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DLN: 93491137036826

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

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Open to Public Inspection

For	caler	ndar year 2015, or tax year beginning	01-01-2015	, and ending 12-31-2015	
	e of four	ndation s Foundation		A Employer identification number	er
110	35 Muaiii	5 i outiliation		91-1496816	
		street (or P O box number if mail is not delivered to street	address) Room/suite	B Telephone number (see instructions	s)
99	9 Third A	wenue No 3300		(206) 302-6800	
	or town, tle, WA	state or province, country, and ZIP or foreign postal code 98104		C If exemption application is pending	g, check here 🕨 🦵
G C I	neck all	that apply Initial return Initial return	n of a former public charity	D4 Foreign ergenizations check by	
		Final return Amended re	turn	D 1. Foreign organizations, check he 2. Foreign organizations meeting test, check here and attach co	the 85%
H_Ch Se	eck typ ction 4	pe of organization Section 501(c)(3) exempt 947(a)(1) nonexempt charitable trust Other	taxable private foundation	E If private foundation status was t under section 507(b)(1)(A), chec	. —
		t value of all assets at end or part II, col. (c),	hod ┏Cash ┏Accrual fv)	F If the foundation is in a 60-month under section 507(b)(1)(B), chec	
		\$ 950,807 (Part I, column (d.) must be on cash basis.)		Here ,
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may in necessarily equal the amounts in column (a) (see instructions)	Revenue and expenses per (a) books	Net investment (b) income (c) income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (atta	ch		(d) (cdsir bdsis orily)
	_		896,614		
	2	Check ► ☐ If the foundation is not required to a	attach		
Reveilue		Sch B			
	3	Interest on savings and temporary cash investi	ments		
	4	Dividends and interest from securities			
	5a	Gross rents			
	ь	Net rental income or (loss)			
	6a	Net gain or (loss) from sale of assets not on line	e 10		
	ь	Gross sales price for all assets on line 6a			
	7	Capital gain net income (from Part IV, line 2) .		0	
	8	Net short-term capital gain			
	9	Income modifications			
	10a	Gross sales less returns and allowances			
	b	Less Cost of goods sold			
	С	Gross profit or (loss) (attach schedule)			
	11	Other income (attach schedule)			
	12	Total.Add lines 1 through 11		0	
	13	Compensation of officers, directors, trustees, e		0	0
	14	Other employee salaries and wages			
Š	15	Pension plans, employee benefits Legal fees (attach schedule)			
Ψ	16a		<u> </u>		
Expenses	Ь	Accounting fees (attach schedule)			
	С	Other professional fees (attach schedule)			
13 E	17	Interest			
Administrative	18	Taxes (attach schedule) (see instructions)	<u> </u>		
툳	19	Depreciation (attach schedule) and depletion .			
₽ U	20	Occupancy			
and	21 22	Printing and publications			
ල පැ	23	Other expenses (attach schedule)	<u> </u>	0	209
Ē	24	Total operating and administrative expenses.	3		
Operating		Add lines 13 through 23	209	0	209
ö	25	Contributions, gifts, grants paid			755,033
	26	Total expenses and disbursements. Add lines 24	,		, ==
		25	755,242	0	755,242
	27	Subtract line 26 from line 12			
	a	Excess of revenue over expenses and disburser	ents 141,372		
	b	Net investment income (if negative, enter -0-)		0	
	С	Adjusted net income(If negative, enter -0-) .			

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	809,435	950,8	950,807
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts -			
	4	Pledges receivable			
		Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			
y,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	15	O ther assets (describe 🟲)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	809,435	950,8	950,807
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ę.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe •)			
	23	Total liabilities(add lines 17 through 22)	0		0
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
욁	24	Unrestricted			
<u>8</u>	25	Temporarily restricted			
	26	Permanently restricted			
H		Foundations that do not follow SFAS 117, check here			
or Fund Balance		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0		0
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0		0
Ą	29	Retained earnings, accumulated income, endowment, or other funds	809,435	950,8	07
Net	30	Total net assets or fund balances(see instructions)	809,435	950,8	
Z	31	Total liabilities and net assets/fund balances(see instructions)	809,435	950,8	
Da	rt IIII		,	,-	
	L T !!!		(a) line 20 /		
1		Total net assets or fund balances at beginning of year—Part II, column with end-of-year figure reported on prior year's return)			809,435
2				 	
2		Enter amount from Part I, line 27a		3	141,372
3		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3		_	950,807
4 5				5	950,807
		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—P		_	950,807
6		Total her assets of fand balances at end of year (fille 4 fillings fille 5)—P	arcii, colullii (D), III		930,007

