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

▶Do not enter social security numbers on this form as it may be Anadie Public 2020

		enue Service	▶ 0	Go to <u>www.irs.gov/For</u>	<u>m990PF</u> for instruc	tions and the	latest info	ormation.	Ŋŏ	Open to Public I	nspection
For	calend	lar year 2019 or t	ax year beginnin	ng ,	and ending		\cap	SDEN LIT		1	
N	ame of fou	indation						loyer identification nu	mber		
	·	-									
_		<u>LE VIVIAN</u>					_	-2864946			
		street (or P O box num		ed to street address)		Room/suite		hone number (see instr		s)	
		9 SE 318T , state or province, count		nostal code	L		25	<u>3-639-358</u>	30		
	UBU		ry, and zir or loreign p	WA 98092-6	505		C If exe	mption application is pe	ndıng,	check here	► X
					rn of a former public	charity	 D 1 F	oreign organizations, ch	ock he	re	▶ □
_		an char apply	Final return	=	•	on any	ŀ				, r
			Address ch	H :			1	oreign organizations me 5% test, check here and	-		▶ □
	Charlet			_ 			1			·	٠ ـــ
<u>H</u>		ype of organization		01(c)(3) exempt private			4	ate foundation status wa on 507(b)(1)(A), check h		ninated under	▶ □
		1 4947(a)(1) nonex ket value of all ass			e private foundation X Cash A		-				
		ear (from Part II, co		Accounting method Other (specify)	X Cash A	ccrual		foundation is in a 60-mo section 507(b)(1)(B), cl			▶ □
	ne 16) j	•	``&` 	Part I, column (d), must	he on cash hasis \			ν <i>κ κ</i> - <i>κ</i> - <i>κ</i> -			
		Analysis of Rev			(a) Revenue and	-	L	1		(d) Disbursen	nents
00.0	on elith	amounts in columns (b), (c), and (d) may not	necessanly equal	expenses per	(b) Net in:		(c) Adjusted net income		for charitat	
		the amounts in colum	in (a) (see instructions))	books			income		(cash basis o	
/	1		grants, etc , receive		15,00	0		30.00.00.00.00.00.00.00.00		100 A	
\mathfrak{O}	2			required to attach Sch B.							
3 Interest on savings and temporary cash investments						_ -					
	4	Dividends and int	terest from secunt	ties							
	5a	Gross rents			3 2000 0000 0000 0000 0000 0000 0000 00	in analysis	× ×0.0000000000000	200200 2000000000 1000 2000000000	~~~~		
ě	b	Net rental income	or (loss)			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			<u> </u>		200000000000000000000000000000000000000
Ē	6a	- , ,	ale of assets not on line	10	50 A TO AREA 6000 A TO A STOLE A TO		0.000		****		<u> </u>
Revenue	b	Gross sales price for all	_								<u> </u>
œ	7		ncome (from Part	IV, line 2)			0				<u> </u>
	\triangleright	Net short-term ca	. •		************	(* 8000*00*00*00*00*00*00*00*00*00*00*00*00			0	440-400000000000	<u> </u>
	9	Income modificat		I				X.334930.00.00333333333333334433	239/358		
	10a	Gross sales less return									<u> </u>
	: E D	Less Cost of goo				80		**************************************			50000000000000000000000000000000000000
	₹°	Gross profit or (lo		uie)				<u>.</u>			20000000
	711	Other income (att	•		15,00	-	0		0		<u> </u>
	1312 13	Total. Add lines 1	officers, directors	- trustana ata	15,00	0				3000	700000000
ses		Other employee s								 	
_	1514 1514	Pension plans, er	•	5							
be	J5 J5a	Legal fees (attach									
Ж	⊕ya h	Accounting fees (STMT 1	1,75	0					
Š		Other professional fe				`					
ati	17	Interest	(=1.2011 contocute	' '							
str	18	Taxes (attach sched	lule) (see instruction	s)		- 	_				
Ξ	19	Depreciation (attach		•			_		_		
ᄩ	20	Occupancy	,								
ĕ	21	Travel, conference	es, and meetings								
Operating and Administrative Exper	22	Printing and public	•					,			
D B	23	Other expenses (att sch		,							
ij	24	Total operating a	•	ve expenses.							
ra		Add lines 13 throu		· ·	1,75	0	0		0		0
þe	25	Contributions, gifts, gran	_		5,00					5	,000
<u> </u>	26			Add lines 24 and 25	6,75		0		0		,000
	27	Subtract line 26 fr									
	а	Excess of revenue	over expenses a	nd disbursements	8,2 <u>5</u>	0					
	b	Net investment i	•			\$	0				
	c	Adjusted net inc	ome (if negative,	enter -0-)					0		

