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Form 990

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**08** 

Open to Public

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2008 calendar year, or tax year beginning 2008, and ending 20 09 July 1 June 30 D Employer Identification number C Name of organization Community Foundation of North Central Washingto Check if applicable use IRS Doing Business As 1349486 Address change label or print or Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite □ Name change P.O. Box 3332 (509) 663-7716 Initial return Specific City or town, state or country, and ZIP + 4 ☐ Termination Instructions. Wenatchee WA 98807-3332 G Gross receipts \$ 11,865,377 Amended return F Name and address of principal officer: Beth A Stipe, P.O. Box 3332, H(a) is this a group return for affiliates? Yes No Application pending Wenatchee WA 98807-3332 H(b) Are all affiliates included? Yes No Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.cfncw.org H(c) Group exemption number Type of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1986 M State of legal domicile WA Part I Summary Grant making to qualified non-profit Briefly describe the organization's mission or most significant activities: organizations in Chelan, Douglas & Okanogan counties. Award college scholarships to qualifying applicants Activities & Governance in Chelan, Douglas & Okanogan counties. Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its assets. 3 22 Number of voting members of the governing body (Part VI, line 1a). 4 22 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 Total number of employees (Part V, line 2a). . . 6 100 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). b Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 5,317,294 2.323.418 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . 2.714,870 111,006 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -909 -3,562 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 8,031,255 2,430,862 2,080,774 2,085,738 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . 14 208,986 229,006 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) : 情境,疑, b Total fundraising expenses (Part IX, column (D), line 25) ▶ ..... 360,480 489,295 2,650,240 2.804.039 Revenue less expenses Subtract line 18 from line 12 5.381.015 -373.177 Beginning of Year End of Year 33,849,899 29,095,946 20 Total liabilities (Part) X, line 26 15,650,284 13,555,022 21 Net assets or fund balances. Subtract line 21 from line 20 18,199,615 15,540,924 Signature Block Part II Under penalties of perjury, I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and a Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ture, of officer ₄ Date Here Executive Type or print name and title Check if Date Preparer's Identifying number Preparer's self-(see instructions) signature employed ▶ [ Paid Preparer's Firm's name (or yours EIN

Phone no. ▶ (

Par	Statement of Program Service Accomplishments (see Instructions)
1	Briefly describe the organization's mission:  Grow, protect and connect charitable gifts in support of strong communities.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.  Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 329,203 including grants of \$ 291,550 ) (Revenue \$ 0 ) College scholarships awarded to qualifying students in Chelan, Douglas & Okanogan counties, Washington state.  169 scholarships were awarded during the year ending 6/30/09. Over 100 volunteers review and select recipients from over 800 applications received from the 3 county area. Scholarships range from \$100 to over \$16,000.  Criteria are established and disseminated to all area high schools and community college. All selection committees are required to follow rules and regulations established by HR4 Legislation and is monitored and approved by the Board of Trustees.
4b	(Code: ) (Expenses \$ 317,044 including grants of \$ 280,782 ) (Revenue \$ 0 ) Grants made to qualifying non-profit organizations in Chelan, Douglas and Okanogan counties, Washington state.  North Central Washington is a rural region encompasing 10,000 square miles, the largest metro area is 30,000 population. For many of these organizations, CFNCW's competative grant program is the only opportunity to receive funding from a source other than individuals. We have no major private foundations or corporations residing in our region. CFNCW receives approximately double the amount of requests for funding than resources are available.  Board members make site visits to each applicant and staff provides due diligence.
4c	(Code: ) (Expenses \$ 949,708 including grants of \$ 841,085 ) (Revenue \$ 0 )  Grants to non-profit organizations from Agency funds held by Community Foundation of North Central Washington.
	Other program services. (Describe in Schedule O.)
	(Expenses \$ 923,524 including grants of \$ 672,321 ) (Revenue \$ 0 )  Total program service expenses ▶ \$ 2,519,479 (Must equal Part IX, Line 25, column (B).)

