

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

2015 Open to Public

DLN: 93493315015206 OMB No 1545-0047

Treasury Internal Re	venue Servi		n about Form 990 and its instructions is	at <u>www rk</u> :	<u> 5 qov/101111990</u>		Inspection
A Forth	ne 2015 ca	lendar year, or tax year b	eginning 01-01-2015 , and ending 12-3	31-2015			
B Check if	f applicable s change	C Name of organization NORTH THURSTON SCHOOL	S EDUC FOUNDATION			ployer i -14332	identification number
Name Initial r	-	Doing business as					
Final return/term		Number and street (or P O PO BOX 3312	box if mail is not delivered to street address) Ro	oom/suite		ephone n 50)790	number 0-6548
<u>'</u>	tion pending	City or town, state or provin LACEY, WA 98509	nce, country, and ZIP or foreign postal code		,	•	ots \$ 903,294
		F Name and address of CARLETTA GARRAWAY PO BOX 3312		H(a	Is this a gro	•	urn for Yes 🗸
		LACEY,WA 98509		— н(t	No Are all subc	ordinate	es Yes No
	empt status	√ 501(c)(3) 501(c) WW NTEF ORG	() ◀ (insert no) 4947(a)(1) or 52	27	included? If "No," atta	ach a li	st (see instructions)
					Group exer Year of formation		number ► M State of legal domicile
K Form of	organızatıor	n	Association Other ▶		Teal of Tollilation	1909	WA State of legal dofflicile
mance	TO ENHA	ANCE EDUCĂTIONAL OP	mission or most significant activities PORTUNITIES AND EDUCATIONAL E ation discontinued its operations or disp				
5 3	Number	of voting members of the o	governing body (Part VI, line 1a)			3	20
<u>§</u> 4		of independent voting men		4	20		
₹ 1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)						0
	6 Total number of volunteers (estimate if necessary)					6 7a	44
			ome from Form 990-T, line 34			7L	
					Prior Year		Current Year
8 ∯ 9		-	VIII, line 1h)		5.5	6,983	
enuevenue 10		•	column (A), lines 3, 4, and 7d)		11	1,189	
ثث ₁₁	Other	r revenue (Part VIII, colun	mn (A), lines 5, 6d, 8c, 9c, 10c, and 11e	;)		-6,410	-7,557
12	Total 12)	revenue—add lines 8 throi	ugh 11 (must equal Part VIII, column (A	A), line	66	51,762	276,693
13	Grant	s and similar amounts paid	d (Part IX, column (A), lines 1–3) .		10	965,00	111,669
14		·	(Part IX, column (A), line 4)			0	(
£ 15	5-10	· · · · · · · · · · · · · · · · · · ·	employee benefits (Part IX, column (A), I	mes		0	(
Expenses p		- '	Part IX, column (A), line 11e)	· ·		0	(
道 17		undraising expenses (Part IX, co r expenses (Part IX, colum	olumn (D), line 25) \triangleright on (A), lines 11a-11d, 11f-24e)	⊢		18,484	18,495
18		•	17 (must equal Part IX, column (A), line			.9,449	
19	Rever	nue less expenses Subtra	ct line 18 from line 12		54	2,313	146,527
Net Assets of Fund Balances 50 70 70 70 70 70 70 70 70 70 70 70 70 70				Beg	ginning of Curre	nt Year	End of Year
85.8 8 20					2,54	2,850	2,446,488
21 21 22)		2 54	0 12,850	
Part I	II Sigr	nature Block			•		
my knowl		belief, it is true, correct, a	ave examined this return, including acco and complete Declaration of preparer (ot				
	***				2016-10-2	26	
Sign Here	CAR	LETTA GARRAWAY PRESIDENT			Date		
	<u> </u>	e or print name and title Print/Type preparer's name	Preparer's signature	Date		PTI	N
Paid	<u> </u>	ANTONÍA GOH CPA	ANTONIA GOH CPA		Check self-employ	of P00	0187374
Prepai	rer 📙	Firm's name ► RSM US LLP Firm's address ► 105 8TH AVENU	UE SE SUITE 300		Firm's EIN Phone no (
Use O	nly	OLYMPIA, WA			Frione no (JUU) /34	- , ८ नन