236		****		Attrohad rehadiles and amount	to in the december only mr		Beginning of year	End o	of year
	Part I	J.XX	Balance Sheets	Attached schedules and amoun should be for end-of-year amoun	nts only (See instructions)	,	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash	n – non-interest-bearing				300	8,550	8,550
	2		ngs and temporary cash	investments					
	3		ounts receivable						
		Less	allowance for doubtful	accounts >				7/1/20/20/2 17/23/20/20/27/27/27/20/20/20/20	packet and a deal of the season of the season
	4.	Plede	ges receivable >						
			allowance for doubtful	accounts >			44,444,444,444,444,444,444	, , , , , , , , , , , , , , , , , , ,	***************************************
	5		its receivable						
	6			s, directors, trustees, and	d other				
			ualified persons (attach						
		•	uctions)	(000				,	
	7		notes and loans receivable (att. se	chedule)					
	•		allowance for doubtful	•		0	TOWNWINDSHIP TO SHIP SHEET SHE	O'THE STATES STATES STATES STATES OF THE STA	A STATE OF THE STA
/ A	8		ntones for sale or use	accounts p		•			
Assets	9	_	aid expenses and defen	red charnes					
ASS.	10a		•	vernment obligations (attach:	schodulo)				
	b		stments – corporate stoc	•	ochedule)				
	c		stments – corporate stoc						,
J	11		nents – land, buildings, and equip						
	••		accumulated depreciation (attach	_				7/20/20/20/20/20/20/20/20/20/20/20/20/20/	
	12		stments – mortgage loar	•					
	13		stments - other (attach s						
J	14		puildings, and equipment basis	•					
			ccumulated depreciation (attach	_					
	15		r assets (describe	3011 / 1		`			
	16		l assets (describe P	ad by all filers – see the		. ′			
J			ictions Also, see page 1	•			300	8,550	8,550
\exists	17		unts payable and accrue		-		300		
	18		ts payable	ou expenses					
တ္ထ	19		red revenue						
ij	20			s, trustees, and other disc	uslified persons				
Liabilities	21		ages and other notes payat		luaimed persons				
Ë	22	_	ages and other notes payat r liabilities (describe ▶	ne (altacii scriedule))			
	23		l liabilities (describe)	7 through 22)		,	0	· 0	
+				ASB ASC 958, check he	ro	ightharpoonup			
,,			complete lines 24, 25,	· ·	16				
ces	24		ssets without donor resi						
ᅵ	25		ssets with donor restrict			•		- •	
Ba	20			llow FASB ASC 958, ch	ack hara	► X			
힏			complete lines 26 thro		iedk liefe				
F	26		al stock, trust principal,	-			300	300	
ō	27			and, bldg , and equipmer	nt fund		300	,	
ş	28		• • • •	ited income, endowment,				8,250	
SS	29		• •	lances (see instructions)			300	8,550	******
Ž	30			ets/fund balances (see					
Net Assets or Fund Balanc	-		ctions)	ets/fulld balances (see			300	8,550	
_	?art II			ges in Net Assets	or Fund Balanc	es.	200		A SITESTINI OF MANAGEMENT SALES
				t beginning of year – Part			gree with	<u> </u>	
'					, colonin (a), inte a	Lo (musico	9.00 ******	1	300
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a						8,250			
			ases not included in line	2 (itemize)				3	
4			2, and 3	∠ (nonn≥6) ► .				4	8,550
			ot included in line 2 (ite	emize) >				5	
			•	t end of year (line 4 minus	s line 5) – Part II. col	lumn (b)	ine 29	6	8,550
_									

