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OMB No. 1545-0052

2019

Return of Private Foundation

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

Open to Public ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019 A Employer identification number JEAN K LAFROMBOISE FOUNDATION C/O DEYONNE TEGMAN Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 10510 NE NORTHUP WAY 250 B Telephone number (see instructions) (425) 822-4080 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here KIŔKLAND, WA 98033 ☐ Initial return ☐ Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here..... ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ... ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here **H** Check type of organization: ☑ Section 501(c)(3) exempt private foundation \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ☐ Cash ✓ Accrual **F** If the foundation is in a 60-month termination **J** Accounting method: of year (from Part II, col. (c), line 16) ▶\$ 14,020,348 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) Check \blacktriangleright lacksquare if the foundation is **not** required to attach 2 34.522 34.522 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 178,830 178,830 Gross rents 5a Net rental income or (loss) 1,157,536 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 1,157,536 Net short-term capital gain Income modifications . . 9 10a Gross sales less returns and allowances Less: Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) 12 Total. Add lines 1 through 11 1,370,888 1,370,888 24.000 Compensation of officers, directors, trustees, etc. 32,000 8,000 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . **چ** Accounting fees (attach schedule) 9,000 4,500 4,500 <u>چ</u> 85,661 85,661 Other professional fees (attach schedule) 17 Interest (چە 3.321 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 22 Printing and publications . 23 Other expenses (attach schedule) 2,401 2,401 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 132,703 101,482 30,936 25 Contributions, gifts, grants paid 675.000 675.000 26 Total expenses and disbursements. Add lines 24 and 807,703 101,482 705,936 27 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 1,269,406 Adjusted net income (if negative, enter -0-) . . . Cat. No. 11289X

Page 2

Form 990-PF (2019)

21 22

23

24 25

26

27

28

29

30

Part III

Assets or Fund Balances

Net

2

3

Other liabilities (describe ▶_

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

| | | Less: allowance for doubtful accounts | 133 | 568 | 568 |
|--------|-----|---|-----------|-----------|------------|
| | 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 ▶ | | ' | |
| ķ | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U.S. and state government obligations (attach schedule) | 1,531,172 | 472,252 | 472,411 |
| | ь | Investments—corporate stock (attach schedule) | 6,929,230 | 6,034,126 | 10,697,361 |
| | c | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | _ |
| | | 1.11 7.0. 1.11.5 | 1 | 1 | |

Less: accumulated depreciation (attach schedule) ▶ 12 Investments-mortgage loans 79,469 13 Investments—other (attach schedule) 2,469,065 2,499,584 Land, buildings, and equipment: basis ▶ 14 Less: accumulated depreciation (attach schedule) (چە 1,485 15 Other assets (describe > . 1.485 16 Total assets (to be completed by all filers—see the 8,764,790 instructions. Also, see page 1, item I) 9,327,920 14,020,348 17 Accounts payable and accrued expenses . 55 18 Grants payable Liabilities 19 20 Loans from officers, directors, trustees, and other disqualified persons

101,175

8,663,560

8,764,735 8,764,790

101.175

9,226,745

9,327,920

9,327,920

8,764,735

9,327,920

9,327,920 Form **990-PF** (2019)

563,185

1

2

3 4

5

6

Mortgages and other notes payable (attach schedule).

