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SCANNIED APR 2 6 2017,

Form: 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2016

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AF	or the	2016 calend	ar year, or tax year beginning	January I	, 2016, 8	ma enaing		anner 3		
B c	heck if ap	plicable	C Name of organization				D Emplo	yer iden	tification number	
=	Address cl	-	Kent Community Foundation			District 1	<u> </u>		1349506	
$\overline{}$	Name cha	_	Number and street (or P.O box, if mail is	not delivered to street addres	ss) (Room/suite	E Teleph	E Telephone number		
=	nitial retur	m n/terminated	PO Box 5493					253-797-2523		
=	rinai retuir Amended i		City or town, state or province, country, a	nd ZIP or foreign postal code	•		F Grou	p Exem _l	otion	
=		n pending	Kent, WA 98064				Num	ber 🕨		
G /	Account	ling Method:	✓ Cash	ecify) ▶		Н	Check ▶	lf t	he organization is not	
	Vebsite	-	ef.com				required	to attac	h Schedule B	
J T	ах-ехеп	npt status (ch	eck only one) - 🗸 501(c)(3) 🔲 501(c	(insert no.)	4947(a)(1) or	□527	(Form 99	0, 990-1	EZ, or 990-PF).	
_			: Corporation Trust	Association	Other				····	
			7b to line 9 to determine gross receip	ts. If gross receipts are \$	200,000 or n	nore, or if tota	l assets			
			w) are \$500,000 or more, file Form 990					▶ \$		
Р	art l	Revenu	e, Expenses, and Changes in	Net Assets or Fun	d Balanc	es (see the	instruc	tions f	or Part I)	
			f the organization used Schedule							
	1		ons, gifts, grants, and similar amo					1	23,699	
	2		service revenue including governm					2		
	3		nip dues and assessments					3		
	4	investmen	•					4	15,085	
	5a		ount from sale of assets other that	n inventory	. 5a		·			
	b		t or other basis and sales expense	•				- 1		
	C					ne 5a)		5c		
	6	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events								
	1 -	•	come from gaming (attach Sch							
ရှ	a				. 6a		l			
Ĕ			ome from fundraising events (not i			contribution	ns			
Revenue	b		raising events reported on line 1)			COMMIDATION	''3	- 1		
Œ		eum of eu	ch gross income and contribution	s exceeds \$15 000)	. 6b	1	5.188]		
			ct expenses from gaming and tun				2,066	, I		
	C		ne or (tass) from gaming and fun			1 6b and su		1		
	d			O		ob and so	Dudoi	6d	2 122	
				-1.8	. 7a	1		- 60	3,123	
	7a		es of Aventory, less returns and a	iowances	7b					
	b	Less: cost	t of goods sole		• ———	L		7c		
	C		fit or (loss) from sales of inventory					8		
	8		· · · · · · · · · · · · · · · · · · ·						44.007	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d,					9	41,907	
	10		d similar amounts paid (list in Sch				• •		28,850	
	11						• •	11		
Ses	12	•	other compensation, and employe					12		
en:e	13		nal fees and other payments to inc					13		
Expense	14	•	cy, rent, utilities, and maintenance					14		
ш	1		oublications, postage, and shippin					15	105	
	16		enses (describe in Schedule O)					16	5,475	
	17	Total exp	enses. Add lines 10 through 16	<u> </u>	<u> </u>	· · · · ·	<u> </u>	17	34,430	
Ś	18	Excess or	(deficit) for the year (Subtract line	17 from line 9)				18		
set	19		s or fund balances at beginning							
As		•	ar figure reported on prior year's i					19	375,621	
Net Assets	20		inges in net assets or fund balance					20	11,396	
Z	21	Net assets	s or fund balances at end of year.	Combine lines 18 thro	ugh 20 .		<u>.</u> ▶	21	387,017	
Ea	- Donor	nuark Badua	tion Act Notice see the senarate in	etructions	Cat	No. 106421			Form 990-EZ (2016)	

12

Form	990-EŻ	(2016)
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Page	2
aue	-

Pai	t II Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part II		🖂
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			9,779	22	22,201
23	Land and buildings				23	.
24	Other assets (describe in Schedule O)				24	
25	Total assets			385,400		409,218
26	Total liabilities (describe in Schedule O)		<u> </u>		26	·····
27	Net assets or fund balances (line 27 of column			375,621	27	387,017
Par	-					Symanasa
	Check if the organization used Schedule	O to respond to a	ny question in this I	Part III	íRe	Expenses guired for section
	t is the organization's primary exempt purpose?	·	<u></u>	·-·····	<u>5</u> 01	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the chippen that the chippen and the chippen a	e services provided	, the number of		anizations, optional for ers)
28	Scholarship Program - Awarded scholarships to grad	luating seniors & gra	duates of the Kent So	chool District		

~~	(Grants \$) If this amount			<u> ▶ ⊔</u>	288	26,750
29	Mini Grant Program - Awarded 3 Mini grants support	ing Kent School distr	ict and community			
	(Grants \$) If this amount	includes foreign ara	ints, check here .	▶ [7]	298	2,100
30	- · · · · · · · · · · · · · · · · · · ·					2,100

	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	30a	a İ
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	318	9
	Total program service expenses (add lines 28a t	through 31a)		🕨	32	
Par						
	Check if the organization used Schedule	O to respond to a		,	•	<u> 🗆</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Dee I	(lem, President					
2421	8 111th Ave SE Kent, WA 98030					
	Sellers, Secratary					
806 H	lazel Ave N Kent, WA 98031			<u> </u>	1	·
Bren	da Farwell					
	0 284th St Kent, WA 98042				-	
	Smith, Treasurer					
-	0 157th Place SE Kent, WA 98042				- -	
	AcGinnis, Director	1				
	5 SE 244th Kent, WA 98031		<u> </u>		+-	
	ew Ryan, Director 5 190th Ave SE Kent, WA 98042					
	Lee, Director				+	
	5 Se 244th Kent, Wa 98031					
			<u> </u>		T	