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Income			
	e the kind(s) of property sold (for example, real estate, varehouse, or common stock, 200 shs MLC Co)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
_c					_
_d					
_е		<u> </u>	<u>!</u>		
(e) Gross sales pnce	(f) Deprecation allowed (or allowable)		other basis nse of sale		Gain or (loss) us (f) minus (g))
<u>a</u>					
b					
<u> </u>					
<u>d</u>	-		_		
	gain in column (h) and owned by the four	l ndation on 12/31/69	<u> </u>		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but	(Col (h) gain minus not less than -0-) or s (from col (h))
a					
b					
				<u> </u>	
<u>e</u>			_ 		
2 Capital gain net income or (net ca	If gain, also enter in F				
	If (loss), enter -0- in F s) as defined in sections 1222(5) and (6) column (c) See instructions. If (loss), enter	_		2	
Part I, line 8	column (c) coc monacione in (loco), cina			3	
	nder Section 4940(e) for Reduce	ed Tax on Net In	vestment Incor	ne	
If section 4940(d)(2) applies, leave thi	foundations subject to the section 4940(a) s part blank on 4942 tax on the distributable amount of under section 4940(e) Do not complete ti	f any year in the base			Yes X No
1 Enter the appropriate amount in e	ach column for each year, see the instruct	tions before making a	any entnes		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value	(c) of nonchantable-use asset	s (col	(d) Distribution ratio (b) divided by col (c))
2018		,400			(0) (0)
2017		, -			
2016					
2015					
2014					
2 Total of line 1, column (d)				2	
-	-year base репоd – divide the total on line n has been in existence if less than 5 year	-		3	
4 Enter the net value of nonchantab	le-use assets for 2019 from Part X, line 5			4	0
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	0
8 Enter qualifying distributions from If line 8 is equal to or greater than	Part XII, line 4	nd complete that part	using a 1% tay rate	See the	5,000

Part VI instructions

4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See instructions for Part XIV If "Yes,"

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Form 990-PF (2019)

9

10

complete Part XIV

names and addresses

385 a.	Artivities (continued)			Taxonica		_
		•		MMM	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions			11_		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	•		,,		.
40	person had advisory privileges? If "Yes," attach statement. See instructions			12	x	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicate Website address > N/A	lion.		13	<u> </u>	<u> </u>
14		lephone no	253-6	30_	358	5
14	18929 SE 318TH PL	repriorie no	233 (,,,,	330	.
	Located at ▶ AUBURN WA	ZIP+4 ▶	98092			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	211 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		▶ [
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	5			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		<u> </u>		Yes	No
	over a bank, secunties, or other financial account in a foreign country?			16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of					3000
	the foreign country ▶					
₩P.	Statements Regarding Activities for Which Form 4720 May Be Required					
·	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	· ·			Yes	No
1a	Dunng the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_				
	disqualified person?	Yes	X No X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	<i>,</i>	_			
	the benefit or use of a disqualified person)?	∐ Yes	X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or to employ the official for a period after		=			
	termination of government service, if terminating within 90 days)	∐ Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in		37 / 3			*****
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions		N/A	1b	200000 P	7600000
	Organizations relying on a current notice regarding disaster assistance, check here		▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A			
_	were not corrected before the first day of the tax year beginning in 2019?		N/A	1c	3400000	300000
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)) At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines					
а	6d and 6e) for tax year(s) beginning before 2019?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20		<u> </u>			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement – see instructions)		N/A	2b	urana.	7011041
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		-			
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	_				
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding penod? (Use Form 4720, Schedule C, to determine if the					
	foundation had excess business holdings in 2019)	•	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes'	>		4a	******	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	charitable number that had not been removed from jeonardy before the first day of the tay year beginning in 20°	102		I Ah I	- 1	X