Pai	t IV Checklist of Required Schedules	•		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<u>_1</u> _	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<b>✓</b>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_	✓	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		_
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<b>✓</b>
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	-	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<b>\</b>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>✓</b>	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	240		
	24b–24d and complete Schedule K. If "No," go to question 25	24a 24b		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			Ť
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a		25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Part IV	Checklist of	of Real	uired Schedu	iles (	continued)

			Yes	_ No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<b>✓</b>	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			ı
	VI	37		✓

Form **990** (2008)

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>		ļ
	gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			<del> </del>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>/</b>	$\vdash$
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			١,
_	account)?	4a	<del>                                     </del>	✓
þ	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u></u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	✓
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	<b>_</b>	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	l- <u>-</u>		<u> </u>
	\$75?	7a	<b> </b>	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Щ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	<b> </b>	-
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			}
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8	ļi	1
_	organization, have excess business holdings at any time during the year?	-		+
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		1
a b	Did the organization make any taxable distributions under section 4966?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		'	1
ь				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b				Ì
	amounts due or received from them.)			.
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		<u></u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.		Ì	
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
_	any other officer, director, trustee, or key employee?	2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct			<b> </b>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		1
6	Does the organization have members or stockholders?	0		<b>  •</b>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	7a		1
L	of the governing body?	7b		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	70		<b>-</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	8a	1	
a b	The governing body?	8b	1	
9a		9a	<u> </u>	1
	·			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	40	,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	٧	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		
Sec	tion B. Policies			· ·
<u> </u>	tion b. Folicies			
			Yes	No
122	Does the organization have a written conflict of interest policy? If "No." go to line 12	12a	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		<b>√</b>	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Yes ✓	No
c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	<b>√</b>	No
ь с 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?	12b 12c 13	<b>* * *</b>	No V
b c 13 14	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?	12b	<b>✓</b>	No
ь с 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	<b>* * *</b>	No
b 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12b 12c 13 14	√ √ √	√
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	✓ ✓ ✓	No ✓
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?	12b 12c 13 14	√ √ √	√
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)	12b 12c 13 14	✓ ✓ ✓	√
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	12b 12c 13 14 15a 15b	✓ ✓ ✓	✓
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	✓ ✓ ✓	√
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	✓ ✓ ✓	✓
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	✓ ✓ ✓	✓
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	12b 12c 13 14 15a 15b	✓ ✓ ✓	✓
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  **Etion C. Disclosure**	12b 12c 13 14 15a 15b	✓ ✓ ✓	✓
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12b 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   Washington	12b 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	12b 13 14 15a 15b 16a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	✓
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cavailable for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	√	✓
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	√	✓
b c c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  Does the organization have a written whistleblower policy?  Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:  The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?  Describe the process in Schedule O. (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed \(\top\)Washington  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12b 12c 13 14 15a 15b 16a	√ √ √ √ only)	✓

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)			(4	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Beth A. Stipe Executive Director	40	_		,				75,977	0	6,487
				✓.	<u> </u>		<u> </u>	,		
Judith A. Cleveland Controller	32			✓				51,423	0	8,374
Wayne Wright Director	1	1						0	0	0
John Applegate		•								
Director	1	1						0	0	0
Krista Beck	_							_		
Director	1	✓				ļ		0	0	0
Mall Boyd	1								•	
Director; Board Chair	1	✓		✓				0	0	0
Bart Clennon	1							0	0	0
Director		✓		_				0		
Lisa Day	1							0	o	0
Director		✓_					_			
Mary Lou Johnson	1				İ			o	0	0
Director	<u>'</u>	✓	<u> </u>					•		
Frank Kuntz	1							o	o	0
Director	<u> </u>	<b>✓</b>		_	<u> </u>		_			
Melissa Larson Director	1	1						0	0	0
Judith Lurie	1									
Director	1	✓_						0	0	0
Ken Marson	1							0	0	0
Director	<u> </u>	✓_	<u> </u>	L	L_					
Ken Martin	1							0	0	0
Director	<u> </u>	✓	<u> </u>	L_		ļ			•	
Mary Murphy	1			١.				o	0	0
Director, Board vice chair	<u> </u>	✓		✓_			<u> </u>	ļ		
Katie Pauly	1							o	0	0
Director		_✓_	<u> </u>	<u> </u>		ļ	<del> </del> —			
Peter Rutherford	1							o	0	0
Director		<b>√</b>						L		_