May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓Yes No

Form	1990 (2015)					Page 2
Par	t IIII Statemen	t of Program Serv	ice Accomp	lishments		
	Check if Sch	nedule O contains a res	ponse or note t	o any line in this Par	tIII	
1	Briefly describe the	e organization's missio	n			
			ES AND EDUC	ATIONAL EXCELLE	NCE FOR STUDENTS OF T	HE (NTPS) NORTH
1110	RSTON PUBLIC SCI	HUULS				
2	Did the organizatio	n undertake any signifi	cant program se	ervices during the ye	ar which were not listed on	
	the prior Form 990	or 990-EZ?				
	If "Yes," describe t	these new services on	Schedule O			
3	Did the organizatio	n cease conducting, or	make significar	nt changes in how it o	conducts, any program	
	services?					
	If "Yes," describe t	these changes on Sche	dule O			
4	expenses Section		4) organizations	are required to repo	three largest program servic ort the amount of grants and	
4a	(Code) (Expenses \$	54,890	including grants of \$	54,890) (Revenue s)
	SCHOLARSHIP PROGR POST-SECONDARY IN:	AM AWARDS ARE MADE YEA STITUTIONS 24 SCHOLARSH	RLY TO HIGH SCHO HIPS WERE AWARDE	OOL GRADUATES TO FURT ED IN 2015, WITH ADDIT:	THER THEIR EDUCATION IN COLLE IONAL FIVE RENEWALS FOR MULTI	GES, UNIVERSITIES OR OTHER -YEAR SCHOLARSHIPS
41-	/Codo) (Expenses \$	46,200	including grants of \$	46,200) (Revenue :	.
4b	(Code	, , , , ,	•	3 3	, , ,	▶
	REQUIREMENTS INCII TO PROVIDE FOOD AN	DENTAL TO THEIR OBTAININ ID OTHER ITEMS FOR HOME 5 IN THE LACEY BOYS AND G	G AN EDUCATION (LESS STUDENTS AN	GRANTS CONTINUE TO IN ID OTHERS IN NEED THE		SETS IN MIDDLE AND HIGH SCHOOLS ANDED TO INCLUDE NORTH
	46.1) /F	F 270		5 270) (D	
4 c	(Code) (Expenses \$	5,379	including grants of \$	5,379) (Revenue s	\$) ENT LEARNING FIVE GRANTS FOR
	UP TO \$2,000 EACH V		PROXIMATELY 650	STUDENTS WERE SERVE	D BY THE LEARNING GRANTS A TO	OTAL OF \$5,379 WAS EXPENDED IN
	See Additional Da	ta				
4d	, ,	rvices (Describe in Scl	•	5.	5.000 \ /5	
	(Expenses \$	5,200 in	cluding grants o	OT \$	5,200) (Revenue \$)

111,669

Total program service expenses ▶

Form **990** (2015)

19

	990 (2013)			Page 3
Par	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	2	Yes	
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		No
4	Section 501(c)(3) organizations.			
	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-197$ If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11 b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Νo

Νo

Yes

18

19

20a

21

23

Yes

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Νo

Nο

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2015)

- Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"
- 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 lines 24b through 24d 24a 24b **24**c
 - **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d
 - 25a
- 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b
 - Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 26
 - Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family 27
- Nο Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28a Νo **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 28b Νo
- an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c
- c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was
- Νo Νo
 - Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . 29

 - Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

- 30
- Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

orm Pa i	t V Statements Regarding Other IRS Filings and Tax Compliance			Page :	
Раг	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 2 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable				
	gaming (gambling) winnings to prize winners?	1 c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return				
ь	by this return	2b			
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No	
b	organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
7	were not tax deductible?	6b			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		NO	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			N	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		No No	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	\vdash		110	
_	required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter				
	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states	134			
	in which the organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand			<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l	

year by the following The governing body? .

Section C. Disclosure

0 (2015)	
Governance, Management, and Disclosure	

describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Yes No 20 1a

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax If there are material differences in voting rights among members of the governing

body, or if the governing body delegated broad authority to an executive committee

or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are ındependent 1 h

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organization delegate control over management duties customarily performed by or under the direct

Did the organization have members or stockholders?

10a Did the organization have local chapters, branches, or affiliates? .

supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was

Did the organization become aware during the year of a significant diversion of the organization's assets?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Each committee with authority to act on behalf of the governing body?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

List the States with which a copy of this Form 990 is required to be filed▶

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)

State the name, address, and telephone number of the person who possesses the organization's books and records ▶MICHAEL JONES EXECUTIVE DIRECTOR 3821 WOODLAWN DR SE OLYMPIA, WA 98501 (360) 790-6548

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.

organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the

20 2 3

4

5

7a

10a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

Νo

Νo

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Nο

Nο

Νo

Form **990** (2015)