Part 1	V Capital Gains	and Losses for 7	Tax on Inve	stment Income	1				
	List and describe (a) 2-story brick ward	the kınd(s) of proper shouse, or common s			How acquired P—Purchase (b) D—Donation	ט ן	ate acquired no , day, yr)	Date sold (d) (mo , day, yr)	
1a									
b									
с									
d									
<u>—</u>									
		Denr	eciation allowed	d Cost	or other basis	1	Gain	or (loss)	
(€	e) Gross sales price		or allowable)		expense of sale	(h) (e) plus (f) minus (g)			
а									
ь									
С									
d									
<u>е</u>			(1-)	. d l kl £ d . k	12/21/60				
Co	mplete only for assets					ہ ⊢		(h) gain minus it less than -0-) oi	
(i)	F M V as of 12/31/69		djusted basis of 12/31/69		ess of col (1) col (j), if any	(1)		from col (h))	
a		(), ==	0	(, 5 / 5.	201 (3), 11 2,	1,,			
b									
c									
d									
е									
2	Capital gain net inco	me or (net capital los	ss) {	If gain, also enter If (loss), enter -0-		2			
3	Net short-term capit	al gaın or (loss) as d	efined in sectio	ns 1222(5) and (6))				
	If gain, also enter in in Part I, line 8	Part I, line 8, columr	ı (c) (see ınstru • • •	ctions) If(loss), e	nter - 0 - • •	.			
Part	V Qualification (Jnder Section 49	940(e) for R	educed Tax on	Net Investme	nt In	come		
Ifsecti	cional use by domestic i	leave this part blank					e)		
If "Yes,	e foundation liable for th " the foundation does n	ot qualify under sect	ion 4940(e) Do	not complete this	part			∀es	
1 E n	ter the appropriate amo	unt ın each column f	or each year, se	ee instructions befo	re making any ent	ries			
Base year ((a) e period years Calendar or tax year beginning in)	(b) Adjusted qualifying	distributions	(c) Net value of nonchar	ritable-use assets	((d) Distributio (col (b) divided	n ratio	
	2014		646,672		562,008		. ,	1 150646	
	2013		556,980		281,338			1 979754	
	2012		450,889		214,989			2 097265	
	2011		461,555		197,459			2 337473	
	2010		599,405		243,188			2 464780	
2	Totalof line 1, colum	n (d)				2		10 029918	
3	A verage distribution the number of years					3		2 005984	
4	Enter the net value o				_	4		675,052	
5	Multiply line 4 by line	23				5		1,354,144	
6	Enter 1% of net inve				<u> </u>	6			
-	Add lines E and 6	(1 / 0	,,o 2	,	· · · · ·	7		1 254 144	

the Part VI instructions

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

Form **990-PF** (2015)

