganization directly or in than section 501(c)(3)							on 501	Yes	No
a Tr	ansfers	from the reporting foun	dation to a ne	oncha	ritable exe	empt organization	of:				
(1	.) Cash								. 1a(1)		No
(2	2) Othe	rassets							. 1a(2)		No
b Ot	her trar	nsactions:									
(1	.) Sales	s of assets to a nonchar	itable exempt	t orgai	nization.				1b(1)		No
(2) Purcl	hases of assets from a r	oncharitable	exem	pt organiz	ation			1b(2)		No
		al of facilities, equipmer							1b(3)		No
(4	I) Reim	bursement arrangemen	ts						. 1b(4)		No
-	-	s or loan quarantees.							. 1b(5)		No
(6) Perfor	rmance of services or m	embership or	fundr	aisina soli	icitations			. 1b(6)		No
•	-	f facilities, equipment, n	•		_				- ` `		No
	-	wer to any of the above			-						
	any tra	ods, other assets, or ser nsaction or sharing arra (b) Amount involved	ngement, sho	ow in o	column (d		goods, other asse		ved.	ngemen	ts
	-										
	-										
d∈	scribed	ndation directly or indire in section 501(c) (other complete the following so (a) Name of organization	r than section chedule.		c)(3)) or i	•			es No		
Sigr Her	of m whice	er penalties of perjury, ny knowledge and belief ch preparer has any kno *****	, it is true, co						May the IRS d	rmatior scuss th	n of
							—)		with the prepa below	rer show	vn
		Signature of officer or t	rustee			Date	' Title		(see instr.)	Yes 🗆] No
		Print/Type preparer's	name	Prepa	arer's Sign	nature	Date	Check if self-	PTIN	7006	
Paid	_	WM KELLY STERLI	NG				2020-10-28	employed ▶ 📙	P00091		
	parer Only	I II III 3 Hallic P LVLI	RGREEN STER	RLING	KUDER LL	_C			Firm's EIN ▶85	-18906	22
	~···y		25 SE 24TH :	ST ST	110						
								Phone no. (206) 275-4	1228	
									Form QQ	N-PF /	2010

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			
AIDEN PARK3604 158TH PL SE	NONE	ASSIST FAMILY OF SPECIAL	1,100

	BOTHELL, WA 98012	HONE		NEEDS CHILD	1,100
П	ARISE DELAWAREPO BOX 862 DOVER, DE 19903		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500
1					

ARISE DELAWAREPO BOX 862 DOVER, DE 19903	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500
AUTISM AND MUSIC 9835 COSTA DEL SOL BLVD	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,000

AUTISM AND MUSIC 9835 COSTA DEL SOL BLVD DORAL, FL 33178 TO PROMOTE GENERAL PURPOSE OF ORG 2,000	DOVER, DE 19903		PURPOSE OF ORG	
	9835 COSTA DEL SOL BLVD	501(C)3		2,000

AUTISM AND MUSIC 9835 COSTA DEL SOL BLVD DORAL, FL 33178	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,000
Total	 	▶ 3a	218,136

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 contribution status of

recipient

218,136

Traine and address (nome or pasiness)	or substantial contributor			
a Paid during the year				
BOYER CHILDREN'S CLINIC 1850 BOYER AVE EAST		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000

SEATTLE, WA 98112			
CAMP FIRE CENTRAL PUGET SOUND 2414 SW ANDOVER ST D-105	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	

any foundation manager

Name and address (home or business)

Total .

CAMP FIRE CENTRAL PUGET SOUND 2414 SW ANDOVER ST D-105 SEATTLE, WA 98106	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000
CAMP HORIZON FOUNDATION	501(C)3	TO PROMOTE GENRAL PURPOSE	1,500

SEATTLE, WA 98106		TOTAL OF SICO	
CAMP HORIZON FOUNDATION 7506 GEMINI ST	501(C)3	TO PROMOTE GENRAL PURPOSE OF ORG	1,5

SEATTLE, WA 98106			
CAMP HORIZON FOUNDATION 7506 GEMINI ST BLAINE WA 98230	501(C)3	TO PROMOTE GENRAL PURPOSE OF ORG	1,500

CAMP HORIZON FOUNDATION 7506 GEMINI ST	501(C)3	TO PROMOTE GENRAL PURPOSE OF ORG	1,500
BLAINE, WA 98230			

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 .

	or substantial continuation			
a Paid during the year				
CAN DO CANINES 9440 SCIENCE CENTER DR NEW HOPE, MN 55428		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000
CAPERNAUM NORTHSHORE		501(C)3	TO PROMOTE GENERAL	5,000

recipient

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218,136

11211 1101 271111 00 120			
CAPERNAUM NORTHSHORE 13940 NE 166TH ST WOODINVILLE, WA 98072	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000
CAPERNAUM GREATER SEATTLE PO BOX 55998	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000