Nο

No Νo

Г
Γ
Γ

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ullet 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 neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer	not one n ıs and			compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) CARLETTA GARRAWAY PRESIDENT	5 00	x		×				0	0	0
(2) BRYAN BAKER TRUSTEE	2 00	х						0	0	0
(3) CORTNY MARTIN TRUSTEE	2 00	х						0	0	0
(4) CHERIE MCNEAL TRUSTEE	2 00	х						0	0	0
(5) JACK AREND TRUSTEE	2 00	х						0	0	0
(6) CINDY COBLE TRUSTEE	2 00	x						0	0	0
(7) DENNIS CRAIG TRUSTEE	2 00	х						0	0	0
(8) MARIO HAYNES TRUSTEE	2 00	x						0	0	0
(9) LAURA LYNN VICE PRESIDENT	3 00	x		×				0	0	0
(10) TOM MACROBERT TRUSTEE	2 00	х						0	0	0
(11) CYNTHIA PRATT TRUSTEE	2 00	x						0	0	0
(12) ERICA VANLIEROP TRUSTEE	2 00	х						0	0	0
(13) BILL WILLIAMS TRUSTEE	2 00	х						0	0	0
(14) HEATHER HETTINGER TRUSTEE	2 00	х						0	0	0
										Form 990 (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle	ore t ss pe	han erso cer	not one n is and			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-		Estir amoi otl compe from	F) nated unt of her nsation n the	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	М	ISC)	MISC	}	and r	ization elated zations
(15) DORN BARR	2 00	×							0		0		
TRUSTEE		^											
(16) DOROTHY ADAMSON VICE PRESIDENT	3 00	х		x					0		0		
(17) SUE SHANNON	15 00												
EXECUTIVE DIRECTOR		×		X					0		0		
(18) BRENDA HOOD	2 00								_				
TRUSTEE		×							0		0		
(19) MICHAEL JONES VICE PRESIDENT	5 00	х		х					0		0		
(20) PAUL STEBBINS	2 00												
TRUSTEE		X							0		0		
(21) BETH UTTO-GALARNEAU	2 00												
TRUSTEE		X							0		0		
1b Sub-Total				▶	<u> </u>		<u> </u>				Т		
c Total from continuation sheets to Part VII			•	•							 		
		٠.٠		•				0		0	+		0
Total number of individuals (including but n \$100,000 of reportable compensation from			ed a	bov	e) w	ho red	eiv	ed mor	e than				
												Yes	No
3 Did the organization list any former officer, on line 1a? <i>If "Yes," complete Schedule J for</i>						or h	ghe: •	st com	ensated	employee • •	3		No
4 For any individual listed on line 1a, is the s	um of reportable	comn	ensa	tior	n an	d othe	rcc	mnens	ation fron	n the			

services rendered to the organization? If "Yes," complete Schedule J for such person \cdot

Section B. Independent Contractors

\$100,000 of compensation from the organization \triangleright 0

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (C) Name and business address Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

Νo

Νo

5

Form 99								Page S
Part V	/##	Statement o			and the Doublitte			
		Check IT Schedi	ule O contains a respo	nse or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
- S	1a	Federated cam	paigns 1a	11,950				
ants	ь	Membership du	ies 1b					
G. Gr	С	Fundraising eve	ents 1 0	35,746				
iffs ar A	d	Related organiz	zations 1d					
s, G mil;	e	Government grant	s (contributions) 1e					
ijon r Si	f	All other contribution	ons, gifts, grants, and 1f	64,762	İ			
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	10				
		1a-1f \$	- 1 - 16		112,458			
<u> </u>	_ n	Total. Add lines	S 1a-11		112,430			
	 2a			Business Code				
Program Service Revenue								
F.	c		_					
ž.	d							
£	e							
ogra	f	All other progra	am service revenue					
<u>~</u>	g		s 2a-2f					
	3	Investment inc	ome (including dividen ar amounts)	ds, interest,	101,169			101,169
	4		stment of tax-exempt bond	proceeds >				
	5	Royalties	· · · · · · · ·					
	6a	Gross rents	(ı) Real	(II) Personal				
	ь	Less rental						
	<u></u>	expenses Rental income						
	,	or (loss)	me or (loss)					
	d	Net Telltal IIICo	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	689,667					
	ь	Less cost or other basis and	619,046					
		sales expenses Gain or (loss)	70,621					
	d	Net gain or (los	·		70,621			70,621
Other Revenue	8a	Ψ <u> </u>						
Re		See Part IV, lir	ne 18					
her	Ь	Lass direct ex	penses b					
ō	c		(loss) from fundraising		-7,557			-7,557
	9a		rom gaming activities ne 19 a					
	1		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	ь		oods sold b					
	С		(loss) from sales of inv					
	11a	Miscellaneous	s кеvenue	Business Code				
	ь							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•				
	12	Total revenue.	See Instructions .	•	276,691	0		0 164,233
						·	·	Form 000 (2015

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations	must complete all columns	All other organizations must co	omnlete column (A.)

Check if Schedule O contains a response or note to any line in this Part IX

	Check it Schedule O contains a response or note to any line in th	is Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,200	5,200	-	·
2	Grants and other assistance to domestic individuals See Part IV, line 22	106,469	106,469		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
 а	Management				
b	Legal				
c	Accounting	3,500		3,500	
d	Lobbying	,		,	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,373		8,373	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	470		470	
12	Advertising and promotion				
13	Office expenses	2,556		2,556	
14	Information technology	457		457	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,858		1,858	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FOREIGN TAXES PAID	1,206		1,206	
b	LICENSES & PERMITS	75		75	
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	130,164	111,669	18,495	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)		-	-	

Form 990 (2015)			Page 11
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	7,977	1	4,352

10a

10b

177,576

2,264,560

2,446,488

C

C

2,446,488

2,446,488

2,446,488

Form 990 (2015)

3

4

5

7

8

9

10c

11 12

13

14

15

16

17

18

19

20

22

23

24

25

27

28

29

31

32

33

34

0 26

0 30

0

2,542,850

2,542,850

2,542,850

1,929,843

2,542,850

Form 990	(2015)			
Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X $$. $$.			
		(A) Beginning of year		
1	Cash-non-interest-bearing	7,977	1	
2	Savings and temporary cash investments	605,030	2	
				-

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete

3

4

5

6

7

8

9

10a

b

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

_iabilities

Fund Balances

ŏ

Net Assets

II of Schedule L

Pledges and grants receivable, net .