⊗ P	<u>ärt®VII÷B》 Statements</u>	Regarding Activities for Which Fo	<u>orm 4720 May Be Re</u>	equired (conti	ınued)		
5a	Dunng the year did the founda	ition pay or incur any amount to				Ye:	s No
	(1) Carry on propaganda, or o	otherwise attempt to influence legislation (secti	ion 4945(e))?		Yes 🗓 No		
	(2) Influence the outcome of a	any specific public election (see section 4955),	, or to carry on,	_			
	directly or indirectly, any ve	oter registration drive?			Yes 🗶 No		
	(3) Provide a grant to an indiv	ridual for travel, study, or other similar purpose	es?		Yes 🗓 No		
	(4) Provide a grant to an orga	nization other than a chantable, etc , organization	tion described in	_	_		
	section 4945(d)(4)(A)? Se	e instructions	•		Yes 🗓 No		
	(5) Provide for any purpose of	ther than religious, charitable, scientific, literary	y, or educational				
	purposes, or for the preve	ntion of cruelty to children or animals?			Yes' 🗶 No		
b	If any answer is "Yes" to 5a(1)-	-(5), did any of the transactions fail to qualify a	under the exceptions desc	nbed			
	in Regulations section 53 4945	5 or in a current notice regarding disaster assis	stance? See instructions		N/ <u>A</u>	5b	
	Organizations relying on a curi	rent notice regarding disaster assistance, chec	k here		▶ 🗌		
С	If the answer is "Yes" to questi	on 5a(4), does the foundation claim exemption	n from the tax				
	because it maintained expendi	iture responsibility for the grant?		N/A 📗	Yes No		
	If "Yes," attach the statement r	required by Regulations section 53 4945–5(d)		,			
6a	Did the foundation, during the	year, receive any funds, directly or indirectly, to	o pay premiums	_			
	on a personal benefit contract?	•			Yes 🏻 No		
b	Did the foundation, during the	year, pay premiums, directly or indirectly, on a	personal benefit contract	?		6b	X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year	, was the foundation a party to a prohibited tax	shelter transaction?		Yes X No		
b	If "Yes," did the foundation rec	eive any proceeds or have any net income attr	butable to the transaction	12	N/A	7b	
8	Is the foundation subject to the	section 4960 tax on payment(s) of more than	\$1,000,000 in				
e0 1 30		nute payment(s) during the year?			Yes X No		
®₽?	art:VIII Information A	bout Officers, Directors, Trustees	, Foundation Mana։	gers, Highly I	Paid Employee	es,	
	and Contracte						
<u>1 I</u>	List all officers, directors, trus	tees, and foundation managers and their c	compensation. See instr	uctions.			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Expense	account.
	(a) Name and address	hours per week	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred	(e) Expense other allow	
		·	hours per week devoted to position	(If not paid,	employee benefit		
	SA J VIVIAN	AUBURN	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances
18	SA J VIVIAN 1929 SE 318TH PL	AUBURN . WA 98092	hours per week devoted to position PRESIDENT 5.00	(If not paid,	employee benefit plans and deferred compensation	other allow	
18	SA J VIVIAN 1929 SE 318TH PL CO T EBERLE	AUBURN WA 98092 AUBURN	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances 0
18	SA J VIVIAN 1929 SE 318TH PL	AUBURN . WA 98092	hours per week devoted to position PRESIDENT 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances
18	SA J VIVIAN 1929 SE 318TH PL CO T EBERLE	AUBURN WA 98092 AUBURN	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances 0
18	SA J VIVIAN 1929 SE 318TH PL CO T EBERLE	AUBURN WA 98092 AUBURN	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances 0
18	SA J VIVIAN 1929 SE 318TH PL CO T EBERLE	AUBURN WA 98092 AUBURN	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allow	vances 0
18 LF 18	SA J VIVIAN 1929 SE 318TH PL O T EBERLE 1929 SE 318TH PL	AUBURN WA 98092 AUBURN WA 98092	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation O	other allow	vances 0
18	SA J VIVIAN 1929 SE 318TH PL O T EBERLE 1929 SE 318TH PL	AUBURN WA 98092 AUBURN	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation O	other allow	vances 0
18 LF 18	CSA J VIVIAN 1929 SE 318TH PL 1929 SE 318TH PL 1929 SE 318TH PL 1920 Compensation of five highes	AUBURN WA 98092 AUBURN WA 98092	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation O	other allow	vances 0
18 LF 18	CSA J VIVIAN 1929 SE 318TH PL 10 T EBERLE 1929 SE 318TH PL COmpensation of five highes "NONE."	AUBURN WA 98092 AUBURN WA 98092	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o center (d) Contributions to employee benefit	other allow	0 0
18 LF 18	CSA J VIVIAN 1929 SE 318TH PL 10 T EBERLE 1929 SE 318TH PL COmpensation of five highes "NONE."	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 see instru (b) Title, and average	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o compensation	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	CSA J VIVIAN 1929 SE 318TH PL 10 T EBERLE 1929 SE 318TH PL COmpensation of five highes "NONE."	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0 account,
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0 account,
18 18	COMPENSATION OF FIVE HIGHES OF EACH OF THE PL	AUBURN WA 98092 AUBURN WA 98092 St-paid employees (other than those include	hours per week devoted to position PRESIDENT 5.00 SECRETARY TR 5.00 led on line 1 – see instru (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O o o o d) center (d) Contributions to employee benefit plans and deferred	other allow	0 0 account,