13940 NE 166TH ST WOODINVILLE, WA 98072	(-)-	PURPOSE OF ORG	-,
CAPERNAUM GREATER SEATTLE PO BOX 55998 SEATTLE, WA 98155	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,00

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				
CANINE COMPANIONS FOR INDEPENDANCE 18354 NE 159TH ST		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000

18354 NE 1591H ST WOODINVILLE, WA 98072			
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE STE 202 TACOMA, WA 98402	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,000

CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE STE 202 TACOMA, WA 98402	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,000
CHILDREN'S RESPITE CARE CENTER 5321 SOUTH 138TH ST OMAHA NE 68137	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500

1501 PACIFIC AVE STE 202 TACOMA, WA 98402	301(0)3	PURPOSE OF ORG	2,000
CHILDREN'S RESPITE CARE CENTER 5321 SOUTH 138TH ST OMAHA, NE 68137	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500
Total	 	▶ 3a	218,136

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)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
CRISTA CAMPS15999 SIDNEY ROAD SW		501(C)3	TO PROMOTE GENERAL	6,500

PORT ORCHARD, WA 98367		002(0)0	PURPOSE OF ORG	
CYNTHIA CISNEROS 452 SW CRESCENT AVE SUNNYSIDE. WA 98944	NONE		ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,544

CYNTHIA CISNEROS 452 SW CRESCENT AVE SUNNYSIDE, WA 98944	NONE		ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,544
DANIEL'S MUSIC FOUNDATION		501(C)3	TO PROMOTE GENERAL	5,000

SUNNYSIDE, WA 98944			
DANIEL'S MUSIC FOUNDATION 1641 THIRD AVE 21A NEW YORK, NY 10128	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000

218,136

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DANIEL'S MUSIC FOUNDATION	501(C)3	TO PROMOTE GENERAL	5,0
1641 THIRD AVE 21A		PURPOSE OF ORG	
NEW YORK, NY 10128			

Total .

DANIEL'S MUSIC FOUNDATION	[501(C)3	TO PROMOTE GENERAL	5,0
1641 THIRD AVE 21A		PURPOSE OF ORG	
NEW YORK, NY 10128			

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

	or substantial contributor			
a Paid during the year				
ELEVATIONS325 S UNIV RD STE 203 SPOKANE VALLEY, WA 99206		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500

EMPOWERING STRIDES 13525 LOST LAKE RD 5NOHOMISH, WA 98296	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	

13525 LOST LAKE RD SNOHOMISH, WA 98296	501(C)3	PURPOSE OF ORG	2,500
HEALING REINS THERAPEUTIC RIDING	501(C)3	TO PROMOTE GENERAL	1,500

SNOHOMISH, WA 98296			
HEALING REINS THERAPEUTIC RIDING PO BOX 5593	(-) -	TO PROMOTE GENERAL PURPOSE OF ORG	1,500
BEND.OR 97708			

HEALING REINS THERAPEUTIC RIDING PO BOX 5593 BEND, OR 97708	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,500
Total	 	▶ 3a	218,136

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			
HERITAGE CHRISTIAN SERVICES 349 W COMMERCIAL ST 2795 EAST ROCHESTER, NY 14445	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	4,000

EAST ROCHESTER, NY 14445		PURPOSE OF ORG	
JILL'S HOUSE9011 LEESBURG PIKE VIENNA, VA 22182	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	20,000
JOSHUA HARR SHANE FOUNDATION	501(C)3	TO PROMOTE GENERAL	1,000

JILL'S HOUSE9011 LEESBURG PIKE VIENNA, VA 22182	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	20,000
JOSHUA HARR SHANE FOUNDATION 5 HIDDEN SPRINGS LN 6102 EAST WINDSOR, NJ 08520	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000

*			
JOSHUA HARR SHANE FOUNDATION 5 HIDDEN SPRINGS LN 6102 EAST WINDSOR, NJ 08520	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000
Total	 	▶ 3a	218,136

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)

	Name and address (nome or business)	or substantial contributor		
,	a Paid during the year			
	KERSEY MOBILITY14640 NE 91ST ST	NONE	ASSIST FAMILY OF SPECIAL	6,000

REDMOND, WA 98052		NEEDS CHILD	
KINDERING CENTER 16120 NE EIGHTH STREET BELLEVUE, WA 98008	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	7,500

16120 NE EIGHTH STREET BELLEVUE, WA 98008	501(C)3	PURPOSE OF ORG	7,500
LIFE ROLLS ON 2901 WASHINGTON BLVD	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	10,000

BELLEVUE, WA 98008			
LIFE ROLLS ON 2901 WASHINGTON BLVD MARINA DEL RAY, CA 90045		TO PROMOTE GENERAL PURPOSE OF ORG	10,00

*			i
LIFE ROLLS ON 2901 WASHINGTON BLVD MARINA DEL RAY, CA 90045	\ - / -	TO PROMOTE GENERAL PURPOSE OF ORG	10,00

Total .