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

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

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

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

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

Analysis of Changes in Net Assets or Fund Balances

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

Foundations that follow FASB ASC 958, check here

Page **3**

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | | | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--|---|--|---|
| 1aSee Additional Data Tabl | e | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | (g) other basis pense of sale | Gain c | h) or (loss) i) minus (g) |
| a See Additional Data Tabl | e | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | 1 | (I) |
| | (j) | | (k) | | h) gain minus |
| (i) F.M.V. as of 12/31/69 | Adjusted basis as of 12/31/69 | | s of col. (i) ol. (j), if any | | less than -0-) or om col.(h)) |
| a See Additional Data Tabl | e | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 2 Capital gain net income | or (net capital loss) | If gain, also enter in If (loss), enter -0- in | | 2 | 1,157,536 |
| 3 Net short-term capital of | | If (loss), enter -0- in 1222(5) and (6): | Part İ, line 7 | 3 | 1,157,536 -103,848 |
| 3 Net short-term capital of If gain, also enter in Pa in Part I, line 8 | e or (net capital loss) gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter - | Part İ, line 7 } | 3 | |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification l | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter - | Part İ, line 7 } 0- | 3 ncome | |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification U | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter - | Part İ, line 7 } 0- | 3 ncome | |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification I For optional use by domestic part of section 4940(d)(2) applies, leads to the foundation liable for the section of the section is a section of the sec | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction of the column (c)) Juder Section 4940(e) for Reservate foundations subject to the section 4942 tax on the distributable | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0- • • • • • • • • • • • • • • • • • • • | acome ne.) | |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification I (For optional use by domestic part if section 4940(d)(2) applies, left was the foundation liable for the If "Yes," the foundation does not seem to be a section does not seem to be a | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0- t Investment Ir et investment incor r in the base period | 3 ncome ne.) | -103,84 |
| 3 Net short-term capital of If gain, also enter in Pain Part V Qualification V For optional use by domestic p f section 4940(d)(2) applies, let Was the foundation liable for the f "Yes," the foundation does not | gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0- t Investment Ir et investment incor r in the base period t. e making any entric | 3 ncome ne.) | -103,84i |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic part of Section 4940(d)(2) applies, let Was the foundation liable for the foundation does not a section 4940 (a) Base period years Calendar | gain or (loss) as defined in sections of the Internal Int | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0- t Investment Ir et investment incor r in the base period t. e making any entric | acome me.) 1? | -103,846 es |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic part of Its section 4940(d)(2) applies, let was the foundation liable for the section 4940(d)(2) applies of Its enter the appropriate and Its enter the appropriate and Its enter the appropriate and Its enter the appropriate and Its enter the appropriate and Its enter the appropriate and Its enter the appropriate and Its entertain Its enter | gain or (loss) as defined in sections of the International | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 O- t Investment Ir et investment incor r in the base period e making any entrice | acome me.) 1? | -103,84i |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic pair section 4940(d)(2) applies, left section 4940(d)(2) applies, left "Yes," the foundation liable for the Improviate and I Enter the appropriate gain or (loss) as defined in sections of the Internal Int | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 O- t Investment Iret investment incor r in the base period t. e making any entrice ble-use assets 12,310,726 | acome me.) 1? | -103,846 es No io |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic pair section 4940(d)(2) applies, let was the foundation liable for the fire the from the fire the appropriate and (a) Base period years Calendar year (or tax year beginning in) 2018 2017 | gain or (loss) as defined in sections of the Internal Int | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 O- I Investment Ir et investment incor r in the base period e making any entric ble-use assets 12,310,726 11,315,355 | acome me.) 1? | -103,846 es No io col. (c)) 0.054234 0.044877 |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic part of Section 4940(d)(2) applies, let was the foundation liable for the section 4940(d)(2) applies of I enter the appropriate and (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 | gain or (loss) as defined in sections of the International | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 O- I Investment Ir et investment incor r in the base period e making any entric ble-use assets 12,310,726 11,315,355 10,408,132 | acome me.) 1? | -103,844 es No io col. (c)) 0.054234 0.044877 0.055052 |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use by domestic part of section 4940(d)(2) applies, let was the foundation liable for the foundation does not a contract the section 4940 (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 | gain or (loss) as defined in sections of the International | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 O- I Investment Ir et investment incor r in the base period e making any entric ble-use assets 12,310,726 11,315,355 10,408,132 11,310,789 | acome me.) 1? | -103,84i es No io No 0.01. (c)) 0.054234 0.044877 0.055052 0.048475 |
| 3 Net short-term capital of If gain, also enter in Part I, line 8 Part V Qualification Use by domestic part of section 4940(d)(2) applies, let was the foundation liable for the f "Yes," the foundation does not a Enter the appropriate and (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 2 Total of line 1, column (column) and a Average distribution ration number of years the four | gain or (loss) as defined in sections of the International | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0 | acome me.) 1? | -103,844 es No io col. (c)) 0.054234 0.044877 0.055052 0.048475 0.043264 |
| 3 Net short-term capital of If gain, also enter in Part I, line 8 Part V Qualification Use by domestic part of section 4940(d)(2) applies, let was the foundation liable for the f "Yes," the foundation does not a Enter the appropriate and (a) Base period years Calendar year (or tax year beginning in) 2018 2017 2016 2015 2014 2 Total of line 1, column (column) and a Average distribution ration number of years the four | gain or (loss) as defined in sections of the International | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter | Part I, line 7 0 | acome me.) 1? | -103,84i es No io col. (c)) 0.054234 0.044877 0.055052 0.048475 0.043264 0.245902 0.049180 |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification Use py domestic put for optional use by domestic put for section 4940(d)(2) applies, let was the foundation liable for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for the fundation does not for fundation does not for fundation does not for fundation does not for fundation does not for fundation does not for fundation does not for fundation does not for fundation does not fundation d | gain or (loss) as defined in sections of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the Section 4940(e) for Reservate foundations subject to the section 4940 (e) for the Section 4940(e). Do nount in each column for each year; (b) Adjusted qualifying distributions 667,664 507,795 572,987 548,292 486,937 d) of or the 5-year base period—divide the Indian of the I section of the I section of the I section of the I section of I | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons), enter -0- i | Part I, line 7 0 | acome me.) 1? | -103,84i es No io rol. (c)) 0.054234 0.044877 0.055052 0.048475 0.043264 0.245902 0.049180 13,136,440 |
| 3 Net short-term capital of If gain, also enter in Part I, line 8 Part V Qualification II (For optional use by domestic part of section 4940(d)(2) applies, left section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(| gain or (loss) as defined in sections of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the Section 4940(e) for Reserved this part blank. The section 4942 tax on the distributable of the Island of the Island of the Island of the Island of the Island of Isl | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons), enter -0- i | Part I, line 7 0 | acome me.) 1? | -103,848 es No io col. (c)) 0.054234 0.044877 0.055052 0.048475 0.043264 0.245902 0.049180 13,136,440 646,050 |
| 3 Net short-term capital of If gain, also enter in Pain Part I, line 8 Part V Qualification II (For optional use by domestic pair section 4940(d)(2) applies, left | gain or (loss) as defined in sections of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the I, line 8, column (c) (see instruction of the Section 4940(e) for Reserved this part blank. The section 4940(e) for Reserved the Section 4940(e) for Reserved the Section 4940(e) for Reserved the Section 4940(e) for the Section 4940(e) for each year; (b) Adjusted qualifying distributions (b) Adjusted qualifying distributions (b) 507,795 572,987 548,292 486,937 d) of for the 5-year base period—divide the I, line 5-year base period—divide the I, line 10 | If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons). If (loss), enter -0- in 1222(5) and (6): ons), enter -0- i | Part I, line 7 0 | acome me.) 1? Y 25. (d) Distribution rat (col. (b) divided by columns (col. (c | -103,848 es No io col. (c)) 0.054234 0.044877 0.055052 0.048475 0.043264 0.245902 0.049180 13,136,440 646,050 12,694 658,744 705,936 |