Notes and loans receivable, net .

Prepaid expenses and deferred charges .

Investments—publicly traded securities .

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

. **Total liabilities.**Add lines 17 through 25 . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use .

Complete Part VI of Schedule D Less accumulated depreciation .

Intangible assets . . .

Deferred revenue . . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets . . .

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Grants payable

Accounts receivable, net . .

Part II of Schedule L

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Νo

Νo

Νo

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Additional Data

Software ID: Software Version:

EIN: 91-1433235

Name: NORTH THURSTON SCHOOLS EDUC FOUNDATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

1 01111 330, 1 dit 11.	t Triogram Scraw	c Accompile	on soc and	Instructions,	
(Code) (Expenses \$	5,200	including grants of \$	5,200) (Revenue \$)
	TO LOCAL DOMESTIC RVES, FURTHERING OUR		ONS THAT PROVIDED	DIRECT SERVICES TO THE P	OPULATION OUR

efil	le GF	RAPHIC pr	int - DO I	NOT PROCES	SS	As Filed Da	ta -		DLN: 9	3493315015206		
990EZ)		•	Complete if the Information al	orga 49 • • • •	narity Statu anization is a sec 947(a)(1) nonexo Attach to Form Schedule A (Form	tion 501(c)(3 empt charitab 1 990 or Form) organization or le trust. 990-EZ.	O rt rasection	2015 Open to Public Inspection			
Treasi	ury		<u>wı</u>	ww.irs.gov/fo	rm99	<u>90</u> .				Inspection		
Name	e of tl	enue Service he organizat RSTON SCHOOL		IDATION					Employer identific	ation number		
Pa	rt I	Reason	for Publi	c Charity S	tatu	ı s (All organiza	ations must o	complete this i	part.) See instructi	ons.		
						ıtıs (Forlines 1						
1	_		•			ociation of churc	-	•	•			
2	-	A school d	escribed in	section 170(b	(1)(A)(ii).(Attach S	chedule E (Fo	rm 990 or 990-E	ΞΖ))			
3	<u>'</u>	A hospital	or a cooper	ative hospital	servi	ce organization	described in s	ection 170(b)(1))(A)(iii).			
4	<u> </u>	A medical	research or	ganization ope	rated	d in conjunction i	with a hospital	described in se	ction 170(b)(1)(A)(ii	ii). Enter the		
			name, city,									
5		170(b)(1)	(A)(iv).(C	omplete Part I	I)	of a college or ur overnmental unit			a governmental unit	described in section		
6 7	<u> </u>			-	_				ental unit or from the	general nublic		
•	~			,		Complete Part II		nom a governm	circal affic of from the	general public		
8		A commun	ıty trust de	scribed in sect	ion 1	70(b)(1)(A)(vi)	(Complete P	art II)				
9									ıbutıons, membershıp			
10		from gross organizati	s investmer on after Jun	nt income and i ne 30, 1975 S	ınrela ee se e	•	xable income (Complete Pa	(less section 51 rt III)	1 tax) from business	331/3% of its support es acquired by the		
11	Ļ	_	-	•		•	•	•		rry out the purposes of		
	l								509(a)(2) See secti			
						, ,		_	complete lines 11e,			
а									rganization(s), typica			
						guiarly appoint o , Sections A and		irity of the direct	ors or trustees of the	supporting		
b								on with its suppo	orted organization(s),	by having control or		
	1						same persons	that control or i	manage the supported	d organızatıon(s) You		
_	_			V, Sections A a			on operated in	connection with	, and functionally inte	arated with its		
С	I					ns) You must co				grated with, its		
d	Г	Type III n	on-function	ally integrated	I. As	upporting organi	zation operate	ed in connection	with its supported or	. ,		
	•								ement and an attenti	veness requirement		
_	_	`	,	•		art IV, Sections A	•		s a Type I, Type II,	Evne III functionally		
_	I					ntegrated suppor			3 a 1 y p c 1 , 1 y p c 11 ,	Type III tallectionally		
f	Ente	r the numbe	r of support	ed organizatio	ns .				<u> </u>			
g		Provide th	e following i	nformation abo	ut th	ie supported orga	anızatıon(s)					
		/:\		/::NETN		/:::\	1	- \	()	(-:)		
Nan	ne of s	(i)	ganization	(ii)EIN		(iii) Type of	Is the org		(v) A mount of	(vi) A mount of other		
Name of supported or		gamzacion		(des 1-	organization scribed on lines · 9 above (see nstructions))	listed in you docur	ır governıng	monetary support (see instructions)	support (see instructions)			
							Yes	No	1			
Tota	I											
For F	aperv	vork Reduct	ion Act Not	ice, see the In	st ruc	tions for Form 9	90 or 990EZ.	Cat No 112		n 990 or 990-EZ) 2015		