218,136

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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			
LINDSEY CRUZ5206 SYCAMORE DRIVE YAKIMA, WA 98901	NONE	TO ASSIST FAMILY OF SPECIAL NEEDS CH	541
	NONE		

YAKIMA, WA 98901		NEEDS CH	
LITTLE BIT THERAPEUTIC RIDING 18675 NE 106TH ST REDMOND, WA 98052	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	18,000

18675 NE 106TH ST REDMOND, WA 98052		, ,	PURPOSE OF ORG	·
MARTHA OCHOA330 N 16TH ST APT 01 SUNNYSIDE, WA 98944	NONE		ASSIST FAMILY OF SPECIAL NEEDS CHILD	28,000

REDMOND, WA 98052			
MARTHA OCHOA330 N 16TH ST APT 01 SUNNYSIDE, WA 98944	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	28,000

Total .

218,136

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			
MDA WESTERN WASHINGTON	 501(C)3	TO PROMOTE GENERAL	1,000

MOUNTLAKE TERRACE, WA 98043		TOKE OSE OF ORG	
MELISSA HAHN1414 7TH AVE SW	NONE	ASSIST FAMILY OF SPECIAL	

MELISSA HAHN1414 7TH AVE SW OLYMPIA, WA 98502	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,741
MIKE GOODSPEED21 FLAINE CIRCLE	NONE	ASSIST FAMILY OF SPECIAL	1.000

	OLYMPIA, WA 98502		NEEDS CHILD	
1	MIKE GOODSPEED21 ELAINE CIRCLE BELLINGHAM, MA 02019	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,000

MIKE GOODSPEED21 ELAINE CIRCLE BELLINGHAM, MA 02019	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,00

218.136

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

MT HOOD KIWANIS CAMP 10725 SW BARBUR BLVD STE PORTLAND, OR 97219	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500
a Paid during the year			

PORTLAND, OR 9/219				
NAPA CENTER11840 LA CIENGA BLVD HAWTHORNE, CA 90250	NONE		ASSIST FAMILY OF SPECIAL NEEDS CHILD	3,000
NEBRASKA ADAPTIVE SPORTS 660 S HWS CLEVELAND BLVD		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000

NAPA CENTER11840 LA CIENGA BLVD HAWTHORNE, CA 90250	NONE		ASSIST FAMILY OF SPECIAL NEEDS CHILD	3,00
NEBRASKA ADAPTIVE SPORTS 660 S HWS CLEVELAND BLVD		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,00

Total .

	HAWTHORNE, CA 90250		NEEDS CHILD	
1	NEBRASKA ADAPTIVE SPORTS 660 S HWS CLEVELAND BLVD ELKHORN, NE 68022	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,000
1				

218,136

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)

Name and dadress (nome or business)	or substantial contributor			
a Paid during the year				
OUTDOORS FOR ALL		501(C)3	TO PROMOTE GENERAL	25,000

SEATTLE, WA 98115		PURPOSE OF ORG	
PROVIDENCE BOYDEN FAM AUTISM CTR 900 PACIFIC AVE	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,500

PROVIDENCE BOYDEN FAM AUTISM CTR 900 PACIFIC AVE EVERETT, WA 98201	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	1,500
RAD CAMP17921 SKY PARK CIR STE G	501(C)3	TO PROMOTE GENERAL	2,500

900 PACIFIC AVE EVERETT, WA 98201		PURPOSE OF ORG	
RAD CAMP17921 SKY PARK CIR STE G IRVINE, CA 92614	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,500

RAD CAMP17921 SKY PARK CIR STE G	501(C)3	TO PROMOTE GENERAL	2,50
IRVINE, CA 92614		PURPOSE OF ORG	

Total .