Form	990-PF (2019	EBERLE VIVIAN FOUNDATION	<u>82-2864946</u>		Page 7
Pa	ırt VIII	nformation About Officers, Directors, Trustees,	Foundation Managers, Highly Paid En	nploy	/ees,
		and Contractors (continued)			
3	Five highest	-paid independent contractors for professional services. S	ee instructions. If none, enter "NONE."		
		(a) Name and address of each person paid more than \$50,000	(b) Type of service		(c) Compensation
NO	ONE				
			Ì		
	_				
				-	
				-	
Total	number of oth	ners receiving over \$50,000 for professional services			
Pa	rt IX-A	Summary of Direct Charitable Activities			
		ir largest direct chantable activities during the tax year. Include relevant statistical info	mation such as the number of		
orga		beneficianes served, conferences convened, research papers produced, etc		<u> </u>	Expenses
1		FIMATE GOAL IS TO PROVIDE GRANT		1	
		IONAL SCHOLARSHIPS TO DESERVING	CHILDREN IN THE		
_	COMMUN	ITY		—	
2					
				ľ	
				┼	-
3					
				ļ	
4				\vdash	
•		•			
Pa	rt IX-B	Summary of Program-Related Investments (see	e instructions)		_
		program-related investments made by the foundation during the tax year on lines 1 a	ınd 2		Amount
1	N/A				
_				├ ─	
2					
۸۱۱ ۵۰	hor negara - rol-t-	d an appropriate Consumption of the appropriate and appropriat		 	
3	ner brogram-relate	d investments. See instructions			
•					

 $leve{}$

Total. Add lines 1 through 3

	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foun	dations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1¢	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3_	0
4	Cash deemed held for chantable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pá	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	ounda	ations
	and certain foreign organizations, check here ▶ ☐ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3_	
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0
Pa	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,000
b	Program-related investments – total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the	x	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	5,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	55_	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	5,000
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	n	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2019)