755,242

L CI	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	7 7 0(e),	01 4940—Se	e pag	C 10 01	the in	SCIUCCIO	nis)				
1a				1								
	and enter "N/A" on line 1 Date of ruling or determination letter			Į								
	(attach copy of letter if necessary-see instructions)			1								
b	Domestic foundations that meet the section 4940(e) requirements in Part V ,	check			1				0			
	here ► ┌ and enter 1% of Part I, line 27b			. ′								
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizar Part I, line 12, col (b)	tions e	enter 4% of									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable found enter $-0-$)	dation	s only Othe	rs	2				0			
3												
4	enter -0 -) 4											
5												
6	Credits/Payments		1									
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a										
b	Exempt foreign organizations—tax withheld at source	6b										
C	Tax paid with application for extension of time to file (Form 8868)	6с										
d	Backup withholding erroneously withheld	6d										
7	Total credits and payments Add lines 6a through 6d				7				0			
8	Enter any penalty for underpayment of estimated tax Check here if Form 2	220 is	attached		8							
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .				9				0			
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount	t overp	oaid		10							
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	-	11							
Par	t VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state,	, or loc	al legislatio	n or d	ıd			Yes	No			
						• •	. <u>1a</u>		No			
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see Ir	nstruct	ions	۱					
	for definition)?					•	1b		No			
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any n	nateria	als							
_	published or distributed by the foundation in connection with the activities.						4-		Na			
	Did the foundation file Form 1120-POL for this year?						1c		No			
a	Enter the amount (if any) of tax on political expenditures (section 4955) impos		= -									
_	(1) On the foundation \$\bigs \text{ (1) On foundation managers}\$			0								
е	Enter the reimbursement (if any) paid by the foundation during the year for political formulation managers.	tical e	xpenditure to	ax IIII	Josea							
2	on foundation managers * \$0 Has the foundation engaged in any activities that have not previously been rep	ortod i	to the IDC2				. 2		No			
2	If "Yes," attach a detailed description of the activities.	orteu	to the INS									
3	Has the foundation made any changes, not previously reported to the IRS, in it	.c. aovo	rning instru	mont	articlo	c						
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confe	_	_	-		5	. 3		No			
4a	Did the foundation have unrelated business gross income of \$1,000 or more du						4a		No			
ъ Н	If "Yes," has it filed a tax return on Form 990-T for this year?						4b	\vdash				
5	Was there a liquidation, termination, dissolution, or substantial contraction dur								No.			
•	If "Yes," attach the statement required by General Instruction T.	ing circ	z yeur i i	•								
6	Are the requirements of section 508(e) (relating to sections 4941 through 494	45) sa	tisfied eithei	r								
	By language in the governing instrument, or	,										
	By state legislation that effectively amends the governing instrument so that	at no n	nandatory di	rectio	ns							
	that conflict with the state law remain in the governing instrument?						. 6	Yes				
7	Did the foundation have at least \$5,000 in assets at any time during the year?	If "Yes	s," complete l	Part II	, col. (c	:),						
	and Part XV.						. 7	Yes				
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)									
	▶WA											
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	0-PF	to the Attorr	ney								
	General (or designate) of each state as required by General Instruction G? If "	"No," at	tach explanat	ion .			8b	Yes				
9	Is the foundation claiming status as a private operating foundation within the m	neanın	g of section	4942	(յ)(3)							
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see	ee inst	ructions for	Part >	۲(VIV)							
	If "Yes," complete Part XIV						. 9	igsquare	No			
10	Did any persons become substantial contributors during the tax year? If "Yes,"	" attach	a schedule l	'isting	their n	ames						
	and addresses.						. 10	1 !	No			

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶N/A			
14	The books are in care of ►MOSS ADAMS LLP Telephone no ►(206) 302	-6800	
	Located at ▶999 Third avenue suite 3300 seattle WA ZIP+4 ▶98104			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year		·	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes $\overline{\lor}$ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	41.		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	10		No
2	that were not corrected before the first day of the tax year beginning in 2015?	1c		NO
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
-	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes Vo			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2015.)	3b	1	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	No

Pel	Lt ATT-B	Statements Rega	arding Activities to	or wr	iich Form 4/20	мау	Be Required (Cont	inuea)	
5a	During the	year did the foundation	n pay or incur any amo	unt to						
	(1) Carry	on propaganda, or othe	rwise attempt to influe	nce leg	ıslatıon (sectıon 49	45(e)) [?]	√ No		
	(2) Influer	nce the outcome of any	specific public electio	n (see	section 4955), or to	car	ry			
	on, dir	ectly or indirectly, any	voter registration drive	≥?			\ Yes \	√ No		
	(3) Provid	e a grant to an individu	ial for travel, study, or (others	ımılar purposes?		☐ Yes Ϝ	√ No		
	(4) Provid	e a grant to an organiza	ation other than a char	table,	etc , organızatıon de	scrib	ped			
	ın sect	tion 4945(d)(4)(A)? (se	ee instructions)				\ \ Yes \	√ No		
	(5) Provid	e for any purpose other	r than religious, charita	ble, sc	ientific, literary, or					
	educat	tional purposes, or for t	the prevention of cruelt	y to ch	ıldren or anımals?.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	√ No		
b	If any ans	werıs "Yes" to 5a(1)–((5), dıd any of the trans	actions	fail to qualify under	r the	exceptions described in			
	Regulation	ns section 53 4945 or i	ın a current notice rega	rding o	disaster assistance	(see	instructions)?	[5b	
	O rganızatı	ions relying on a curren	nt notice regarding disa	steras	ssistance check her	e		-		
С	If the ansv	wer is "Yes" to questior	n 5a(4), does the found	ation c	laım exemption fron	n the				
	tax becaus	se it maintained expend	diture responsibility for	the gr	ant?		T Yes 「	- No		
	If "Yes," at	tach the statement requ	ured by Regulations sec	tion 53.	4945-5(d).					
6a	Did the fou	undation, during the yea	ar, receive any funds, d	ırectly	or indirectly, to pay	prer	miums on			
	a personal	l benefit contract?					Yes	√ No		
b	•						benefit contract?	. [6b	No
	If "Yes" to	6b, file Form 8870.								
7a	At any tım	e during the tax year, v	was the foundation a pa	rty to a	a prohibited tax shel	lter t	ransaction? Yes	√ No		
b	If yes, dıd	the foundation receive	any proceeds or have	any ne	t income attributable	e to t	the transaction?	. [7b	
_		Information Abou	t Officers, Directo	rs, T	rustees, Founda	atio	n Managers, Highly	Paid	Empl	oyees,
		and Contractors			•					
1	List all offi	cers, directors, trustee	s, foundation manager	s and t	heir compensation (see i		I		
			Title, and averag		Compensation(If		(d) Contributions to	 F	vnense	account,
	(a) Nam	ne and address	hours per week (b) devoted to position		not paid, enter -0-)	е	mployee benefit plans			owances
			(b) devoted to position	"	-0-)	and	deferred compensation			
See	Additional E	Data Table								
]							
			1							
2	Compensat	ion of five highest-paid	d employees (other tha	n thos	e included on line 1-	-see	instructions). If none, e	nter "N	ONE."	
		(a)	Title, and av	erade			Contributions to			
Nar	ne and addr	ress of each employee ;			(c) Compensation	on	employee benefit plans and deferred		•	account,
	more	e than \$50,000	(b) devoted to po	osition			(d) compensation	(e) ⁰	ther an	lowances
NON	IE									
			 							