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218,136

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			
REHAB WITHOUT WALLS 20818 44TH AVE W 270 LYNNWOOD, WA 98036	501(C)3	TO PROMITE GENERAL PURPOSE OF ORG	270

LYNNWOOD, WA 98036				
SARA TWIGG19813 50TH AVE W F2 LYNNWOOD, WA 98036	NONE		ASSIST FAIMLY OF SPECIAL NEEDS CHILD	625
SEATTLE CHILDREN'S PLAYGARDEN		501(C)3	TO PROMOTE GENERAL	8,000

LYNNWOOD, WA 98036		NEEDS CHILD	
SEATTLE CHILDREN'S PLAYGARDEN 1745 24TH AVE SOUTH SEATTLE. WA 98144	(-) -	TO PROMOTE GENERAL PURPOSE OF ORG	8,000

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218,136

			l
SEATTLE CHILDREN'S PLAYGARDEN 1745 24TH AVE SOUTH SEATTLE, WA 98144	` '	TO PROMOTE GENERAL PURPOSE OF ORG	8,00

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			
SHANNON CRUZ212 S 45TH AVE YAKIMA, WA 98908	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	12,000

1,500

218,136

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ULUMINATION 13 NW 52ND ST UNIT A ATTLE, WA 98107	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG

Total .

SOULUMINATION 1113 NW 52ND ST UNIT A SEATTLE, WA 98107	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	:
ST MARY'S FOUNDATION	501(C)3	TO PROMOTE GENERAL	

SEATTLE, WA 98107			
ST MARY'S FOUNDATION 29-01 216TH STREET	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000
BAYSIDE NV 11360			

ST MARY'S FOUNDATION 29-01 216TH STREET	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	5,000
BAYSIDE, NY 11360			

SI MARI STOONDATION	1 301(0)3	I TO TROMOTE GENERAL	ر ح
29-01 216TH STREET		PURPOSE OF ORG	
BAYSIDE, NY 11360			

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

Total .

= · · · · · · · · · · · · · · · · · · ·			
THE ARC OF SNOHOMISH COUNTY 2500 HEWITT AVE STE 300 EVERETT, WA 98201	501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	3,000
THE CENTER FOR COURAGEOUS KIDS	501(C)3	TO PROMOTE GENERAL	2,750

'				
THE CENTER FOR COURAGEOUS KIDS 1501 BURNELY RD SCOTTSVILLE, KY 42164		501(C)3	TO PROMOTE GENERAL PURPOSE OF ORG	2,750
TIFFANY HARRISPO BOX 64206	NONE		ASSIST FAMILY OF SPECIAL	1,000

1501 BURNELY RD SCOTTSVILLE, KY 42164		PURPOSE OF ORG	
TIFFANY HARRISPO BOX 64206 TACOMA, WA 98464	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,000

218,136

■ 3a

SCOTTSVILLE, KY 42164			
TIFFANY HARRISPO BOX 64206 TACOMA, WA 98464	NONE	ASSIST FAMILY OF SPECIAL NEEDS CHILD	1,000

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

recipient

,	or substantial contributor		
a Paid during the year			
WASHINGTON VISION THERAPY	NONE	ASSIST FAMILY OF SPECIAL	565

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

any foundation manager

Name and address (home or business)

Total		 ▶ 3a	218,136
303 S 72ND AVE YAKIMA, WA 98908			
CENTER	1	NEEDS CHILD	

efile GRAPHIC print - DO NOT PROC	ESS As Filed D	ata -		DLN: 93491304003340				
TY 2019 Accounting Fees Schedule								
Na	me: THE JOR	DAN FUND						
EIN: 61-1437127								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				
TAX PREPARATION	2,438			2,438				

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.					
TY 2019 Depreciation Schedule					
Name: THE JORDAN FUND					

DLN: 93491304003340

2011-05-02

1,754

COMPUTER

		EIN: 6	1-1437127						
	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
OFFICE FURNITURE	2007-05-02	656	656	200DB	7.0000				

5.0000

1,754 200DB

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491304003340				
TV 2019 Investments Cornorat	e Ronds Scho	dulo					
TY 2019 Investments Corporate Bonds Schedule							
Name:]	THE JORDAN FUN	ıD.					
	1 1427127	D					

25,592

116,570

21,695

101,818

EIN: 61-1437127		
Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book Value	End of Year Fair Market Value