1,354,620

369,792

1,724,412

33 970 %

32 470 %

▶ 🗸

▶□

Schedule A (Form 990 or 990-EZ) 2015

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support

Calendar year	
(or fiscal year beginning in) 🕨	

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
Gifts, grants, contributions membership fees received not include any unusual grants.	(Do 500,55	5 70,706	113,918	556,983	112,458	1,354,620
2 Tax revenues levied for the organization's benefit and organid to or expended on its	either					
The value of services or fa- furnished by a government to the organization without	al unıt					
4 Total. Add lines 1 through	_	5 70,706	113,918	556,983	112,458	1,354,620
5 The portion of total contrib by each person (other than governmental unit or public supported organization) ind on line 1 that exceeds 2% amount shown on line 11, of	n a cly cluded of the					768,799
6 Public support. Subtract lir from line 4	ne 5					585,821
Section B. Total Suppor	rt					
Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal

(or fiscal year beginning in)

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part

Total support. Add lines 7

supported organization

instructions

Gross receipts from related activities, etc (see instructions)

Section C. Computation of Public Support Percentage

Public support percentage for 2014 Schedule A, Part II, line 14

securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly

Amounts from line 4 Gross income from interest. dividends, payments received on

carried on

through 10

VI)

15

(b)2012

67,202

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,

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

500,555

40,785

Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))

and **stop here.** The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

70,706

(c)2013 113,918

70,114

(d)2014 556,983 90,522

112,458

101,169

12

14

15

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	II. If the organization	rails to qualify	/ under the tes	to libra a balant	picase compi	ete Part II.)	
Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e)2015	(f) ⊤otal
(or t	iscal year beginning in) ► Gifts, grants, contributions, and		. ,	. ,	. ,		. ,
-	membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished						
	in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
_	paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit						
	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified						
h	persons Amounts included on lines 2 and						
U	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
-	iscal year beginning in)		. ,	· ,	. ,	, ,	
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
c	income (less section 511 taxes) from businesses acquired after						
c 11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the						
	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part						
11	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	or the organizatio	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3	3) organization,
11 12 13 14	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here			, third, fourth, or f	ifth tax year as a	section 501(c)(3) organization, ▶
11 12 13 14 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Pub	lic Support P	ercentage		ifth tax year as a	section 501(c)(3) organization, ▶ □
11 12 13 14	Income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is finetek this box and stop here Ction C. Computation of Pub Public support percentage for 2015	lic Support Po	ercentage (f) divided by line		ifth tax year as a	section 501(c)(3	3) organization, ▶ ┌
11 12 13 14 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fineck this box and stop here Ction C. Computation of Pub	lic Support Po	ercentage (f) divided by line		ifth tax year as a		3) organization, ▶ [
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 Ction D. Computation of Inv	lic Support Pour (line 8, column of 4 Schedule A, Pour state of 1 Schedule A)	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	3) organization, ▶ □
11 12 13 14 Se 15 16	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here ction C. Computation of Pub Public support percentage from 2015	lic Support Pour (line 8, column of 4 Schedule A, Pour state of 1 Schedule A)	ercentage (f) divided by line art III, line 15 me Percenta	13, column (f))	· · · · · · · · · · · · · · · · · · ·	15	B) organization, ▶ □
11 12 13 14 Se 15 16 Se	income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is fine the check this box and stop here ction C. Computation of Pub Public support percentage for 2015 Public support percentage from 2015 Ction D. Computation of Inv	lic Support Po (line 8, column of 4 Schedule A, Poestment Inco 2015 (line 10c, c	ercentage (f) divided by line art III, line 15 me Percenta olumn (f) divided	13, column (f)) ge by line 13, colum	· · · · · · · · · · · · · · · · · · ·	15 16	3) organization, ▶ □

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3а	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	· ·			

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI

11c

Yes

2a

2b

Schedule A (Form 990 or 990-EZ) 2015

No

Page 5

No

Part IV Supporting Organizations (continued) Section B. Type I Supporting Organizations

Section b. Type I Supporting Organizations					
			Yes		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1			
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s)				

that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations Yes No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how contiol or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior

tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the 2 supported organization(s) 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 3

If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test Complete line 2 below а

The organization is the parent of each of its supported organizations. Complete line 3 below b

c

The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test_Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the

supported organization(s) to which the organization was responsive?