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(6	C)			(D)	(E)	(F)
Name and title	Average hours per week		·-			that ap		Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation
Tina Sculi Director	1	1						0	(	0
Terry Sorom Director	1	1						0	(	0
Chris Stahler Director	1	<b>√</b>						0	•	0
Kris Taylor Director; Sec/treas of Board	1	1		✓			L	0	(	0
Jacki Tnomas  Director	1	1						0		0
Nevio Tontini Director	1	1						0	(	0
Bob White Director	1	1	!					0	(	0
								_		
<ul><li>1b Total</li></ul>	e in 1a) wh	o rec	eive	 ed n	nore	than	<b>▶</b> \$1	<b>127,400</b> 00,000 in repo	rtable compen	1,
organization ▶ 0								<del></del>		Yes No
3 Did the organization list any <b>former</b> office employee on line 1a? <i>If "Yes," complete S</i>							oyee	e, or highest c	•	3 1
4 For any individual listed on line 1a, is the state organization and related organizations individual.										4
<ul><li>5 Did any person listed on line 1a receive services rendered to the organization? If "</li></ul>	or accrue Yes," comp	comp comp olete S	pens S <i>ch</i>	atio	on f <i>le J</i>	rom a for s	any <i>uch</i>		anization for	5 🗸
Section B. Independent Contractors									<del></del>	
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ctor	s that received	d more than \$1	00,000 of
(A) Name and business add	dress							(B) Description of se	ervices	(C) Compensation
none										
				_						
2 Total number of independent contractors compensation from the organization ▶ 0		those	in	1) w	ho	receiv	/ed	more than \$10	00,000 in	

Par	t VII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (contr All other contributions, gifts, and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	grants, ided above 1f	30,919 2,292,499 519,729	2,323,418	TOTOLINO		312, 010, 01 314
Program Service Revenue	2a b c d e f	All other program servi	ce revenue .		0			
	3 4 5	Investment income (incother similar amounts) Income from investment of Royalties	of tax-exempt bond	🕨	975,452	975,452		
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (lo	(i) Real 4,500 917 3,583	(ii) Personal	3,583	3,583		
	l	Gross amount from sales of assets other than inventory	(i) Securities 8,569,152	(ii) Other	0,000	0,000		
	С	Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	9,433,598	•	-864,446	-864,446		
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
Othe		Less: direct expenses Net income or (loss) fro		vents ▶				
		Gross income from gam See Part IV, line 19	a					
	С	Less: direct expenses, Net income or (loss) fro	om gaming activi	ties ►				
	b	Gross sales of inverteurns and allowances Less: cost of goods so Net income or (loss) from	id <b>a</b> id <b>b</b> n sales of invento					
	_	Miscellaneous Revo	enue	Business Code	7 444	7 444		
	11a	Miccellanceus			-7,411 266	-7,411 266		
		Wiscenanieous			200	200		
	d	All other revenue						
	e	Total. Add lines 11a-1		•	-7,145			
	12	Total Revenue. Add lings, 10c, and 11e			2,430,862	107,444	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must complete colu	(A) but are not	t required to comp (B)	olete columns (B), (C	(D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,794,188	1,794,188		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	291,550	291,550		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	141,359	24,642	75,648	41,069
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	49,770	19,653	30,117	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	5,579	1,327	3,035	1,217
9	Other employee benefits	16,836	4,320	10,489	2,027
10	Payroll taxes	15,462	3,582	8,621	3,259
11	Fees for services (non-employees):				
	Management	0		200	
	Legal	993		993 12,360	
	Accounting	12,360		12,360	
	Lobbying	0			
_	Professional fundraising services. See Part IV, line 17	157,462	137,790	19,672	
f	Investment management fees	164,375	164,375	19,072	<del></del>
	Other	2,675	104,373	2,675	<del></del>
12	Advertising and promotion	30,290	381	29,909	
13	Office expenses	0,230		20,000	
14	Information technology	0			<del></del>
15 16	Royalties	10,260		10,260	
17	Travel	3,284		3,284	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	377		377	
20	Interest	0			<u>_</u>
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	13,793		13,793	
23	Insurance	5,276		5,276	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
_	dues, subscriptions	4,687		4,687	
a b	miscellaneous	5,792		5,792	
C	admin fees	77,671	77,671	37.02	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,804,039	2,519,479	236,988	47,572
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	29,698	1	789
	2	Savings and temporary cash investments	2,387,279	2	3,998,581
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
Ś	7	Notes and loans receivable, net	413,289	7	417,502
Assets	8	Inventories for sale or use	,	8	
As	9		4,454	9	5,895
	10a	Prepaid expenses and deferred charges			
		Less: accumulated depreciation. Complete			
		Part VI of Schedule D	358,017	10c	521,981
	11	Investments—publicly traded securities	30,538,229		23,789,187
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	118,933	15	362,011
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,849,899	16	29,095,946
	17	Accounts payable and accrued expenses	23,992	17	19,268
	18	Grants payable	404,682	18	428,150
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	15,221,610	25	13,107,604
	26	Total liabilities. Add lines 17 through 25	15,650,284	26	13,555,022
ces		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	9,298,533	27	8,058,153
Bal	28	Temporarily restricted net assets	8,901,082	28	7,482,771
פ	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	<del></del>
ě	33	Total net assets or fund balances	18,199,615	33	15,540,924
	34	Total liabilities and net assets/fund balances	33,849,899	34	29,095,946
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1	Acc	ounting method used to prepare the Form 990:   Cash  Accrual	☐ Other		
<b>2</b> a		e the organization's financial statements compiled or reviewed by an inde	•	?	2a ✓
b		e the organization's financial statements audited by an independent acco			2b ✓
C		'es" to lines 2a or 2b, does the organization have a committee that assumes	· ·	-	
		audit, review, or compilation of its financial statements and selection of an inc			2c √
<b>3</b> a		a result of a federal award, was the organization required to undergo an a			
L		Single Audit Act and OMB Circular A-133?			3a
0	ן וו יץ	es," did the organization undergo the required audit or audits?			3b