ISHARES IBOXX INVESTOP BD FD

ISHARES TR BARCLAYS TIPS BD FD

effile GRAPHIC print - DO NOT PROCE	:55 AS FIIED DATA -	DLN: 93491304003340

TY 2019 Investments Corporate Stock Schedule

Name: THE JORDAN FUND

ETNI. 61 142712

EIN: 61-1437127		
Investments Corporation Stock Schedule	.	
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ALTRIA GROUP INC	13,267	49,910
CHEVRON CORPORATION	378,004	482,040
IBM	11,920	20,106
JOHNSON & JOHNSON	149,730	364,675
JPMORGAN CHASE & CO	35,429	139,400
LILLY ELI & COMPANY	108,027	394,290
MEDTRONIC INC	461,700	680,700
NIKE	84,009	405,240
PFIZER INCORPORATED	132,128	235,080
PHILIP MORRIS	40,726	119,126
PROCTOR & GAMBLE	64,306	149,256
RAYTHEON COMPANY NEW	41,933	219,740
UNILEVER N V NY SHS NEWF	94,534	172,380
UNITED PARCEL SERVICE B	66,418	117,060
S P D R S&P 500 ETF	569,832	1,448,370
SPDR DOW JONES INDL AVG	726,787	1,853,150

TY 2019 Land, Etc. Schedule			
	Name: THE JORDA	N FUND	

DLN: 93491304003340

EQUIPMENT

EIN: 61-1437127				
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value

2,410

2,410

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491304003340						
TY 2019 Other Expenses Sche	adule					
Name:	: THE JORDAN FU	JND				
EIN: 61-1437127						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
BANK FEE	118			118		
PAYROLL PROCESS FEE	666	1		666		

248

1,212

248

1,212

OFFICE SUPPLIES

IT EXPENSE

efile GRAPHIC print - DO NOT PF	file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491304003340				
TY 2019 Taxes Schedul	e		·	·	
	Name: THE JORDAN EIN: 61-1437127				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PAYROLL TAXES	7,382			7,382	
INCOME TAX	3,117				
LICENSES	75		1	75	

Schedule B	O NOT PROCESS	As Filed Data -	l le of Contribute	ors		OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF)			Form 990, 990-EZ, or 990			2019	
Department of the Treasury Internal Revenue Service	•	► Go to <u>www.irs.gov/Form990</u> for the latest information.					
Name of the organization THE JORDAN FUND					Employer id	lentification number	
Organization type (che	eck one):				61-1437127		
Filers of:	Section:						
Form 990 or 990-EZ	□ 501(a)()	\ (antar number) a	raonization				
	□ 50 l(c)()) (enter number) o	rganization				
	∐ 4947(a)(1) nonexempt char	itable trust not treated a	as a private founda	ition		
	☐ 527 politic	cal organization					
Form 990-PF	✓ 501(c)(3)	exempt private for	undation				
	☐ 4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3)	501(c)(3) taxable private foundation					
			PF that received, during omplete Parts I and II. S				
Special Rules							
under sections 5 received from ar	509(a)(1) and 170(b)((1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gr plete Parts I and II.	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that	
during the year,	total contributions of	more than \$1,000	or (10) filing Form 990 Dexclusively for religious animals. Complete Par	s, charitable, scien			
during the year, If this box is che purpose. Don't c	contributions exclusions cked, enter here the complete any of the p	ively for religious, total contributions earts unless the Ge	or (10) filing Form 990 charitable, etc., purpose that were received duri eneral Rule applies to t or more during the year	es, but no such cor ng the year for an his organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000. Higious, charitable, etc.	
Caution: An organization 990-EZ, or 990-PF), but or on its Form 990PF, P990-EZ, or 990-PF).	: it must answer "No"	on Part IV, line 2	, of its Form 990; or che	ck the box on line	H of its Form		
For Paperwork Reduction A for Form 990, 990-EZ, or 99		ructions	Cat. No. 30613X	Sched	ule B (Form 990	, 990-EZ, or 990-PF) (2019)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number THE JORDAN FUND 61-1437127 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (c) (d) (b) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person JOHN E OLERUD 1 1310 180TH AVE NE Payroll \$ 5,000 Noncash BELLEVUE, WA 98008 (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
Name of or	rganization		Empl	oyer identification number	
THE JORDA	AN FUND		61-14	37127	
Part III	Exclusively religious, charitable, etc., contribution than \$1,000 for the year from any one contribute organizations completing Part III, enter the total the year. (Enter this information once. See instruction of the description of the description of the year.)	r. Complete columns of exclusively religion octions.) ► \$	s (a) through (e	e) and the following line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4	(e) Transfer of gift d ZIP 4 Relationshi		nip of transferor to transferee	
				<u> </u>	
(a) No. from Part I	(b) Purpose of gift	c) Use of g	ift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4 (b) Purpose of gift	(e) Transfer of	Relationsh	(d) Description of how gift is held	
	(e) Transfer of gi Transferee's name, address, and ZIP 4			Relationship of transferor to transferee	
		_			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP 4	(e) Transfer of		nip of transferor to transferee	
		_	Sched	ule B (Form 990, 990-EZ, or 990-PF) (2019)	