| Form | 990-PF (2019) | | | | | | | | F | age 6 |
|------------|---|----------|--|---|-----------------------|--------------|----------|---------|--------------------|--------------|
| Pai | rt VIII-B Statements Regar | ding | Activities for Which | Form 4720 May Be | Required (continu | ed) | | | | |
| 5a | During the year did the foundation | pay o | r incur any amount to: | | | | | | Yes | No |
| | (1) Carry on propaganda, or other | wise a | ttempt to influence legisla | ation (section 4945(e))? | ☐ Yes | | No | | | |
| | (2) Influence the outcome of any s | pecifi | ecific public election (see section 4955); or to carry | | | | | | | |
| | on, directly or indirectly, any ve | oter re | egistration drive? | | · · 🔲 Yes | ✓ | No | | | |
| | (3) Provide a grant to an individua | l for ti | ravel, study, or other sim | ilar purposes? | ☐ Yes | | No | | | |
| | (4) Provide a grant to an organization section 4945(d)(4)(A)? See | | • | · - | | | | | | |
| | (5) Provide for any purpose other | | | | · · ∐ Yes | ✓ | No | | | |
| | educational purposes, or for the | | • | • | . – | <u> </u> | | | | |
| b | If any answer is "Yes" to 5a(1)–(5) | • | • | | ∟ Yes | · 🔽 | No | | | |
| _ | Regulations section 53.4945 or in a | | = | | | _ | | 5b | | |
| | Organizations relying on a current | | | | _ | · — | | | | |
| С | If the answer is "Yes" to question 5 | | | | | Ш | | | | |
| | tax because it maintained expendit | | | · | | | | | | |
| | If "Yes," attach the statement requ | | | | · · L Yes | : Ш | No | | | |
| 6 a | Did the foundation, during the year | | · - | | ms on | | | | | |
| | a personal benefit contract? | • | , , , | ** ' ' ' ' | _ | . 🗷 | | | | |
| b | Did the foundation, during the year | | | | ⊔ Yes | . <u>\</u> | No | 6b | | No |
| | If "Yes" to 6b, file Form 8870. | , 1 , | , | ,, | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | rohibited tax shelter tran | saction? | | | | | |
| b | If "Yes", did the foundation receive | | | | ∟ res | . ' ✓ | No | 7b | | |
| 8 | Is the foundation subject to the sec | | , | | | | | | | |
| | excess parachute payment during t | he ye | ar? | | · · □ v | ✓ | No | | | |
| | | | ers, Directors, Trust | | | | | vees. | | |
| Pai | and Contractors | 0 | crs, Directors, Trust | ecs, i oundation ria | nagers, mgmy re | iid Li | пріо | ,, | | |
| 1 | List all officers, directors, truste | es. fr | undation managers an | d their compensation. | See instructions | | | | | |
| | Else un officers, un estors, truste | | b) Title, and average | (c) Compensation (If | (d) Contributions | to | Ι., | _ | | |
| | (a) Name and address | ` | hours per week | not paid, enter | employee benefit plai | ns and | | | ise acc Ilowano | |
| | 4 COVI F | PDEC | devoted to position | -0-) | deferred compensa | | | | | |
| | COYLE LAKEMONT DR NE | 000.0 | IDENT 00 | 32,000 | | C | | | | 0 |
| | TLE, WA 98115 | | | | | | | | | |
| DEYO | NNE TEGMAN | | ECRETARY | 0 | | C | | | | 0 |
| | NE NORTHUP WAY STE 250 | 000.0 | 00 | | | | | | | |
| | AND, WA 98033 | TDEA | CLIDED | | | | | | | |
| | HEEHAN NE NORTHUP WAY STE 250 | 000.0 | SURER 00 | 0 | | C |] | | | 0 |
| | AND, WA 98033 | | | | | | | | | |
| NEEVA | A VALDEZ | DIRE | CTOR | 0 | | C | | | | 0 |
| | NORTHUP WAY STE 250 | 000.0 | 00 | | | | | | | |
| <u> </u> | AND, WA 98033 Compensation of five highest-pa | id on | anlovoos (other than th | oco included en line 1 | _coo instructions) | Tf no | <u> </u> | tor " | NONE | 71 |
| | Compensation of five ingliest-pa | iiu eii | ipioyees (other than ti | lose included on line 1 | (d) Contributions | | iie, ei | itei | NONE. | <u> </u> |
| (a) | Name and address of each employee | paid | (b) Title, and average | (a) Camananatian | employee benef | | (e) l | Expens | se acco | unt, |
| | more than \$50,000 | | hours per week devoted to position | (c) Compensation | plans and deferre | ed | ot | her all | owanc | es |
| | | | | | compensation | | | | | |
| NON | = | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | Lucyana a factoria | | 0.000 | | | | | | | |
| lota | I number of other employees paid ov | /er \$5 | 0,000 | | <u> ▶</u> | | | - 004 | n-DF / | 2010 |

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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 | | |
| 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 numbe 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) |

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

6

1

2

3

4

5

b

Part XII

6

7

1a

1b

2

3a 3b

4

5

644.128

705,936

705.936

12,694

693.242

Form 990-PF (2019)

271,332

372,796

Form **990-PF** (2019)

Page 9

| Form | 990-PF | (2019 |
|------|---------|-------|
| Pa | rt XIII | 3 |

| 0-PF | (2 | 01 | 9 | , |
|------|----|----|---|---|
| YIII | | | ī | ı |

| D-PF (20 | 019) | | | |
|----------|----------------------|------|---------------|---|
| XIII | Undistributed Income | (see | instructions` |) |

1 Distributable amount for 2019 from Part XI, line 7

(a)

Corpus

(b)

Years prior to 2018

(c)

2018

434,604

434,604

- 2 Undistributed income, if any, as of the end of 2019:
- a Enter amount for 2018 only.
- 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
 - XII, line 4: ▶ \$

 - (Election required—see instructions).
- a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2019 distributable amount.