Int-	I number of	other amployage haid o	AVAR & EA AAA					1		^

Part VIII and Contractors (continued)	istees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional service	·es	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Includ- organizations and other beneficiaries served, conferences convened, research papers		Expenses
1	produced, etc	·
2		
3		
<u> </u>		
Part IX-B Summary of Program-Related Investmen	ts (see instructions)	
Describe the two largest program-related investments made by the foundation du		Amount
1 N/A		0
2	_	
		1
		1
All other program-related investments See instructions		
3		
		1
		1
Total. Add lines 1 through 3		0

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	o
b	A verage of monthly cash balances	1b	685,332
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	685,332
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	685,332
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ % of line 3 (for greater amount, see		
	ınstructions)	4	10,280
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	675,052
6	Minimum investment return. Enter 5% of line 5	6	33,753
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	taın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	33,753
2a	Tax on investment income for 2015 from Part VI, line 5 2a		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	33,753
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	33,753
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	33,753
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	755,242
	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	755,242
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	755,242
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Inc	c ome (see instruct	tions)				
			(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015	
1	Distributable amount for 2015 from	Part VI line 7	Сограз	rears prior to 2014	2014	2013	33,753
	Undistributed income, if any, as of						
	Enter amount for 2014 only				0		
а ь				0	Ţ.		
3	Total for prior years 20, 2 Excess distributions carryover, if a			ŭ			
э	From 2010	587,246					
h	From 2011	451,682					
	From 2012	440,140					
	From 2013	529,277					
	From 2014	618,572					
	Total of lines 3a through e		2,626,917				
	Qualifying distributions for 2015 fro						
		755,242					
а	Applied to 2014, but not more than	line 2a			0		
b	Applied to undistributed income of	prior years		0			
	(Election required—see instructions	5)					
C	Treated as distributions out of corp required—see instructions)	•	0				
d	Applied to 2015 distributable amou	ınt					33,753
е	Remaining amount distributed out o	of corpus	721,489				
5	Excess distributions carryover app	lied to 2015	0				0
	(If an amount appears in column (d), same amount must be shown in						
6	Enter the net total of each column indicated below:	as					
а	Corpus Add lines 3f, 4c, and 4e Su	ıbtract line 5	3,348,406				
b	Prior years' undistributed income S			0			
	line 4b from line 2b		-				
С	Enter the amount of prior years' und income for which a notice of deficier						
	been issued, or on which the section	-					
	tax has been previously assessed.			0			
d	Subtract line 6c from line 6b Taxab —see instructions			0			
е	Undistributed income for 2014 Sub	otract line					
	4a from line 2a Taxable amount—s	ee			0		
_	Instructions				Ü		
Т	Undistributed income for 2016 Sub- lines 4d and 5 from line 1. This amo						
	be distributed in 2015						0
7	Amounts treated as distributions of						
	corpus to satisfy requirements impo						
	section 170(b)(1)(F) or 4942(g)(3)		0				
o	be required - see instructions) Excess distributions carryover from						
0	applied on line 5 or line 7 (see instr		587,246				
9	Excess distributions carryover to 20	•					
	Subtract lines 7 and 8 from line 6a		2,761,160				
10	Analysis of line 9						
	Excess from 2011	451,682					
	Excess from 2012	440,140					
	Excess from 2013	529,277					
	Excess from 2014	618,572					
е	Excess from 2015	721,489					