#### **SCHEDULE A**

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047 Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Community Foundation of North Central Washington 91 1349486 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II **c** Type III-Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (II) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section (i) organized in the governing document? col (i) of your U S.? (see instructions)) support? Yes Yes No No Yes

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 835,429 2.097.082 5,311,822 4,042,448 2,323,418 14,610,199 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the n organization without charge 835,429 2.097.082 5.311.822 4.042.448 2.323.418 14.610.199 **Total.** Add lines 1-3 . . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 3,146,914 shown on line 11, column (f) . Public support. Subtract line 5 from line 4. 11,463,285 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 835,429 2,097,082 5,311,822 4,042,448 2,323,418 14,610,199 7 Amounts from line 4 . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 391,791 632,511 707.146 963,920 975.452 3,339,411 sources . Net income from unrelated business activities, whether or not the business is -3,093 -3,093 regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 3,849 3,849 (Explain in Part IV.) . . . . . . 17,950,366 11 Total support. Add lines 7 through 10 . 0 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 63.86 % Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . . 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 33\% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% or more, check this 17a 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . . . . . . 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

OMB No 1545-0047

2008

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	Name of the organization Employer identification number								
Cor	nmunity Foundation of North Central Wa	shington		91	1349486				
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.								
		(a) Donor advised funds		(b) F	unds and other accounts				
1	1 Total number at end of year								
2	Aggregate contributions to (during year)	233,455			912,686				
3	Aggregate grants from (during year) .	239,159		-	841,085				
4	Aggregate value at end of year	3,662,456			12,981,166				
5		d donor advisors in writing that the assets bject to the organization's exclusive legal c							
6	used only for charitable purposes and no	donors, and donor advisors in writing that of the tonor advition the benefit of the donor or donor advi	isor o	r other					
	impermissible private benefit?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			✓ Yes  No				
Pai		nplete if the organization answered "Yes'		orm 99	30, Part IV, line 7.				
1	<ul> <li>☐ Preservation of land for public use (e.</li> <li>☐ Protection of natural habitat</li> <li>☐ Preservation of open space</li> <li>Complete lines 2a-2d if the organization he</li> </ul>	·	on of a	certifie	orically important land area ed historic structure onservation easement				
	on the last day of the tax year.	·			Held at the End of the Year				
b		easements			2b				
c		certified historic structure included in (a)		· F	2c				
ď		ded in (c) acquired after 8/17/06		• –	2d				
3		fied, transferred, released, extinguished, or			by the organization during				
4		to conservation easement is located ▶			••				
5	Does the organization have a written poli enforcement of the conservation easemet	cy regarding the periodic monitoring, inspents it holds?							
6		oring, inspecting, and enforcing easements							
7		ng, inspecting, and enforcing easements du							
8		ed on line 2(d) above satisfy the requirement							
9		n reports conservation easements in its rev the text of the footnote to the organization ration easements.							
Pai		lections of Art, Historical Treasures, o wered "Yes" to Form 990, Part IV, line 8		ner Sin	nilar Assets.				
1a	art, historical treasures, or other similar as	under SFAS 116, not to report in its revenue sets held for public exhibition, education, or ote to its financial statements that describe	resea	rch in f	urtherance of public service,				
b	historical treasures, or other similar asset provide the following amounts relating to	under SFAS 116, to report in its revenue starts held for public exhibition, education, or rethese items:  VIII, line 1	eseard	ch in fu	urtherance of public service,				
	(ii) Assets included in Form 990, Part X				<b>&gt;</b> \$				
2	following amounts required to be reporte	s of art, historical treasures, or other simil d under SFAS 116 relating to these items:			- ,				
a b		, line 1							