≋Ra	<u>artiXIIIs Undistributed Income (se</u>	e instructions)				
		•	(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,		Corpus	Years pnor to 2018	2018 ,	2019
	line 7					0
2	Undistributed income, if any, as of the end of 2	019				
а	Enter amount for 2018 only					
b	Total for prior years 20 , 20 ,	20				
3	Excess distributions carryover, if any, to 2019					
а	From 2014	,		na anno a company de com		
b	From 2015	<u></u>		arani da de	page production of the second	and the control of th
С	From 2016					
d	From 2017					
е	From 2018	8,400				
f	Total of lines 3a through e		8,400			
4	Qualifying distributions for 2019 from Part XII,					
	line 4 ▶ \$5,000					
а	Applied to 2018, but not more than line 2a				UMANO, ANANA ANANA ANANA ANANA	
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		F 000			
- е -	Remaining amount distributed out of corpus	}	5,000			
5	Excess distributions carryover applied to 2019		•			
	(If an amount appears in column (d), the same	[
6	amount must be shown in column (a))	ł	-			
0	Enter the net total of each column as indicated below:		,			
•	Corpus Add lines 3f, 4c, and 4e Subtract line:	_	13,400			
	Prior years' undistributed income Subtract	•	15,400			
	line 4b from line 2b					
c	Enter the amount of prior years' undistributed					
Ĭ	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					
е	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	,				0
7	Amounts treated as distributions out of corpus					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be					
`	required—see instructions)	-				
8	Excess distributions carryover from 2014 not					
_	applied on line 5 or line 7 (see instructions)	,				
9	Excess distributions carryover to 2020.	İ	12 400			
^	Subtract lines 7 and 8 from line 6a	<u> </u>	13,400			
0	Analysis of line 9	,				
a	Excess from 2015	<u>·</u>	aceenaanaanaana en arrai		and the state of t	
D	Excess from 2016	——————————————————————————————————————				
4	Excess from 2017	8,400				
đ	Excess from 2018	5,400				

	ontinued)			
3 Grants and Contributions Paid During t	he Year or Approved for	Future Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Paid during the year PNWH VINTAGE RACING CHARITI 22656 24TH AVE SO	ES			
DES MOINES WA 98198	SEATI	LE CHILDRENS	HOSPITAL	5,000
		•		
Total b Approved for future payment			▶ 3a	5,000
N/A				
·				
Total			▶ 3b	

	Analysis of Income-Producing Ac	tivities		- 		<u></u>
Enter gross amo	ounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt
		Business code	Amount	Exclusion code	Amount	function income (See instructions)
 Program se 			<u> </u>	 		(200 montone)
a		_		+		
<u> </u>		-		+		
ຼິ		-		+		
<u> </u>						
f		-		-		
·	d contracts from account and a	-		+		
	nd contracts from government agencies odues and assessments			+		
-				+		
	savings and temporary cash investments and interest from securities	—		+		
	come or (loss) from real estate			_		
	anced property					
	t-financed property	-				
	come or (loss) from personal property	—				
7 Other invest					-	
	s) from sales of assets other than inventory					
	or (loss) from special events		-			
	or (loss) from sales of inventory			1 1		
	ue a					
		-	-			····
c		·		† · · · ·		
		-				
е						
2 Subtotal Ad	d columns (b), (d), and (e)		C		0	0
	ne 12, columns (b), (d), and (e)				13	0
See worksheet	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the A	ccomplishme	nt of Exempt Pu	ırposes	<u> </u>	
Line No.	Explain below how each activity for which income	•				
<u>▼</u>	accomplishment of the foundation's exempt purpo	ses (other than by	providing funds for s	uch purpo	ses) (See instructions)
N/A	<u> </u>			_		
				_		
						
			 			
						