	Private Operating Foundat	•			19)	
1a	If the foundation has received a ruling or determ					
	foundation, and the ruling is effective for 2015,					
	Check box to indicate whether the organization		ting foundation de		1 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	year listed					
b 8	35% of line 2a					
c	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used					
	directly for active conduct of exempt activities					
e	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets		1			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3		1			
-	of minimum investment return shown in					
	Part X, line 6 for each year listed					
C	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments					
	on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in					
	section $4942(j)(3)(B)(iii)$					
	(3) Largest amount of support					
	from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information (C			e organizatio	n had \$5,000 o	r more in
	assets at any time during the	<u>year—see ins</u>	tructions.)			
L a	Information Regarding Foundation Managers: List any managers of the foundation who have co	ontributed more th	nan 2% of the tota	ıl contributions rec	eived by the found	lation
	before the close of any tax year (but only if they					ideloli
b	List any managers of the foundation who own 10				large portion of th	е
	ownership of a partnership or other entity) of wh	ich the loundation	inas a 10% or gre	eaterinterest		
	Total Control Control Control City	Cabalanak	:t- B			
2	Information Regarding Contribution, Grant, Gift					
	Check here ► ✓ If the foundation only makes counsolicited requests for funds. If the foundation					
	other conditions, complete items 2a, b, c, and d		its, etc. (see ilisti)	actions) to marvia	dais of organizatio	iis uiidei
а	The name, address, and telephone number or e	mail address of th	e nerson to whom	annlications shou	ld he addressed	
u	The name, address, and telephone number of el	man address of th	e person to whom	applications shou	ia be addressed	
b	The form in which applications should be submi	tted and informat	ion and materials t	they should includ	e	
C	Any submission deadlines					
_	A					
d	Any restrictions or limitations on awards, such factors	as by geographic	aı areas, charitabl	e neias, kinds of ii	nstitutions, or othe	Γ

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 755,033 **b** Approved for future payment

	ing Activitie	5			Page 1 2		
Enter gross amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt function income		
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See instructions)		
a b							
c							
e f							
 g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments							
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate							
a Debt-financed property b Not debt-financed property							
6 Net rental income or (loss) from personal property							
7 Other investment income							
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory .							
Dother revenue a b							
c d							
e 2 Subtotal Add columns (b), (d), and (e) 3 Total.Add line 12, columns (b), (d), and (e)		0		.3	•		
(See worksheet in line 13 instructions to verify of Part XVI-B Relationship of Activities to		olishment of E	xempt Purpos	es			
Line No. Explain below how each activity for whi the accomplishment of the foundation's	ch income is rep	oorted in column (e) of Part XVI-A c	ontributed importa			
instructions)							
the accomplishment of the loundation's							
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the accomplishment of the loundation's							
the accomplishment of the loundation's							

Part	: XVI		Information Ro Noncharitable					sactio	ns and I	Relationships	With			
		organı	zation directly or i) of the Code (othe	ndırectly e	engage	ın any of t	the following wi						Yes	No
		tions?	•			()()	,		,	J .				
a Tra	nsfer	s from	the reporting four	ndation to	a nonc	harıtable e	exempt organiz	ation of						
(1)	Cas	h										1a(1)		No
(2)	Oth	erass	sets									1a(2)		No
b Otl	ner tra	ansac	tions											
(1)	Sale	es of a	ssets to a noncha	rıtable ex	empt or	ganızatıoı	n					1b(1)		No
(2)	Purc	chase	s of assets from a	noncharit	able ex	empt orga	inization					1b(2)		No
(3)	Ren	tal of	facılıtıes, equipme	nt, or othe	rasset	ts						1b(3)		No
(4)	Reir	nburs	ement arrangemer	nts								1b(4)		No
(5)	Loa	ns or	oan guarantees.									1b(5)		No
			e of services or m									1b(6)		No
c Sha	arıng	of facı	lities, equipment,	mailing lis	ts, oth	erassets,	or paid employ	yees				1c		No
of t	he go	ods, d	to any of the above other assets, or se tion or sharing arr	rvices giv	en by t	he reporti	ng foundation	If the fo	undation r	eceived less thar	n fair mark	et value		
(a) Line	e No	(b)	Amount involved	(c) Name	of nonch	arıtable exe	empt organization	(d)	Description	of transfers, transact	ions, and sha	ring arra	ngemen	nts
des	cribe	d in s comp	ion directly or indi ection 501(c) of the plete the following) Name of organization	ne Code (d schedule		an sectioi		rın secti			otion of relati	. □Ye	s 🔽	No
Sign Here	the	best	enalties of perjury, of my knowledge a on of which prepar	and belief,	ıt ıs tru	ıe, correct		e Declar			n taxpaye May t return	r) is bas he IRS di	sed on	all
	 *	Signa	ature of officer or t	rustee			Date		Title		below			
	•		t/Type preparer's endy Campos	name	Prepa	rer's Sıgn	ature	Date 201	6-05-04	Check if self- employed ▶	PTIN	004481	.02	— —
Paid Prep Use	areı	r Mos	n's name トs Adams LLP					<u> </u>		Firm's EIN ▶ 9	1-018931	1-0189318		
Only			SW Broadway Su	ite 1200 F	ortland	d, OR 972	205			Phone no (503	3)242-144	17		