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

been issued, or on which the section 4942(a) tax has been previously assessed. **d** Subtract line 6c from line 6b. Taxable amount

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

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

- —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

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.

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. . .

Subtract lines 7 and 8 from line 6a

| orr | m 990-PF (2019) | | | | | Page 10 |
|-----|---|---------------------------|----------------------|--------------------|-------------------|----------------|
| 1 | Part XIV Private Operating Found | ations (see instru | ictions and Part V | /II-A, question 9) | | |
| a | If the foundation has received a ruling or det foundation, and the ruling is effective for 20 | | | | | |
| b | Check box to indicate whether the organizati | on is a private opera | ating foundation des | cribed in section | l 4942(j)(3) or □ |] 4942(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | (a) Total |
| | income from Part I or the minimum investment return from Part X for each year listed | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total |
| ь | 85% of line 2a | | | | | |
| | 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 foundation had \$5,000 or more in Part XV

assets at any time during the year—see instructions.) Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation

<u>-</u>

before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the

ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \blacktriangleright 🗹 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

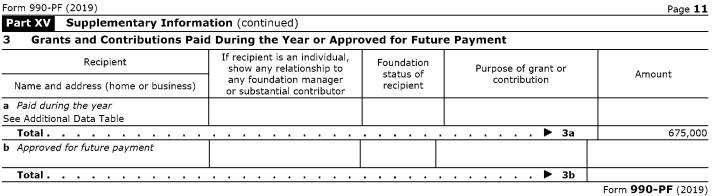
b The form in which applications should be submitted and information and materials they should include: LETTER

c Any submission deadlines:

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

MARCH 31

factors: RESTRICTED TO ROWING ACTIVITIES; GRADUATES FROM W. SEATTLE, ROOSEVELT, AND ENUMCLAW HIGH SCHOOL; SEATTLE, WA BASED CHARITIES; AND TO SCHOLARSHIPS FOR UNITED STATES MARINES.



| Part XV | I-A Analysis of Income-Producing | Activities | | | | |
|----------------------|---|----------------------|----------------------|-----------------------|----------------------|---------------------------------------|
| Enter gross | s amounts unless otherwise indicated. | | usiness income | Excluded by section | | (e) Related or exempt function income |
| 1 Progran | n service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (See instructions.) |
| | | | | | | |
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| | | | | | | |
| | and contracts from government agencies | | | | | |
| _ | ership dues and assessments | | | | | |
| 3 Interes | st on savings and temporary cash nents | | | | | 34,522 |
| | nds and interest from securities | | | | | 178,830 |
| | ntal income or (loss) from real estate: | | | | | |
| | -financed property lebt-financed property | | | | | |
| | ntal income or (loss) from personal property | | | | | |
| 7 Other i | nvestment income | | | | | |
| | r (loss) from sales of assets other than | | | | | |
| invento | • | | | | | 1,157,536 |
| | come or (loss) from special events: profit or (loss) from sales of inventory | | | | | |
| | revenue: a | | | | | |
| b | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | 4 070 000 |
| .2 Subtot 3 Total | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | 13 | 3 | 1,370,888 1,370,888 |
| | orksheet in line 13 instructions to verify calcu | | | | | 1,370,000 |
| Part XV | • | | | | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's explanation instructions.) | | | | | 0 |
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| Form 990 | -PF (2019) | | | | Pa | ge 13 |
|----------------|--|--|---|-------|--------|--------------|
| Part X | VII Information R Exempt Organ | | ions and Relationships With Nonchari | table | | |
| 1 Did th | e organization directly or the than section 501(c)(3 | ndirectly engage in any of the following with a) organizations) or in section 527, relating to | any other organization described in section 501 political organizations? | | Yes | No |
| a Trans | fers from the reporting fou | ndation to a noncharitable exempt organization | on of: | | | |
| (1) | Cash | | | 1a(1) | | No |
| (2) | Other assets | | | 1a(2) | | No |
| b Other | transactions: | | | | | |
| (1) | Sales of assets to a noncha | ritable exempt organization | | 1b(1) | | No |
| (2) | Purchases of assets from a | noncharitable exempt organization | | 1b(2) | | No |
| (3) | Rental of facilities, equipme | ent, or other assets | | 1b(3) | | No |
| (4) | Reimbursement arrangeme | nts | | 1b(4) | | No |
| (5) | oans or loan guarantees. | | | 1b(5) | | No |
| (6) P | erformance of services or i | membership or fundraising solicitations | | 1b(6) | | No |
| c Shari | ng of facilities, equipment, | mailing lists, other assets, or paid employees | | 1c | | No |
| of the | goods, other assets, or se transaction or sharing arr | | iolumn (b) should always show the fair market was to be foundation received less than fair market valuate goods, other assets, or services received. (d) Description of transfers, transactions, and sha | ie | ngemen | ts |
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| 2a Is the fo | oundation directly or indire | ectly affiliated with | , or related to, one or moi | e tax-exem | ot organizations |
|--------------------|------------------------------|-----------------------|------------------------------|------------|---------------------------------|
| describe | ed in section 501(c) (other | r than section 501(| (c)(3)) or in section 527? . | | □ Yes 🔽 No |
| b If "Yes," | complete the following s | chedule. | | | |
| | (a) Name of organization | | (b) Type of organiza | ation | (c) Description of relationship |
| | | | l | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2020-11-11 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🔲 Yes 🗖 No Print/Type preparer's name Preparer's Signature PTIN Date Check if self-P00331209 employed ▶ 🔲 DEYONNE R TEGMAN 2020-11-12 Paid **Preparer** Firm's name ▶ SHEEHAN & CO PS

Firm's EIN ▶91-0936603 **Use Only** Firm's address ► 10510 NORTHUP WAY STE 250 Phone no. (425) 822-4080 KIRKLAND, WA 980337948