Par	t III Organizations Maintain	ing Collections	of Art, His	torica	l Treasure:	s, or (	Other Similar As	sets (co	ntinued)_
3	Using the organization's accession items (check all that apply):	and other record	s, check ar	ny of th	ne following	that a	re a significant us	se of its	collection
а	Public exhibition		d [	_ և	oan or exch	ange j	programs		
b	Scholarly research		е [	⊐ ໐	ther		-		
С	Preservation for future genera	tions							
4	Provide a description of the organize Part XIV.	zation's collection	s and expla	in how	they furthe	r the d	organization's exe	mpt purp	ose in
5	During the year, did the organization assets to be sold to raise funds rathe	er than to be mainta	ained as pai	t of the	e organizatioi	n's col	lection?	Yes	
Par	Trust, Escrow and Cust Part IV, line 9, or reported					on ans	swered "Yes" to	Form 990	), 
								ves ✓ Yes	i 🗌 No
b	If "Yes," explain the arrangement in	n Part XIV and cor	nplete the t	followir	ng table:				<del></del>
						-	-	nount	040.007
	Beginning balance					10	-		912,827
	Additions during the year					10			-49,967
	Distributions during the year					. 16			119,946
	Ending balance					<u> 11</u>	<u> </u>		742,914
b	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV.							√ No
Par	t V Endowment Funds. Co								
		(a) Current year	(b) Prior y	/ear	(c) Two years	back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	13,206,278							
b	Contributions	906,380							
C	Investment earnings or losses .	-1,839,538							
d	Grants or scholarships	809,476					_		
е	Other expenditures for facilities and programs								
f	Administrative expenses	114,511							
	End of year balance	11,349,133							
2	Provide the estimated percentage of			as:					
а	Board designated or quasi-endown		%						
b	Permanent endowment ► 65.2								
С	Term endowment ▶9	6							
3a	Are there endowment funds not in the	ne possession of the	ne organizat	ion tha	it are held ar	nd adn	ninistered for the	ſ <b>v</b>	es No
	organization by:							3a(i)	<u>es 110</u> ✓
	(i) unrelated organizations							3a(ii)	1
_	(ii) related organizations If "Yes" to 3a(ii), are the related org							3b	<del>-   •</del>
4	Describe in Part XIV the intended u	ses of the organiz	is required ration's end	owmer	nt funds	• •		SD	
	t VI Investments—Land, Bu					art Y	line 10		
r ai	<del></del>	<del></del>	- i					40.5	
	Description of Investment	(a) Cost or ot (investm		basis	st or other s (other)	(c)	Depreclation	(d) Book	
1a	Land				,000			68,00	
b	Buildings			443	3,828		11,841	431,9	B7
С	Leasehold improvements								
d	Equipment			48	,070	_	26,076	21,99	4
	Other	<u>l</u>							
Tota	I. Add lines 1a-1e. (Column (d) should e	equal Form 990, Pa	rt X, column	(B), lin	e 10(c).) .		<u> ▶   </u>		521,981