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICK ANDERSON	President	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	2 0 0			
AMY RUNGE	TREASurer	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
CORINNE BAUGHMAN	SECRETARY	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
TRACE SKOPIL	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
DAVID ALLEN	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
GREGG AMEND	DIrector	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
LUC ARSENAULT	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
SILKE OLSEN	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
BRIAN CONNER	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
Jennifer Price	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			
Aaron Faulk	Director	0	0	0
999 Third Avenue Suite 3300 Seattle, WA 98104	1 00			

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
American Red Cross PO Box 3097 Seattle, WA 98114	None	PC	Natural disaster relief	68,030
Arizona State University 1151 South Forest Avenue Tempe, AZ 85281	None	PC	Support accounting department	4,000
Beta Alpha Psi 220 Leigh Farm Road Durham, NC 27707	None	PC	Support accounting department	33,000
Bowling Green University 103 Shatzel Bowling Green,OH 43403	None	PC	Support accounting department	2,500
Brigham Young University PO Box 21128 Provo,UT 84602	None	PC	Support accounting department	7,400
Brigham Young University - Idaho 525 South Center Street Rexburg,ID 83460	None	PC	Support accounting department	600
BuildOn PO Box 16741 Stamford,CT 06905	None	PC	Natural disaster relief	10,000
California State University Career Centers 18111 Nordhoff Street Northridge,CA 91330	None	PC	Support accounting department	2,000
California State University Chico 400 W 1st Street Chico,CA 95929	None	PC	Support accounting department	2,500
California State University Fullerton 800 N State College Boulevard Fullerton, CA 92831	none	PC	Support accounting department	31,000
California State University Long Beach 1250 Bellflower Boulevard Long Beach, CA 90840	none	PC	Support accounting department	21,000
California State University Los Angeles 5151 State University Drive Los Angeles, CA 90032	none	PC	Support accounting department	1,000
California State University Northridge 18111 Nordhoff Street Northridge, CA 91330	none	PC	Support accounting department	5,000
California State University Sacramento 600 J Street Sacramento, CA 95819	none	PC	Support accounting department	5 ,0 0 0
California State University San Marcos 333 S Twin Oaks Valley Road San Marcos,CA 92096	none	PC	Support accounting department	5,000
Total	·		▶ 3a	755,033

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
California State University Stanislaus One University Circle Turlock,CA 95387	none	PC	Support accounting department	3,000
Carnegie Mellon University 5000 Forbes Avenue Pittsburgh, PA 15213	none	PC	Support accounting department	500
Central Washington University 400 E University Way Ellensburg, WA 98926	none	PC	Support accounting department	6,200
Chapman University 1 University Drive Orange,CA 92866	none	PC	Support accounting department	5,000
Children's Heart Foundation PO Box 244 Lincolnshire,IL 60069	none	PC	O perational support	600
Community Foundation of North Central Washington 9 S Wenatchee Avenue Wenatchee, WA 98801	none	PC	O perational support	2,500
Eastern Washington University 506 F Street Cheney, WA 99004	none	PC	Support accounting department	10,372
Educational Foundation for Women in Accounting 136 South Keowee Street Dayton, OH 45402	none	PC	O perational support	1,000
George Fox University 414 N Meridian Street Newberg, OR 97132	none	PC	Support accounting department	600
Golden Gate University 536 Mission Street San Francisco, CA 94105	none	PC	Support accounting department	1,000
Gonzaga University 502 E Boone Avenue Spokane, WA 99258	none	PC	Support accounting department	22,750
Humane Society 2100 L Street NW Washington, DC 20037	none	PC	operational support	1,000
Idaho State University 921 South 8th Avenue Pocatello,ID 83201	none	PC	Support accounting department	2,000
Leukemia & Lymphoma Society 3 International Drive Suite 200 Rye Brook, NY 10573	none	PC	O perational support	725
Montana State University PO Box 172440 Bozeman, MT 59717	none	PC	Support accounting department	2,000
Total			▶ 3a	755,033

