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47-3351734

Part II	Platence Sheets Attached schodules and amounts in the description column	Beginning of year	^ End o	f year
	Balance Sheets should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing .			
2	Savings and temporary cash investments	0	47712 70	47712 70
3	Accounts receivable >			
}	Less allowance for doubtful accounts ▶			
4	Pleages receivable			
-	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
- 1	disqualified persons (attach schedule) (see instructions) .			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶			
য় ৪	Inventories for sale or use			
Assets 6 6 8	Prepaid expenses and deferred charges			
₹ 108	Investments—U.S. and state government obligations (attach schedule)		···	
b	Investments—corporate stock (attach schedule)			
C				
11	Investments—land, buildings, and equipment basis ▶			
1.	Less accumulated depreciation (attach schedule) ▶			, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
12	Investments-mortgage loans		······	
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
1	Less accumulated depreciation (attach schedule)			
15	Other assets (describe >) Total assets (to be completed by all filers—see the			
16	Total assets (to be completed by all filers-see the			
	instructions. Also, see page 1, item I)	0	47712 70	47712 70
17	Accounts payable and accrued expenses			
18 و	Grants payable	<u> </u>		
Liabilities 50 51	Deferred revenue			
<u>20</u>	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	Mortgages and other notes payable (attach schedule) .			
22	Other habilities (describe ►)			
23	Total liabilities (add lines 17 through 22)	0	47712 70	
gn .	Foundations that follow SFAS 117, check here			
8	and complete lines 24 through 26 and lines 30 and 31.			
E 24	Unrestricted			
ei 25	Temporarily restricted			
26	Permanently restricted			
S	Foundations that do not follow SFAS 117, check here ▶ ☑			
	and complete lines 27 through 31.			
Net Assets or Fund Balances 10 6 8 8 2 2 95 5 7 8 95 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9	Capital stock, trust principal or current funds			
28	Paid-in or capital surplus, or land, bldg, and equipment fund			
S 29	Retained earnings, accumulated income, endowment, or other funds	1		
30 9 31	Total net assets or fund balances (see instructions)	0	47712 70	
ž¦"	Total liabilities and net assets/fund balances (see instructions)	}		
Dag: 101		l		
Part III	Analysis of Changes in Net Assets of Fund Balances at net assets or fund balances at beginning of year Part II. colur	701 100 20 15	Consum visite	
1 100	l-of-year figure reported on prior year's return)	mr.(a), pre so (mus	1	,
	ALIC O O ON	re ioi · ·		10000 20
	er amount from Part I, line 27a	10. [2] · ·	. 2	46962 70
	er increases not included in line 2 (itemize)	<u> </u>	3	40000 70
	flines 1, 2, and 3	<u> </u>	· · 4	46962 70
	reases not included in line 2 (itemize)	*********	5	ACD40 70
0 10[al net assets or fund balances at end of year (line 4 minus line 5) - F	-arcii, column (b), iir	ne 30 . [6]	46962 70

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasa

Schedule of Contributors

OMU No. 1545-0047

2015

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization		Employer identification number			
HE MAP FOUNDATION Drgamization type (chec		47-3351734			
organization type (Click	sk one,				
Filers of:	Section:				
000 000 57					
om 990 or 990-EZ	☐ 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	(1) 4947(a)(1) rionexempt charitable trust treated as a prival	vate foundation			
	501(c)(3) taxable private foundation				
heck if your organization	on is covered by the General Rule or a Special Rule.	 			
	I(c)(7), (8), or (10) organization can check boxes for both the Ger	neral Rule and a Special Rule. See			
structions	CAN WITH ST (1-8) STREET, STRE	Total Care and a cycerar riving Occ			
ieneral Rule					
icherar male					
For an organiza	tion filing Form 990, 990-EZ, or 990 PF that received, during the	e year, contributions totaling \$5,000			
or more (in mon	ley or property) from any one contributor. Complete Parts I and				
contributor's to	tal contributions.				
pecial Rules					
•					
For an organization	tion described in section 501(c)(3) filing Form 990 or 990-EZ tha	it met the 331/3 % support test of the			
	er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule				
	and that received from any one contributor, during the year, to 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 99				
40,000 01 (2) 27	of the amount on (i) Form 350, Fait viii, line 111, or (ii) Form 35	0-62, line i Complete Parts Land II			
For an organizat	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 9	990-EZ that received from any one			
contributor, dun	ing the year, total contributions of more than \$1,000 exclusively t	for religious, charitable, scientific,			
fiterary, or educa	ational purposes, or for the prevention of cruelty to children or a	nimals Complete Parts I, II, and III			
For an organizat	tion described in section 501(c)(7) /6), or (10) films East 000 at	000.E7 that recovered from any one			
	tion described in section 501(c)(7), (6), or (10) filing Form 990 or ing the year, contributions exclusively for religious, charitable, e	to numbers but no such			
contributions to	taled more than \$1 000 if this box is checked, enter here the to	ital contributions that were received			
	for an exclusively religious, chantable, etc., purpose. Do not cor				
General Hule a	pplies to this organization because it received nonexclusively re				
totaling \$5 000 d	or more during the year	. > \$			
b A	. Hart I I II II I I I I I I I I I I I I I I				
auuan. An organization an-67 or aan DD bod -	that is not covered by the General Rule and/or the Special Rule	es does not file Schedule B (Form 990,			
	t must answer "No" on Part IV, line 2, of its Form 990, or check 2, to certify that it does not meet the filing requirements of Schi	tithe box on line H of its Form 990-EZ or on adula R (Form 990, 990, 57, as 600, 55.			
orm 990-PE Part Lina	s, to certify that it boes not meet the filling regul/ements of Sch	equie o icom 990 994-cz. or 990-Pc)			
orm 990-PF, Part I, line	,				
orm 990-PF, Part I, line	Notice, see the Instructions for Form 990, 990-EZ, or 990-PF Cal No 306				

048010

	organization Foundation	• Em	ployer identification number 47-3351734			
ařt (The same and the s					
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Kermit F Rosen and Louise D Bush 707 17th Ave E Seattle, WA 98112	\$ 50,000	Person [7] Payroll [] Noncash [] (Complete Part II for noncash continuations)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
(a) Vo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		S	Person Payroll Noncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Moncash Complete Part II for nencash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
a) lo.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		ss	Person Payroll Omnocash Complete Part II for noncash contributions)			