Part VII Investments—Other Securities	S. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
·			···
	_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12.)	0 0 0 5 5 0 0 0 0 0 0	19-2-40	<u> </u>
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	iation arket value
			<u> </u>
			<del>.</del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	0		
Part IX Other Assets. See Form 990, Pa	T X, IINE 15. (a) Description	<del></del>	(b) Book value
Cash surrender value of life insurance	(a) Description		2,011
Donated real estate, held for sale		<del></del> .	360,000
			000,000
			_
	···		
Total. (Column (b) should equal Form 990, Part X, co.	1. (B) line 15.)	<b>•</b>	362,011
Part X Other Liabilities. See Form 990,			002,011
(a) Description of liability	(b) Amount		· · · · · · · · · · · · · · · · · · ·
Federal income taxes			
Refundable advances, agency funds FAS136	12,981,16	6	
PV Future estimated payouts, gift annuities	126,43	<u>8</u>	
		4	
		4	
		-	
		7	
		7	
_			
		_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	13,107,604	4	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	OVI D SILL COLOR DE LA COLOR DE COLOR	A - F:			- tugo i
Pai	T XI Reconciliation of Change in Net Assets from Form 990				0.400.000
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,430,862
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	2,804,039
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-373,177
4	Net unrealized gains (losses) on investments			5	-4,382,029
5	Donated services and use of facilities			6	
6	Investment expenses			7	
7	Prior period adjustments			8	1,926,600
8	Other (Describe in Part XIV)			9	-2,455,429
9 10	Total adjustments (net). Add lines 4–8	 3 and	· · · · · · · · · · · · · · · · · · ·	10	-2,828,606
	t XII Reconciliation of Revenue per Audited Financial Sta	teme	nts With Revenue		
1	Total revenue, gains, and other support per audited financial statemen			1	-1,098,911
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	115 .		<u> </u>	
a	Net unrealized gains on investments	2a	-4,382,029	ı	
b	Donated services and use of facilities	2b		1	
C	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d	852,256	1	
e	Add lines 2a through 2d		<u> </u>	26	-3,529,773
3	Subtract line 2e from line 1	• •		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	<u>΄</u> ΄ Ι			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		7	
C		$\overline{}$		40	<del>-</del>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line			5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Sta	atem	ents With Expens	es p	per Return
1	Total expenses and losses per audited financial statements			1	1,729,695
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
С	Losses reported on Form 990, Part IX, line 25	2c		4	
d	Other (Describe in Part XIV)	2d	_	1	_
е	Add lines 2a through 2d			2€	
3	Subtract line 2e from line 1	,		3	1,729,695
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			ŀ	
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	<del></del>	4	
b	Other (Describe in Part XIV)	4b	1,074,344	7	
	Add lines 4a and 4b			40	
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part	t I, line	9 18.)	5	2,804,039
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and f	Part XI	II, lines 2d and 4b.	a 4;	Part IV, lines 1b
Pai	t V line 4: Board designated quasi-endowments provide funds to gra		•		
end	lowments provide funds to grant to qualified non-profits and scholar	•	•	ts.	· <del></del>
Pai	t IV line 1b: The Community Foundation of North Central Washington		as trustee for five (	Char	ritable Remainder
Un	trusts. The Community Foundation is named to receive and manage				ts.
Pai	t XI Line 8 Other: eliminate Charitable Remainder Unitrusts: -169,91				
_	eements net change: -15,871. Total to line 8: 1,926,600				·

Part XIV Supplemental Information (continue	d)
Part XII line 2d:	
Eliminate Charitable Remainder Unitrusts:	-251,174
Reclass from expense	-454,500
Eliminate Agency funds, per SFAS #136	1,271,300
Reclass to expense	286,630
Total line 2d:	852,256
Part XIII line 4b:	
Reclass to Revenue	454,500
Reclass from Revenue	-286,631
Eliminate Agency funds, per SFAS # 136	841,085
Eliminate Charitable Remainder Unitrusts	81,261
Change in split interest agreements	-15,871
Total Line 4b	1,074,344

### SCHEDULE 1 (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

zations	U.S.
gani	the
5	2.
Assistance to Organizat	ividuals
ssista	
As	and
<b>Other</b>	ents,
and	vernm
Grants	Gov