If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the

organization determined that these activities constituted substantially all of its activities

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of

the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3a 3b

(B) Current Year (optional)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov 20, 1970 See inst	ructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections	s A through E	
	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Ye

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	•		•	

6	gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	A ggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		(opnonia)
_	, , , ,	-		
а	Average monthly value of securities	1a		
b	A verage monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1d		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	A cquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		

d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	

-	racept, me s s, sss	_	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting o	rganızatıon (see

Section D - Distributions			Current Year		
A mounts paid to supported organizations to accomplish exempt purposes					
2 Amounts paid to perform activity that directly furthe excess of income from activity					
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons			
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval rec	uured)				
6 Other distributions (describe in Part VI) See instru	ictions				
7 Total annual distributions. Add lines 1 through 6					
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is re	esponsive (provide			
9 Distributable amount for 2015 from Section C, line	6				
10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
f 1 Distributable amount for 2015 from Section C, line $f 6$					
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)					
3 Excess distributions carryover, if any, to 2015					
a					
b					
_ с					
d From 2013					
e From 2014					
f Total of lines 3a through e					
 g Applied to underdistributions of prior years h Applied to 2015 distributable amount 					
i Carryover from 2010 not applied (see					
instructions)					
j Remainder Subtract lines 3g, 3h, and 3i from 3f					
4 Distributions for 2015 from Section D, line 7					
\$ <u></u>					
A pplied to underdistributions of prior years					
b Applied to 2015 distributable amount					
c Remainder Subtract lines 4a and 4b from 4					
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7 Excess distributions carryover to 2016. Add lines 31 and 4c					
8 Breakdown of line 7					
a					
b					
c Excess from 2013					
d From 2014					
e From 2015					
		Schedule A	(Form 990 or 990-EZ) (2015		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	Schedule A (Form 990 or 990-EZ) 2015 Page 8					
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).						
		Facts And Circumstances Test				
R	eturn Reference	Explanation				
		Schedule A (Form 990 or 990-	Z) 2015			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

Department of the

DLN: 93493315015206 OMB No 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Treas

err	nal Revenue Service		(Form 990) and its instructions is at <u>www.ir</u> .	s.gov/ī	Inspection
	me of the organ			Empl	oyer identification number
VOI	RIH THURSTON SCE	HOOLS EDUC FOUNDATION		91-1	433235
Pa			Advised Funds or Other Similar F		
	Compl	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
	Takal mumah a		(a) Donor advised funds	(b)	Funds and other accounts
		er at end of year			
	Aggregate v year)	alue of contributions to (during			
	Aggregate v	alue of grants from (during year)			
	Aggregate v	alue at end of year			
			ndvisors in writing that the assets held in dor the organization's exclusive legal control?	nor advis	ed Yes No
•	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose Yes No
a	rt III Conse	rvation Easements. Comple	ete if the organization answered "Yes" o	n Form	n 990, Part IV, line 7.
	Purpose(s) of	conservation easements held by th	e organızatıon (check all that apply)		
	Preservati	ion of land for public use (e g , recr		n hictor	ically important land area
	•	of natural habitat	<u>'_</u>		d historic structure
		on of open space	i reservacion or a	coremo	a miscome seractare
	Complete lines	·	held a qualified conservation contribution in	the form	of a conservation
	edsement on the	ine last day of the tax year			Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easeme	ents	2b	
c	Number of con	servation easements on a certified	historic structure included in (a)	2 c	
d		servation easements included in (c ure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
	Number of con	servation easements modified, trai	nsferred, released, extinguished, or terminate	ed by the	e organization during the
	tax year ▶				
i	Number of stat	es where property subject to cons	ervation easement is located >		
		nization have a written policy regar enforcement of the conservation e	ding the periodic monitoring, inspection, han asements it holds?	dling of	□Yes □No
	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	A mount of exp	enses incurred in monitoring, inspe	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
i		iservation easement reported on lir ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0 (h)(4) Yes No
	balance sheet, the organization	and include, if applicable, the text on's accounting for conservation ea		l statem	ents that describes
ar			tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
а	works of art, hi	storical treasures, or other similar	AS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance of public
b			FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,		