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 2700 ACTIVISION BLIZZARD INC Ρ 2018-09-04 2019-01-15 300 APPLE COMPUTER Ρ 2015-02-02 2019-03-25 20 ALPHABET INC Р 2016-02-29 2019-11-19 100000 US TREASURY BILLS 3/21/19 Ρ 2018-12-31 2019-03-21 25 PARKER HANNIFIN CO Ρ 2013-03-13 2019-08-15 Ρ 100 ALPHABET INC 2016-07-01 2019-11-19 5000 COGNEX CORP Ρ 2019-05-03 2018-07-10 Р 2019-08-15 300 PARKER HANNIFIN CO 2016-03-08 125 HOME DEPOT Ρ 2013-09-25 2019-11-19 Ρ 2018-11-29 2019-05-23 500000 US TREASURY NOTE 5/23/19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 124,573 194,902 -70,329 58,381 35,406 22,975 26,586 13,773 12,813 99,495 99,495 3,962 2,429 1,533 132,931 63,527 69,404 243,544 230,868 12,676 47,548 32,024 15,524 29,698 9,488 20,210 494,134 493,997 137 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -70,329 22,975 12,813 1,533 63,527 12,676 15,524 20,210 137

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 750 PAYPAL HOLDINGS INC Р 2018-03-08 2019-08-15 3625 BOSTON SCIENTIFIC CORP Ρ 2017-02-08 2019-11-19 500000 US TREASURY NOTE 5/23/19 Р 2018-12-07 2019-05-23 200 ROPER INDUSTRIES INC Ρ 2011-02-03 2019-10-07 400 ROPER INDUSTRIES INC Ρ 2011-02-03 2019-11-19 Ρ 250000 US TREASURY BILLS 6/13/19 2018-12-24 2019-06-13 Ρ 125 AMAZON.COM INC 2017-04-24 2019-10-07 Р 2019-11-19 725 AMERICAN WATER WORKS CO INC 2010-07-22 200000 US TREASURY BILL 8/15/19 Ρ 2018-11-28 2019-08-15 475 UNITEDHEALTH GROUP INC Ρ 2012-01-19 2019-10-09 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 78.889 59.540 19,349 151,685 91,735 59,950 494,134 494,271 -137 68,464 15,824 52,640 139,086 31,648 107,438 247,085 247,085 216,490 113,410 103,080 85,001 15,519 69,482 198,199 196,331 1,868 104,008 24.879 79,129 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 19,349 59,950 -137 52,640 107,438 103,080 69,482 1,868 79,129

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 5000 SUNTRUST BANKS INC Ρ 2015-07-02 2019-12-09 500000 US TREASURY BILL 8/15/19 Ρ 2019-05-24 2019-08-15 1150 PAYPAL HOLDINGS INC Р 2018-03-08 2019-10-28 875 HOME DEPOT Ρ 2013-09-25 2019-12-18 1400 SIMON PROPERTY GROUP INC Ρ 2018-09-04 2019-08-19 Ρ 600 ROPER INDUSTRIES INC 2011-02-03 2019-10-28 Ρ 175000 US TREASURY BILLS 9/12/19 2019-03-25 2019-09-12 Р 2019-11-19 600 LAUDER ESTEE COS INC A 2012-08-30 500000 US TREASURY BILLS 11/14/19 Ρ 2019-05-24 2019-11-14 400 LAUDER ESTEE COS INC A Ρ 2014-02-18 2019-11-19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 217,160 217,160 495,499 497.367 -1,868122,982 91,294 31,688 188,821 66.418 122,403 210,054 256,249 -46,195 200,600 153,128 47,472 173,010 173,010 114,227 35,953 78,274 494,393 494,393 76,151 27.351 48,800 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -1,868 31,688 122,403 -46,195 153,128 78,274 48,800

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date sold How acquired Date acquired P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation Р 250000 US TREASURY BILLS 12/5/19 2019-06-19 2019-12-05 525 AMGEN INC Р 2016-04-13 2019-11-19 500000 US TREASURY BILLS 12/12/19 Ρ 2019-09-12 2019-12-12 2000 FORTIVE CORP Р 2016-07-18 2019-11-19 125000 US TREASURY BILLS 12/26/19 Ρ 2019-09-24 2019-12-26 600 SALESFORCE.COM INC Ρ 2017-09-01 2019-11-19 Р 400 UNITEDHEALTH GROUP INC 2012-01-19 2019-03-25 1000 VANGUARD SHORT-TERM BOND INDEX Р 2017-11-16 2019-11-19 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Cost or other basis (e) Gross sales price Gain or (loss) (f) (or allowable) (q) plus expense of sale (h) (e) plus (f) minus (g) 247,514 247,514 115,660 82.670 32,990 497,616 497,616 143.918 100.199 43,719 124,399 124,399 97,685 56,265 41,420 100,802 20,950 79,852 79,469 80,623 1,154 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 32,990 43,719 41,420 79,852 1,154

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 | | | | |
|--|------|--------|---------------|--------|
| 5TH AVENUE THEATER 1326 5TH AVENUE SEATTLE, WA 98101 | NONE | EXEMPT | MUSIC THEATER | 10,000 |
| | | | | |

| , | | | | |
|---|------|--------|-----------------|--------|
| AMERICAN COUNCIL OF TRUSTEES & ALUM 1730 M ST STE600 WASHINGTON, DC 200364525 | NONE | EXEMPT | DONATION | 5,000 |
| AMERICAN RED CROSS | NONE | EXEMPT | DISASTER RELIEF | 10.000 |

| 1730 M ST STE600 WASHINGTON, DC 200364525 | | | | |
|--|------|--------|-----------------|---------|
| AMERICAN RED CROSS 1900 25TH AVE S SEATTLE, WA 98144 | NONE | EXEMPT | DISASTER RELIEF | 10,000 |
| Total | | | ▶ 3a | 675,000 |