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public

Inspection **Employer identification number** 

Our House for cancer(are Symphony for Wenatcher Young Women Christian attactor court appointed spec اهرا For a safer future, kidら Nurses For Tomoria Co Museum Assessment marketing consulta**n**.★ **%**□ Cub club & college (h) Purpose of grant or assistance Senior Center Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Music school 1349486 Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Church 5 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 9 (f) Method of valuation (book, FMV, appraisal, other Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 16,587 8,000 26,180 11,038 9,700 5,327 8,100 15,590 8,175 158,334 28,755 17,949 Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations Wen. V. College Methow V Scho (c) IRC section if applicable the selection criteria used to award the grants or assistance? Serial General Information on Grants and Assistance 501(c)3 Community Foundation of North Central Washington 45-0467521 91-1237629 23-7108001 91-1138664 91-6054055 91-1155033 91-0817705 91-1598260 91-0721056 91-0607703 91-1650005 91-1643408 (P) EIN Enter total number of other organizations Volunteer Attorney-Services, For. Ray 2011 Wanstrhaa WA 08807 Wenatchee Valley Symphony .... Methow Valley School-District ... Cancer Care-of-NCW, Inc., P>O> First United Methodist-Church kicle Creek-Music Center, P.O. C.A.S.A.-Inc., P.O. Box 2027 Methow Arts Alliance, P.O. Box-YWCA of Wenatchee Valley ..... 1 (a) Name and address of organization 1200 Fifthe Stl Wanatchee WA Wenatchee Valley College, ..... Cultural Center, 127 S. Mission Activity Center, 1312 Manle Stl P O Ray 2285 Wanstrhaa WA Wenatchee Valley Museum & Wenatchee Valley Senior..... A Safer Future Project. 300 S. 18 Twin Lakes Re.. Winthrop. 212 First St Wanatchee WA Rov 2074 I pawanworth WA Monstrhaa MIA ORRNT or government Assoc. P.O. Box 3423 Part II

ASS.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

(f) Description of non-cash assistance						additional information.					•	
(e) Method of valuation (book, FMV, appraisal, other)						1, line 2, and any other						
(d) Amount of non-cash assistance						in required in Part						
(c) Amount of cash grant	291,550					ovide the informatic						
(b) Number of recipients	169					te this part to pro						
(a) Type of grant or assistance	college scholarships for high school students	graduating in Chelan, Douglas or Okanogan	counties.			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990) ► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 1349486

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the	its and Other A	ssistance to Go	vernments and Or	rganizations in the	<b>U.S.</b> (Schedule I (Form 990),	orm 990), Part II.)	
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XMCA, P.O. Box 1974.Wenatchee WA 98807	91-0578224	501(c)3	106,041				Young Men's Christ a
Wenatchee High School, 1101 Millerdale, Wenatchee, WA 98801	91-6007261	Wen Hi School	10,054				Assoc school activities
Central Washington HospitalFoundation, P.O. Box 1887,	91-1075950	501(c)3	9,429				hospital foundation
Methaw Conservancy, P.Q. Box 71, Wenatchee, WA 98862	91-1588861	501(c)3	23,272				conservation, train
Woods house Cansarvatory of	91-2073071	501(c)3	53,872		Į.		music conservatory
Malaga-Golockum Community Council, P.O. Box 292, Malaga, WA	94-1347393	501(c)3	10,520				Community council
Wenatchee World- Newspapers in Education, p.O. Box 1511,	91-0479660		098'9				Newspapers in education
First Presbyterian Church, 1400 S Miller, Wenatchee, WA 98801	91-0617534	501(c)3	09'6				missions
DSV. Grisis Genter, 1207 N. Wenatchee Ave., Wenatchee, WA	91-1018890	501(c)3	056'2				strategic plan, vict <b>in</b> ≶
Columbia Valley Housing Assoc 1555 S. Methow St., Wenatchee, WA	91-1765830	501(c)3	12,428				Housing
Mission Vista, 205 Palouse, St Wenatchee, WA 98801	91-0953861	501(c)3	12,788				group home, disabled
Basic Health Plan, Wa State Health Care Authority, P.O. Box 34737,	91-1412780	Wa Health Care	175,997			:	health insurance, low (MC.
Methow Yalley Sports Trails Assoc P.O. Box 147, Winthrop, WA 98862	91-1027957	501(c)3	20,000				Sport trails
.Write on The River, P.O. Box 3596 Wenatchee, WA 98807	65-1295242	501(c)3	0.29'2				Writers conference
WSU Foundation, P.O. Box 641925, Puliman, WA 99164	91-1075542	501(c)3	000'9				National Public Rad ; O
<ul> <li>Enter total number of Section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	501(c)(3) and gov	ernment organizat	ions	•			14
ı	941111111111111111111111111111111111111						•

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Community Foundation of North Central Washington