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2015

	(continuea)							
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)							
а	Public exhibition		d	┌ Lo	an or exchange pro	grams		
b	Scholarly research		е	┌ ot	her			
c	Preservation for future generations							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII							
5	During the year, did the organization soli							
	assets to be sold to raise funds rather th		as part	of the orga	nization's collectio	n? Yes	S No	
Pa	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	t IV, line 9, or re	ported an amoun	t on Form 990,	
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inter	mediar	y for contri	butions or other ass	sets not Yes	5	
b	If "Yes," explain the arrangement in P	art XIII and complet	e the fo	lowing tal	ole	Am	ount	
c	Beginning balance				10			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2 a	Did the organization include an amount o	n Form 990, Part X, I	line 21,	, for escrov	v or custodial accou	int liability?	s No	
						, ,	, 110	
b	If "Yes," explain the arrangement in Part	XIII Check here if t	the exp	lanation ha	as been provided in	Part XIII		
Pa	rt V Endowment Funds. Comple	te if the organizat	ion an	swered "	Yes" to Form 990	, Part IV, line 10.		
		(a)Current year	(b) P	nor year	 ''' 	(d)Three years back	(e)Four years back	
1 a	Beginning of year balance	1,071,245		969,453		476,006	444,784	
b	Contributions	1,281,158		84,196	23,079	309,043	49,417	
C	Net investment earnings, gains, and losses	-71,979		28,833	100,608	82,198	-7,819	
d	Grants or scholarships	81,100		7,000	6,000	6,500	7,000	
e	Other expenditures for facilities and programs							
f	Administrative expenses	8,353		4,238	4,552	4,428	3,375	
g	End of year balance	2,190,971		1,071,245	969,454	856,319	476,006	
2	Provide the estimated percentage of the	current year end bala	ance (lı	ne 1g, colu	ımn (a)) held as			
а	Board designated or quasi-endowment	56 000 %						
ь	Permanent endowment ► 25 000 %							
c		19 000 %						
-	The percentages on lines 2a, 2b, and 2c	should equal 100%						
3а	Are there endowment funds not in the pos organization by	ssession of the organ	nızatıon	that are h	eld and administere	d for the	Yes No	
	(i) unrelated organizations					3a	(i) No	
	(ii) related organizations					3a	(ii) No	
b	If "Yes" on 3a(II), are the related organiz	·			R?	3	b	
4	Describe in Part XIII the intended uses of		endown	nent funds				
Pa	rt VI Land, Buildings, and Equip Complete if the organization a		Form 9	990 Part	IV line 11a See	Form 990 Part Y	line 10	
	Description of property	answered res to		Cost or ot	ner basis (b)	Accumulated	(d)Book value	
			(6	a) (ınvestı	ment) Cost or other to (other)	oasis (c)depreciation	1	
1a	Land				(====)			
ь	Buildings							
	Leasehold improvements		.					
	Faunment							

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	(Form 990) 2015 Investments—Other Securities. Cor	mplete if the or	ganıza	ation answered 'Y	es' on Forr	Page n 990, Part IV, line 11b
	See Form 990, Part X, line 12. (a) Description of security or category			(b)Book value		Method of valuation
(1)Emancia	(including name of security) al derivatives				Cost or	end-of-year market value
	-held equity interests					
(3) Other						
					+	
					1	
					1	
	nn (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	•				
Pait VIII	Complete if the organization answered	'Yes' on Form	990, F	Part IV, line 11c.5	See Form 9	90, Part X, line 13.
	(a) Description of investment			(b) Book value	(c)	Method of valuation
					Cost or	end-of-year market value
-						
	mn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization	n answered 'Yes'	on For	m 990, Part IV, line	 e 11d See Fo	rm 990, Part X, line 15
	(a) Descr					(b) Book value
Tatal (Cali	ump /h must agual Faire 000 Part V and /D line 1					
Part X	Imn (b) must equal Form 990, Part X, col (B) line 1 Other Liabilities. Complete if the orga			 'es' on Form 990.		ne 11e or 11f.
	See Form 990, Part X, line 25.					
1.	(a) Description of liability	(b) Book va	lue			
Federal inc	ome taxes					

Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . Donated services and use of facilities . . .

Supplemental Information

Part XIII

information

Return Reference

Page 4

C	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

2b



efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493315015206

OMB No 1545-0047

Inspection

Employer identification number

Open to Public

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Supplemental Information Regarding

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

NORTH THURSTON SCHOOLS EDUC FOUNDATION 91-1433235 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) A ctivity (iii) Did (v) A mount paid to

individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		fundraiser have custody or control of		from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization	
		Yes	No						
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total			•						

Schedule G (Form 990 or 990-EZ) 2015 Page 2 Fundraising Events. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b)Event #2 (c)Other events (d) Total events PARTNERS FOR KIDS APPLEBEE'S (add col (a) through LUNCH **BREAKFAST** (total number) col (c)) (event type) (event type) 33,959 1,456 331 35,746 1 Gross receipts . 33,959 1,456 331 35,746 2 Less Contributions. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes 6 Rent/facility costs 1,180 1,180 Expenses 7 Food and beverages 4,383 420 4,803 8 Entertainment Teg Teg 9 Other direct expenses 1,574 1,574 10 Direct expense summary Add lines 4 through 9 in column (d) 7,557 11 Net income summary Subtract line 10 from line 3, column (d) -7,557 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Part III

Revenue

1 Gross revenue . Expenses 2 Cash prizes 3 Noncash prizes

5 Other direct expenses

Enter the state(s) in which the organization conducts gaming activities

Is the organization licensed to conduct gaming activities in each of these states?

No

Yes______% 7 Direct expense summary Add lines 2 through 5 in column (d)

(a)Bingo

Yes_____% 8 Net gaming income summary Subtract line 7 from line 1, column (d).