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

| a raid during the year | | | | |
|---|------|--------|-----------------------|--------|
| ASSISTANCE LEAGUE OF SEATTLE 1415 NORTH 45TH ST SEATTLE, WA 98103 | NONE | EXEMPT | OPERATION SCHOOL BELL | 10,000 |
| CHILDHAVEN316 BROADWAY | NONE | EXEMPT | CHILDREN WELFARE | 50,000 |

| CHILDHAVEN316 BROADWAY SEATTLE, WA 98122 | NONE | EXEMPT | CHILDREN WELFARE | 50,000 |
|--|------|--------|------------------|--------|
| CHILDREN'S HOME SOCIETY PO BOX 15190 SEATTLE, WA 98115 | NONE | EXEMPT | CHILD WELFARE | 10,000 |

| ' | | | | |
|--|------|--------|---------------|---------|
| CHILDREN'S HOME SOCIETY PO BOX 15190 SEATTLE, WA 98115 | NONE | EXEMPT | CHILD WELFARE | 10,000 |
| Total | | | ▶ 3a | 675,000 |

Recipient
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| DAUGHTERS OF CINCINNATI 20 W 44TH ST 508 NEW YORK, NY 10036 | NONE | EXEMPT | MILITARY STARS | 10,000 |
|---|------|--------|-----------------------------------|--------|
| FARE START700 VIRGINIA ST SEATTLE, WA 98101 | NONE | EXEMPT | CULINARY JOB TRAINING & PLACEMENT | 5,000 |

| FARE START700 VIRGINIA ST SEATTLE, WA 98101 | NONE | EXEMPT | CULINARY JOB TRAINING & PLACEMENT | 5,000 |
|---|------|--------|-------------------------------------|---------|
| FRIENDS OF GREEN LAKE CREW 5717 SW HANFORD STREET SEATTLE, WA 98116 | NONE | EXEMPT | MICHAEL S. LAFROMBOISE ENDOWMENT | 105,000 |
| - | | | | _ |

Total .

675,000

■ 3a

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

or substantial contributor

Name and address (home or business)

Total .

| a Paid during the year | | | | |
|---|------|--------|----------|-------|
| HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE | NONE | EXEMPT | DONATION | 5,000 |

| VASHINGTON DC, DC 20002 | | | | |
|--|------|--------|------------|--|
| MAKE-A-WISH FOUNDATION 311 FIRST AVE STE 520 SEATTLE, WA 98104 | NONE | EXEMPT | CHARITABLE | |

| 811 FIRST AVE STE 520 SEATTLE, WA 98104 | | | | |
|---|------|--------|--------------|--------|
| MARINE CORPS SCHOLARSHIP FOUNDATION909 N WA ST STE 400 | NONE | EXEMPT | SCHOLARSHIPS | 50,000 |

10,000

| SEATTLE, WA 98104 | | | | |
|---|------|--------|--------------|----|
| MARINE CORPS SCHOLARSHIP FOUNDATION909 N WA ST STE 400 ALEXANDRIA, VA 22314 | NONE | EXEMPT | SCHOLARSHIPS | 50 |

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 any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| MILLIONAIRE CHARITY 2515 WESTERN AVE SEATTLE, WA 981211387 | NONE | EXEMPT | HOMELESSNESS | 5,000 |
|--|------|--------|--------------|--------|
| NORTHWEST HARVESTPO BOX 12272 | NONE | EXEMPT | FOOD BANKS | 10,000 |

| SERTIFIE, WIT SOIZIISOI | | | | |
|--|------|--------|----------------------|---|
| NORTHWEST HARVESTPO BOX 12272 SEATTLE, WA 98102 | NONE | EXEMPT | FOOD BANKS | 1 |
| NORTHWEST KIDNEY CENTER | NONE | EXEMPT | DIALYSIS TREATMENT & | 1 |

Total .

| SEATTLE, WA 98102 | | | | |
|---|------|--------|----------------------------------|--------|
| NORTHWEST KIDNEY CENTER FOUNDATION700 BROADWAY SEATTIE WA 98122 | NONE | EXEMPT | DIALYSIS TREATMENT & RESEARCH | 10,000 |

| NORTHWEST KIDNEY CENTER | NONE | EXEMPT | DIALYSIS TREATMENT & | 10,0 |
|-------------------------|------|--------|----------------------|------|
| FOUNDATION700 BROADWAY | | | RESEARCH | |
| SEATTLE, WA 98122 | | | | |

▶ 3a

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

| a Paid during the year | | | | |
|--|------|--------|---------------------|--------|
| PACIFIC NORTHWEST BALLET 301 MERCER ST SEATTLE, WA 98109 | NONE | EXEMPT | BALLET PERFORMANCES | 10,000 |

| SEATTLE, WA 90109 | | | | |
|---|------|--------|------------------------------|--------|
| PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 2811 S 102ND ST STE 220 TUKWILA, WA 98168 | NONE | EXEMPT | MEDICAL TREATMENT & RESEARCH | 10,000 |
| BONALD MCDONALD HOUSE | NONE | EVEMBT | CHTI DDEN BROCDAMS | 30,000 |

| 2811 S 102ND ST STE 220 TUKWILA, WA 98168 | | | | |
|---|------|--------|-------------------|--------|
| RONALD MCDONALD HOUSE 5130 40TH AVE NORTHEAST SEATTLE, WA 98105 | NONE | EXEMPT | CHILDREN PROGRAMS | 20,000 |

▶ 3a

675,000

Total .