		<u> </u>				
						
						
		_		-		

, rai	(VAII	Organizations	arding 11	ansiers io an	u mansactio	ns and Relationships v	VIIII HOHOHAHADIC EX	empt	
1	Did the org		rectly engage	e in any of the follo	owing with any oth	ner organization described		Yes	No
1	n section 5	501(c) (other than sectio	n 501(c)(3) d	organizations) or ir	section 527, rela	iting to political			
	organizatio								;
		rom the reporting founda	ation to a nor	ncharitable exemp	t organization of				
	(1) Cash						1a(*	\neg	X
	(2) Other a						1a(2	'} —	X
	Other trans	sactions of assets to a noncharita	hla avamet a	raanizotion			1b(1		X
	•	ises of assets from a no	•	•	nn.		1b(2	_	X
	•	of facilities, equipment,			41		1b(3	'	x
	•	ursement arrangements					1b(4		х
	•	or loan guarantees					1b(\$		X_
		mance of services or me	mbership or	fundraising solicit	ations		1b(6)	X
c s	Sharing of	facilities, equipment, ma	iling lists, oth	ner assets, or paid	employees		<u>1c</u>		X
				_		n (b) should always show the fa			
			_		-	e foundation received less than			
		T				e goods, other assets, or servi			
N/A	Line no	(b) Amount involved	(c) Nam	ne of nonchantable exem	npt organization	(a) Description of transfe	rs, transactions, and sharing arrangem	ents	
1/ 22									
		 							
					-	-			
		ļ						_	
		<u> </u>							
		<u></u>							
		 				 			
		<u> </u>	<u> </u>	<u>.</u>					
									
			<u> </u>						
				_					
2a l	s the found	lation directly or indirectl	y affiliated w	th, or related to, o	one or more tax-e	xempt organizations			
d	lescnbed ii	n section 501(c) (other th	nan section 5	501(c)(3)) or in sec	tion 527?			res X	No
b II	"Yes," cor	mplete the following scho	edule	<u>, — — — — — — — — — — — — — — — — — — —</u>				_	
		(a) Name of organization		(b) Type of	organization	(c) De	scription of relationship		
N,	<u>/A</u>								
									
						ules and statements, and to the best o	f my knowledge and belief, it is true,		
	correct, a	nd complete Declaration of pr	eparer (other th	an takpayer) is based	on all information of wi	hich preparer has any knowledge	May the IRS discuss this	return	
ign	İ			-	,		with the preparer shown		۱ ۵
lere	l. ,		H		. —	/- /		Yes	No
		10	3 //	here		30/20 SEC	CRETARY TREASU	RER	
	Sign	ature of officer or trustee		-	Date	Title		т	
	Print/T	pe preparer's name			Preparer's signature	• /	Date	Check	ıf
aid						20072 622	07/00/0	self-emp	oloyed
repar	er 💳	ELLE ROSKA, CP		DC TYC		ROSKA, CPA	07/29/20 PTIN P0080		
se On	Firm's r		GROUP	PS, INC	<u> </u>				6
	Firm's a	address ► PO BO AUBUR		98071-04	490		Firm's EIN ▶ 91-154 Phone no 253-83		
	<u> </u>		/ 4422	<u> </u>	<u> </u>			90-PF	

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information. OMB No 1545-0047

Employer identification number

82-2864946 EBERLE VIVIAN FOUNDATION Organization type (check one)

Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt chantable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a butions					
Special Rules						
regulations under section 13, 16a, or 16b, and the \$5,000, or (2) 2% of the For an organization descontributor, during the yoliterary, or educational processing the section of the sectio	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering lead of the contributor name and address), II, and III					
contributor, during the y contributions totaled moduring the year for an example applies to totaling \$5,000 or more Caution: An organization that is	conbed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one rear, contributions exclusively for religious, charitable, etc., purposes, but no such pre than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the obligon of this organization because it received nonexclusively religious, charitable, etc., contributions during the year. In too overed by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its					

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number		
EBERLE VIVIAN FOUNDATION	82-2864946		

(a) No.	(b) Name, address, and ZIP + 4	(c)Total contributions	(d) Type of contribution		
1	EBERLE VIVIAN, INC. 18929 SE 318TH PL AUBURN WA 98092	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c)Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

82-2864946

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total		Net Investment		Adjusted Net	
INDIRECT ACCOUNTING FEES	\$	1,750	\$		\$_	
TOTAL	\$	1,750	\$	0	\$	