(b)Pull tabs/Instant

bingo/progressive bingo

☐ Yes_____%

(c)Other gaming

(d)

Total gaming (add col

(a) through col (c))

Yes No Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

4 Rent/facility costs

6 Volunteer labor

If "No," explain

If "Yes," explain _

Direct

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493315015206 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes." on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number NORTH THURSTON SCHOOLS EDUC FOUNDATION 91-1433235 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (f) Method of (b) EIN (d) A mount of cash (e) A mount of non-(a) Description of (h) Purpose of grant valuation organization if applicable grant cash non-cash assistance or assistance or government assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2015

(b) Number of

(f)Description of non-cash assistance

Page 2

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
(1) SCHOLARSHIPS	24	54,890			
(2) STUDENT GRANTS	1399	46,200			
(3) LEARNING GRANTS	650	5,379			

(c)A mount of

SCHOLARSHIPS - THE RECIPIENT SHALL HAVE GRADUATED FROM A DISTRICT HIGH SCHOOL AND SHALL HAVE DEMONSTRATED SKILLS INECESSARY TO SUCCEED IN THE CHOSEN POST-SECONDARY SCHOOL THE RECIPIENT SHALL HAVE DEMONSTRATED GOOD CITIZEN

(d)A mount of

(e) Method of valuation (book.

Part IV Return Reference PART I, LINE 2

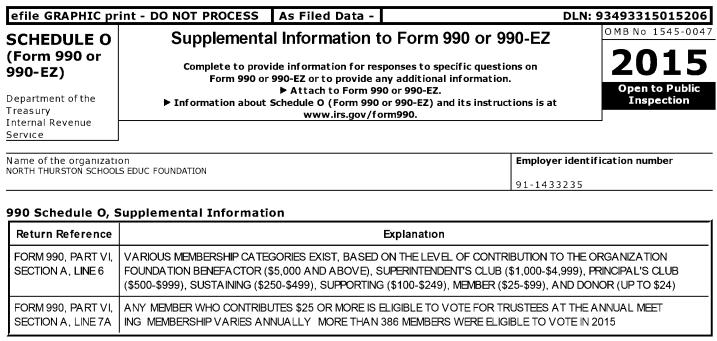
Schedule I (Form 990) 2015

(a) Type of grant or assistance

Explanation

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

AND LEADERSHIP QUALITIES STUDENT GRANTS - GRANTS GIVEN TO EACH SCHOOL IN THE NORTH THURSTON PUBLIC SCHOOLS TO BE USED FOR NEEDY STUDENTS TO ASSIST IN MEETING SOME PERSONAL AND SCHOOL REQUIREMENTS ASSOCIATED WITH THEIR OBTAINING AN EDUCATION TO OUALIFY. STUDENTS MUST BE IDENTIFIED BY SCHOOL STAFF AS NEEDING ASSISTANCE THE GRANTS HELP WITH MEETING MEDICAL, PERSONAL, AND FAMILY EMERGENCY NEEDS, CLOTHING AND SHOES, RENTAL OF MUSICAL INSTRUMENTS, AND FEES FOR SPECIAL EVENTS, FIELD TRIPS, AND SPORTS AND OTHER SCHOOL CO-CURRICULAR ACTIVITIES GRANTS HELPED TO PURCHASE FOOD AND TOILETRIES AT MIDDLE AND HIGH SCHOOLS FOR HOMELESS AND OTHER NEEDY STUDENTS STAFF SCREENED STUDENTS AS TO NEED AND MONITORED DISTRIBUTION LEARNING IMPROVMENT GRANTS - NORTH THURSTON EDUCATORS SUBMIT IGRANT APPLICATIONS AND A COMMITTEE OF FOUNDATION BOARD MEMBERS AND OTHERS SCORED AND SELECTED FIVE RECIPIENTS ITHIS YEAR GOALS OF GRANTS ARE TIED TO WASHINGTON STATE LEARNING STANDARDS AND DISTRICT LEARNING GOALS Schedule I (Form 990) 2015



Return Reference Explanation

FORM 990, PART VI. A COPY OF THE RETURN IS PROVIDED TO THE BOARD PRESIDENT FOR SIGNATURE. IN ADDITION, MEMBERS

990 Schedule O. Supplemental Information

SECTION B. LINE 12C

SECTION B, LINE 11	OF THE BOARD RECEIVE AN ELECTRONIC COPY TO REVIEW BEFORE SUBMISSION
FORM 990, PART VI.	THE CONFLICT OF INTEREST POLICY IS INFORMALLY MONITORED AND ENFORCED AT BUSINESS MEETINGS

AS SITUATIONS MAY ARISE SUCH SITUATIONS RARELY OCCUR

MADE AVAILABLE AT THE ANNUAL MEETING

FORM 990, PART XI. REVERSAL OF SCHOLARSHIP EXPENSES-REFUNDS BY COLLEGES OF UNSPENT SCHOLARSHIP 1.095

LINE 9