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 (nome or business) | or substantial contributor | · | | |
|-------------------------------------|----------------------------|--------|--------------------------|--------|
| a Paid during the year | | | | |
| RYTHER CHILD CENTER | NONE | EXEMPT | CHILDREN & TEEN PROGRAMS | 15,000 |

| RYTHER CHILD CENTER 2400 NE 95TH ST SEATTLE, WA 98115 | NONE | EXEMPT | CHILDREN & TEEN PROGRAMS | 15,000 |
|---|------|--------|--------------------------|--------|
| SALVATION ARMYPO BOX 9219 | NONE | EXEMPT | COMMUNITY SUPPORT | 10,000 |

| SALVATION ARMYPO BOX 9219 111 QUEEN ANNE AVE N SEATLE, WA 98109 | NONE | EXEMPT | COMMUNITY SUPPORT | 10,000 |
|---|------|--------|------------------------------|--------|
| SEATTLE CHILDREN'S HOSPITAL M/S S-200 | NONE | EXEMPT | MEDICAL TREATMENT & RESEARCH | 30,000 |

| Total | | | ▶ 3a | 675,000 |
|---|------|--------|------------------------------|---------|
| SEATTLE CHILDREN'S HOSPITAL M/S S-200 SEATTLE, WA 98145 | NONE | EXEMPT | MEDICAL TREATMENT & RESEARCH | 30,000 |
| SEATLE, WA 98109 | | | | |

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

| SEATTLE SYMPHONYPO BOX 21906 SEATTLE, WA 98111 | NONE | EXEMPT | MUSIC PERFORMANCE AND EDUCATION | 5,000 |
|---|------|--------|---------------------------------|-------|
| a Paid during the year | | | | |

| SEATTLE, WA 98111 | | | EDUCATION | |
|---|------|--------|-------------------|--------|
| SEATTLE UNION GOSPEL MISSION PO BOX 202 SEATTLE, WA 98111 | NONE | EXEMPT | COMMUNITY SUPPORT | 10,000 |
| CWEDICH MEDICAL CENTER | NONE | EVEMBT | MEDICAL CARE | 10.000 |

| SEATTLE, WA 98111 | | | | |
|--|------|--------|--------------|--------|
| SWEDISH MEDICAL CENTER FOUNDATION747 BROADWAY SEATTIF WA 98122 | NONE | EXEMPT | MEDICAL CARE | 10,000 |

| SLATTLL, WA 90111 | | | | 1 |
|---|------|--------|--------------|--------|
| SWEDISH MEDICAL CENTER FOUNDATION747 BROADWAY SEATTLE, WA 98122 | NONE | EXEMPT | MEDICAL CARE | 10,000 |
| | | | | |

Total .

▶ 3a

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 | | | | |
|--|------|--------|---------------------|--------|
| UNIV OF WA FOUNDATIONBOX 359505 SEATTLE, WA 98195 | NONE | EXEMPT | SCHOLARSHIPS | 60,000 |
| VIRGINIA MASON FOUNDATION | NONE | EXEMPT | MEDICAL TREATMENT & | 75.000 |

| 3E/(11EE, 11/1 30133 | | | | |
|--|------|--------|------------------------------|--------|
| VIRGINIA MASON FOUNDATION 1218 TERRY AVE STE 105 SEATTLE, WA 98101 | NONE | EXEMPT | MEDICAL TREATMENT & RESEARCH | 75,000 |
| WOOD RIVER LAND TRUST | NONE | EXEMPT | LAND CONSERVATION | 5,000 |

| SEATTLE, WA 98101 | | | RESEARCH | |
|---|------|--------|-------------------|-------|
| WOOD RIVER LAND TRUST 119 E BULLION ST HAILEY, ID 83333 | NONE | EXEMPT | LAND CONSERVATION | 5,000 |
| - | - | • | | |

Total .

675,000

■ 3a

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 | | | | |
|--|------|--------|-------------|-------|
| YOSEMITE CONSERVANCY 101 MONTGOMERY ST STE1700 SAN FRANCISCO, CA 94104 | NONE | EXEMPT | CONSERVANCY | 5,000 |
| · · · · · · · · · · · · · · · · · · · | 1 | | 1 | |

| SAN FRANCISCO, CA 94104 | | | | |
|---|------|--------|-------------------|--------|
| PIKE PLACE MARKET FOUNDATION 93 PIKE ST STE 310 SEATTLE, WA 98101 | NONE | EXEMPT | COMMUNITY SUPPORT | 10,000 |

| PIKE PLACE MARKET FOUNDATION 93 PIKE ST STE 310 SEATTLE, WA 98101 | NONE | EXEMPT | COMMUNITY SUPPORT | 10,000 |
|---|------|--------|-------------------|--------|
| BREAD OF LIFE MISSION97 S MAIN ST SEATTLE, WA 98104 | NONE | EXEMPT | SUPPORT | 5,000 |

| SEATTLE, WA 98101 | | | | |
|--|------|--------|---------|-------|
| BREAD OF LIFE MISSION97 S MAIN ST SEATTLE, WA 98104 | NONE | EXEMPT | SUPPORT | 5,000 |

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| a raid daring the year | | | | |
|--|------|--------|-------------------|--------|
| MARY'S PLACE SEATTLEPO BOX 1711 SEATTLE, WA 98111 | NONE | EXEMPT | COMMUNITY SUPPORT | 5,000 |
| LELAND STANDFORD JUNIOR | NONE | EXEMPT | HOOVER GIFT FUND | 10,000 |

| LELAND STANDFORD JUNIOR UNIVERSITY326 GALVEZ ST STANFORD, CA 94305 | NONE | EXEMPT | HOOVER GIFT FUND | 10,000 |
|--|------|--------|----------------------|--------|
| THE ASSOCIATED RECREATION COUNCIL8061 DENSMORE AVE N | NONE | EXEMPT | GREEN LAKE BOATHOUSE | 75,000 |

| STANFORD, CA 94305 | | | | |
|---|------|--------|----------------------|--------|
| THE ASSOCIATED RECREATION NO COUNCIL8061 DENSMORE AVE N SEATTLE, WA 98103 | NONE | EXEMPT | GREEN LAKE BOATHOUSE | 75,000 |