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
National Multiple Sclerosis Society 192 Nickerson Street 100 Seattle, WA 98109	none	PC	O perational support	580
New Mexico State University 1780 E University Avenue Las Cruces,NM 88003	none	PC	Support accounting department	17,916
Northwest Christian University 828 E 11th Avenue Eugene,OR 97401	none	PC	Support accounting department	1,500
Oregon State University 200 Bexell Hall Corvallis,OR 97331	none	PC	Support accounting department	9,500
Pepperdine University 24255 Pacific Coast Highway Malibu,CA 90263	none	PC	Support accounting department	2,000
Point Loma Nazarene University 3900 Lomaland Drive San Diego,CA 92106	none	PC	Support accounting department	1,250
Portland State University 1825 SW Broadway Portland,OR 97201	none	PC	Support accounting department	7,000
Puget Sound Blood Center 921 Terry Avenue Seattle, WA 98104	none	PC	O perational support	475
San Diego State University 5500 Campanile Drive San Diego,CA 92182	none	PC	Support accounting department	2,000
San Francisco State University 1600 Holloway Avenue San Francisco, CA 94132	none	PC	Support accounting department	15,000
Santa Clara University 500 El Camino Real Santa Clara, CA 95053	none	PC	Support accounting department	8,500
Seattle Pacific University 3307 3rd Avenue W Seattle, WA 98119	none	PC	Support accounting department	10,400
Seattle University 901 12th Avenue Seattle, WA 98122	none	PC	Support accounting department	1,000
Sister of Holy Faith 12322 Paramount Boulevard Downey,CA 90242	none	PC	O perational support	1,000
Southern Methodist University PO Box 750100 Dallas,TX 75275	none	PC	Support accounting department	250

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
Southern Oregon University 1250 Siskiyou Boulevard Ashland,OR 97520	none	PC	Support accounting department	16,668
Susan G Komen Race for the Cure 112 5th Avenue N Seattle, WA 98109	none	PC	O perational support	855
United Way of Chelan & Douglas Counties 107 S Mission Street Wenatchee, WA 98807	none	PC	O perational support	2,500
University of Arizona university of arizona Tucson, AZ 85721	none	PC	Support accounting department - diversity scholarship	2,500
University of California Berkeley 2195 Hearst Avenue Room 130 MC 1102 Berkley,CA 94720	none	PC	Support accounting department	1,000
University of California LA 405 Hilgard Avenue Los Angeles, CA 90095	none	PC	Support accounting department	2,000
University of California Santa Barbara 1210 Cheadle Hall Santa Barbara,CA 93106	none	PC	Support accounting department	44,000
University of Idaho PO Box 443147 Moscow, ID 83844	none	PC	Support accounting department	2,000
University of Kansas 1450 Jayhawk Boulevard Lawrence, KS 66045	none	PC	Support accounting department - diversity scholarship	2,500
University of Montana 32 Campus Drive Missoula, MT 59812	none	PC	Support accounting department	25,500
University of New Mexico university of new mexico Albuquerque, NM 87131	none	PC	Support accounting department	5,205
University of Oregon 1585 E 13th Avenue Eugene,OR 97403	none	PC	Support accounting department	74,890
University of Pacific 3601 Pacific Avenue Stockton, CA 95211	none	PC	Support accounting department	4,500
University of San Diego 5998 Alcala Park San Diego, CA 92110	none	PC	Support accounting department	2,000
University of Southern California University Park Campus Los Angeles, CA 90007	none	PC	Support accounting department	5,000
Total			▶ 3a	755,033

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	A mount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				
University of Washington 407 Gerberding Hall Seattle, WA 98195	none	PC	Support accounting department	40,267
Washington State University PO Box 641925 Pullman, WA 99164	none	PC	Support accounting department	38,000
Western Washington University 516 High Street Bellingham, WA 98225	none	PC	Support accounting department	103,500
Whitworth University 300 West Hawthorne Road Spokane, WA 99251	none	PC	Support accounting department	46,500
Total	·		▶ 3a	755,033

TY 2015 Other Expenses Schedule

Name: Moss Adams Foundation

EIN: 91-1496816

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Office sUPPLIES	129	0		129
FILING FEES	80	0		80

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491137036826

E14: 00-10110700002

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Employer identification number