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

20**08** 

OMB No. 1545-0047

Open to Public Inspection **Employer identification number** 

1349486

prep low inc kids for window replacemen (h) Purpose of grant or assistance Theatre festival mental health **United Way** Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II. (g) Description of non-cash assistance . (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant assistance (e) Amount of non-cash if applicable . 21,900 52,143 6,500 5,877 24,613 Enter total number of Section 501(c)(3) and government organizations Wen. V. School 501(c)3 501(c03 501(c)3 501(c)3 91-6007261 23-7455138 41-2040765 91-0657766 26-3384150 (P) EIN Enter total number of other organizations United Way of Chelan and Douglas... Counties, P.O. Box 488, Wenatchee, icicle Creek Theatre Festival, 11756. 5th Ave NE, Seattle, WA 98125-4902 Sunset Ave, Wenatchee, WA 98801 Okanogao Bebayioral Healtbcare... 1007 Koala Dr., Omak, WA 98841 (a) Name and address of organization or government Methow Valley Senior Center, P.O. Wenatchee School District 235. Box 296, Twisp, WA 98856

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No 51026W

Schedule I-1 (Form 990) 2008

#### SCHEDULE M (Form 990)

#### **NonCash Contributions**

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

Name of the organization Employer Identification number **Community Foundation of North Central Washington** 1349486 Part I Types of Property (b) (d) (a) (c) Check if Method of determining Number of contributions Revenues reported on revenues applicable Form 990, Part VIII, line 1g Art-Works of art 2 Art—Historical treasures . . Art—Fractional interests . Books and publications Clothing and household goods . . . . . . . . Cars and other vehicles . 6 7 Boats and planes Intellectual property . . . . 8 159,729 5 Stock market Securities—Publicly traded . 9 Securities—Closely held stock . 10 Securities-Partnership, LLC, or trust interests . . . . . 12 Securities—Miscellaneous Qualified conservation contribution (historic structures) . . . . . . Qualified conservation 14 contribution (other) . . . 1 360,000 sales price 15 Real estate—Residential . . Real estate—Commercial 17 Real estate—Other . . 18 Collectibles Food inventory . . . . . 19 20 Drugs and medical supplies . 21 Taxidermy . . . . . . Historical artifacts . . . . 22 Scientific specimens 24 Archeological artifacts . . 25 Other ▶ (.....) Other ▶ (.....) 26 27 Other ▶ (.....) Other ► (.....) Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? **b** If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II.

#### **SCHEDULE O** (Form 990)

#### **Supplemental Information to Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection

Employer identification number

**Community Foundation of North Central Washington** 91 1349486 Form 990 page 6 Part VI Section A Line 10: Process used to review the form 990 The Chief Executive Officer, Controller and the Board of Trustees review the form 990 before filing. The 990 is presented in detail during a regularly scheduled board meeting, with corporate minutes taken and official action to approve the 990. Form 990 page 6 Part VI Section C line 19: The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request. The financial statements, in condensed form, are included In the annual report that is distributed to interested parties and is available on the foundation website. Form 990 page 6 Part VI Section B line 12c: A Conflict of Interest policy is in place and requires each Trustee and staff to disclose any potential conflicts of interest. Trustees and staff fill out an annual COI form and are required before any grant meeting to again disclose any conflicts for the minutes and recuse themselves from any action with regard to the conflict. Form 990 page 6 Part VI Section B line 15b: All employees are reviewed annualy, the Executive Director by the Board of Trustees and key employees by the Executive Director. Compensation is set utilizing the Council on Foundation's annual salary survey, a survey of other similar positions in North Central Washington and length of service for each employee. A Wage range for each position, again set by assessing similar positions in similar sized organizations in our region and no cost of living or merit increase is ever guaranteed. The Board of Trustees set all salaries in the annual budget, adopted at a regular board meeting with corporate minutes. Form 990 page 6 Part VI Section B line 13: A whistleblower policy was adopted on Nov. 6, 2009.

## SCHEDULE R (Form 990)

Community Foundation of North Central Washington

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions.

Open to Public OMB No 1545-0047 2008

1349486

91

Employer identification number

500,993 Community Foun Schedule R (Form 990) 2008 360,000 Community Foun (F)
Direct controlling
entity (F) Direct controlling Public charity status (if section 501(c)(3)) (E) End-of-year assets 5,850 359,605 (**D**) Exempt Code section (D) Total income Cat. No 50135Y (C)
Legal domicile (state or foreign country) Legal domicile (state or foreign country) Š receive non cash gifts | WA Commercial building Primary activity Primary activity 9 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations -9 South Wenatcher Ave, Wenatchee, WA 98801 (A)
Name, address, and EIN of related organization Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity 9 South Wenatchee Avenue Wenatchee WA 98801 -- Nine-South-Wenatchee Avenue LLG------- GFNC property Holdings L.L.G----Part II Part I