675,000

| SEATTLE, WA 98103 | THE ASSOCIATED RECREATION COUNCIL8061 DENSMORE AVE N SEATTLE, WA 98103 | NONE | EXEMPT | GREEN LAKE BOATHOUSE | 75,0 |
|-------------------|--|------|--------|----------------------|------|
|-------------------|--|------|--------|----------------------|------|

Total .

| efile GRAPHIC print - DO NOT P | ROCESS As Fil | ed Data - | Di | LN: 93491317015330 | |
|--------------------------------|----------------------------------|--------------------------|--------------------------|---|--|
| TY 2019 Accounting Fe | TY 2019 Accounting Fees Schedule | | | | |
| | | | | | |
| | Name: JEAN | K LAFROMBOISE FO | UNDATION | | |
| C/O DEYONNE TEGMAN | | | | | |
| | EIN: 91-14 | 416209 | | | |
| Category | Amount | Net Investment Income | t Adjusted Net Income | Disbursements for Charitable Purposes | |

9,000

4,500

4,500

SHEEHAN & CO., P.S.

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491317015330 |
|--------------------------------------|-----------------|---------------------|
| TY 2019 Investments Corporat | e Stock Sche | dule |
| Name: J | IEAN K LAFROMBO | DISE FOUNDATION |

10,697,361

6,034,126

C/O DEYONNE TEGMAN **EIN:** 91-1416209

STATE STREET STOCK

| Investments Corporation Stock Schedule | | |
|--|---------------------------|----------------------------------|
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491317015330 |
|--|-----------------|-------------------|---------------------|
| TY 2019 Investments Govern | nent Obligat | ions Schedule | |
| | | | |
| Name: | JEAN K LAFRO | MBOISE FOUNDATION | |
| | C/O DEYONNE | TEGMAN | |
| EIN: | 91-1416209 | | |
| US Government Securities - End of Year Book Value: | | 472,252 | |
| US Government Securities - End of Year Fair Market Value: | | 472,411 | |
| State & Local Government Securities - End of Year Book Value: | | | |
| State & Local Government Securities - End of Year Fair Market Value: | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491317015330 |
|--------------------------------------|-----------------|-----------------|---------------------|
| TY 2019 Investments - Other | Schedule | | |
| Ti zory myestments other | Schedule | | |
| Name: | JEAN K LAFROMBO | DISE FOUNDATION | |
| | C/O DEVONNE TE | CMAN | |

| | | C/O DETONNE LEGMAN |
|-------------------------------|------|--------------------|
| | EIN: | 91-1416209 |
| Trus atmosts Other Cahadula 3 | | |

| ETIA! | 91-1410209 | | |
|------------------------------|-----------------------|------------|----------------------------------|
| Investments Other Schedule 2 | | | |
| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|---------------------|-----------------------|------------|----------------------------------|
| FOREIGN INVESTMENTS | AT COST | 450,266 | 483,689 |
| OTHER FIXED INCOME | AT COST | 2,018,799 | 2,015,895 |

| effie GRAPHIC print - DO NOT PROCESS | AS Filed Data - | | DLN: 9349131/015330 |
|--------------------------------------|-----------------|-----------------|---------------------|
| TY 2019 Other Assets Schedule | e | | |
| Name: | JEAN K LAFROMBO | DISE FOUNDATION | |

C/O DEYONNE TEGMAN

|--|

ORGANIZATION COSTS

| EIN: | 91-1416209 |
|------|------------|
| | |

Other Assets Schedule Description

|) L I O I II I L | 1 201 17 (14 | |
|------------------|--------------|--|
| 116200 | | |

Beginning of Year -

Book Value

1,485

End of Year - Fair Market Value

End of Year - Book Value

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | N: 93491317015330 | | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Other Expenses Schedule | | | | | | |
| | | | | | | |
| Name: JEAN K LAFROMBOISE FOUNDATION | | | | | | |
| | C/O DEYONNE T | TEGMAN | | | | |
| EIN: | 91-1416209 | | | | | |
| Other Expenses Schedule | | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| EXPENSES | ' | | | | | |
| BANK CHARGES | 15 | | | 15 | | |
| BRIDGE TOLLS & MILEAGE | 318 | | | 318 | | |
| TELEPHONE AND INTERNET | 2,068 | | | 2,068 | | |

| efile GRAPHIC print - DO NOT PROCI | ESS As Filed Data | -1 | DL' | N: 93491317015330 | |
|--|-------------------|--------------------------|------------------------|---|--|
| TY 2019 Other Professional Fees Schedule | | | | | |
| | | | | | |
| Name: JEAN K LAFROMBOISE FOUNDATION | | | | | |
| C/O DEYONNE TEGMAN | | | | | |
| EIN: 91-1416209 | | | | | |
| T | | | | 1 | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| INVESTMENT BROKERAGE FEES | 6,443 | 6,443 | | | |
| CUSTODIAN & MANAGEMENT FEES | 79,218 | 79,218 | · | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | DLN: 93491317015 | | N: 93491317015330 | | |
|--------------------------------------|---------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2019 Taxes Schedule | | | | | | |
| | | | | | | |
| Name: JEAN K LAFROMBOISE FOUNDATION | | | | | | |
| C/O DEYONNE TEGMAN | | | | | | |
| EIN: 91-1416209 | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | 1 | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| FEDERAL EXCISE TAX PAID | 2,898 | 2,898 | | | | |
| STATE FILING FEES | 35 | | | 35 | | |
| FOREIGN TAX PAID | 423 | 423 | | | | |
| PENALTY | 285 | | | | | |