Moss A	Adams Foundation		91-1496816
Organi	ization type (chec	k one)	
Filers	of:	Section:	
Form 9	90 or 990-EZ	「 501(c)() (enter number) organization	
			dation
Form 9	90-PF	▼ 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	n
		□ 501(c)(3) taxable private foundation	
Gener	al Rule For an organizati	c)(7), (8), or (10) organization can check boxes for both the General Rule and one of the General Rule and one of the General Rule and one filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution one contributor. Complete Parts Land II. See instructions for determination of the General Rule and II.	tions totaling \$5,000 or more (in money or
Specia	al Rules		
Г	under sections 509 received from any	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₈ % 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) one contributor, during the year, total contributions of the greater of (1) \$5,0 (ii) Form 990-EZ, line 1 Complete Parts I and II	, Part II, line 13, 16a, or 16b, and that
Γ	during the year, to	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re tal contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scie of cruelty to children or animals Complete Parts I, II, and III	
Г	during the year, co this box is checked purpose Do not co	In described in section $501(c)(7)$, (8) , or (10) filing Form 990 or 990-EZ that respectively for religious, charitable, etc., purposes, but no such od, enter here the total contributions that were received during the year for an amplete any of the parts unless the General Rule applies to this organization e, etc., contributions totaling \$5,000 or more during the year	contributions totaled more than \$1,000 lf exclusively religious, charitable, etc, n because it received nonexclusively

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization

Employer identification number

Moss Adams Foundation 91-1496816 Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed Part I (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution See Additional Data Table Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contribution) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash \$ (Complete Part II for noncash contribution) (d) (a) (b) (c) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash \$ (Complete Part II for noncash contribution)

Name of organization Moss Adams Foundation		Employer identification n	umber
Moss Adams Foun	dation	91-1496816	
Part II	Noncas h Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		(c)	
(a) No.from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
(a)	(b)	(c)	(d)
No.from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
		(see instructions)	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

990-EZ, or 990-PF) (2015)		Page 4
	Emp	loyer identification number
/II	91-:	1496816
than \$1,000 for the year from any or For organizations completing Part II r less for the year. (Enter this inforn	ne contributor. Complete columr I, enter the total of exclusively re nation once. See instructions.) >	ns (a) through (e) and the following ligious, charitable, etc., contributions
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of with	
Transferee's name, address, and		ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name address and	(e) Transfer of gift	lationship of transferor to transferee
, ,		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and		ationship of transferor to transferee
	religious, charitable, etc., contribut than \$1,000 for the year from any or For organizations completing Part III less for the year. (Enter this informe copies of Part III if additional space is not be copies of Part III if additional space is not be copies of Part III if additional space is not be copies of Part III if additional space is not be copies of gift Transferee's name, address, and the copies of gift (b) Purpose of gift Transferee's name, address, and the copies of gift (b) Purpose of gift	religious, charitable, etc., contributions to organizations described than \$1,000 for the year from any one contributor. Complete column For organizations completing Part III, enter the total of exclusively recess for the year. (Enter this information once. See instructions.) Per ecopies of Part III of additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP4 (e) Transfer of gift Transferee's name, address, and ZIP4 (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP4 (e) Transfer of gift Rei (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP4 (e) Transfer of gift Transferee's name, address, and ZIP4 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP4 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift

Software ID: Software Version:

EIN: 91-1496816

Name: Moss Adams Foundation

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Moss Adams LLP		Person F Payroll F
	999 THIRD AVENUE SUITE 3300 Seattle, WA 98104	\$ 750,013	Noncash
	Seattle, WA 98104		(Complete Part II for noncash contribution)
2			Person 🔽
	Rick Anderson 26902 Sunset Meadow Loop		Payroll 🗀
		\$ 22,020	Noncash
	Kennewick, WA 99338		(Complete Part II for noncash contribution)
3			Person 🔽
	Chris Schmidt		Payroll
	320 Overlake Drive E	\$ 11,000	Noncash
	Medina, WA 98039		(Complete Part II for noncash contribution)
4			Person 🔽
	Rick Betts		Payroll
	5121 E 56th Court	\$ 7,500	Noncash
	Spokane, WA 99223		(Complete Part II for noncash contribution)
5			Person 🔽
<u> </u>	Joseph Karas		Payroll
	14720 NW Sethrich Lane	\$ 5,500	Noncash
	Portland, OR97229		(Complete Part II for noncash contribution)
			Person 🔽
6	David Girt		Payroll
	9653 SW Lancaster Road	\$ 5,000	Noncash
	Portland, OR97219		(Complete Part II for noncash contribution)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Tony Makı 32332 11th Avenue SW Federal Way, WA 98023	\$ 5,000	Person
			(Complete Part II for noncash contribution)