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Рап	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		√
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ Washington			
42a	The organization's books are in care of ► Harry Smith, Treasurer Located at ► 30730 157th Place SE Kent, WA 98042 ZIP + 4 ►	253-79	7-252	3
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	₩
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990 F7 (see instructions)	4-:-		
	Form 990-EZ (see instructions)	45b	1	✓

Form 99	0-EŽ (20	016)						Р	age 4
46	Did th	ne organization engage, directly or in ndidates for public office? If "Yes," c	idirectly, in political c	ampaign activities o	on behalf c	of or in opposit	tion 46	Yes	No
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	s only s must answer que	stions 47–49b and	d 52, and	complete th		or line	L_▼_ es . ☑
47	Did to	ne organization engage in lobbying If "Yes," complete Schedule C, Pari	activities or have a :	section 501(h) elect	tion in effe	ect during the	- 47	Yes	No ✓
48 49a b 50	Did the If "Ye Comp	organization a school as described in the organization make any transfers to s," was the related organization a se tolete this table for the organization's oyees) who each received more than	o an exempt non-cha ection 527 organization five highest compen	ritable related orgai on? sated employees (o	nization? ther than o	officers, direct	. 49a . 49b ors, trustee		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, nons to employee ans, and deferred mpensation	(e) Estimate other con		
NONE									
f 51	Com	number of other employees paid ovolete this table for the organization 000 of compensation from the organization from the organizati	s five highest comp	ensated independe	nt contrac	tors who each	n received	more	than
NONE	(a)	Name and business address of each independ	dent contractor	(b) Type of s	ervice	(c) Compensati	on 	
					 		 -		
52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	-		. ► ganızatıon	s must attac	ha . ⊳ 		No_
Under p	enalties rrect, an	of penjury, I declare that I have examined this d complete. Declaration of preparer (other than	return, including accompar n officer) is based on all info	lying schedules and state ormation of which prepare	ements, and t er has any kn	o the best of my k owledge	nowledge and	d belief,	, it is
Sign Here		Signature of officer Harry Smith Treasurer				3/27 Date	//7		
Paid Prep	arer	Type or print name and title Print/Type preparer's name	Preparer's signature		Date	Checkself-emplo] _{if} PTIN		
Use	Only	Firm's name ► Firm's address ► discuss this return with the prepare	r shown above? See	instructions		Firm's EIN ▶ Phone no	▶ □ Yes		No.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization Kent Community Foundation Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iii) Type of organization isted in your governing other support (see support (see (described on lines 1-10 document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Scriedu	ile A (Form 990 or 990-EZ) 2016						Page Z
Part		ations Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organization	failed to qua	lify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						<u> </u>
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	1				ļ	
	membership fees received. (Do not include any "unusual grants.")						
_		8459	14173	9382	19505	28888	80407
2	Tax revenues levied for the organization's benefit and either paid				l		
	to or expended on its behalf	}					
3	The value of services or facilities						·
3	furnished by a governmental unit to the		ļ	1		ł	
	organization without charge	İ		1		1	
4	Total. Add lines 1 through 3	8459	14173	9382	19505	28888	80407
5		0433	141/3	3302	19303	20000	80407
3	The portion of total contributions by each person (other than a					į	
	governmental unit or publicly					į	
	supported organization) included on				ĺ		
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	1		j	i]	
6	Public support. Subtract line 5 from line 4						80407
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	8459	14173	9382	19505	28888	80407
8	Gross income from interest, dividends,				}		
	payments received on securities loans,		1				
	rents, royalties and income from similar sources					ļ	
•		18324	16911	20370	17519	15085	88209
9	Net income from unrelated business activities, whether or not the business		ì				
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					ļ	
11	Total support. Add lines 7 through 10						168616
12	Gross receipts from related activities, etc	. (see instructio	ns)	-		12	100010
13	First five years. If the Form 990 is for the			i, third, fourth,	or fifth tax ye		501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage)				
14	Public support percentage for 2016 (line	6, column (f) div	/ided by line 1	I, column (f))		14	47.69 %
15	Public support percentage from 2015 Sch					15	41.1 %
16a	331/3% support test—2016. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test - 26	016. If the orga	nization did no	t check a box	on line 13, 16	Sa, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	nces" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiz	ation qualifies	as a publicly s	supported
	organization						▶ 🗆
b	10%-facts-and-circumstances test—26						
	15 is 10% or more, and if the organiza	tion meets the	facts-and-c	rcumstances"	test, check t	his box and s	top here.
	Explain in Part VI how the organization in					on qualifies as	a publicly
10	supported organization					11	▶ 🗆
18	Private foundation. If the organization di	u not cneck a b	ox on line 13,	16b, 17a,	, or 1/b, check	triis dox and s	ee

\mathbf{p}_{α}		Command Cab	adula for C	\	and in	Castian FOO	ヘハク
- G1	t III	Support Sch	leaule for C	Organizations D	escribea ii	1 3600000 3030	(4)(4)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part	II.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	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		Ì				
	furnished in any activity that is related to the						
	organization's tax-exempt purpose		•	1			
3	Gross receipts from activities that are not an		1				
	unrelated trade or business under section 513						
4	Tax revenues levied for the				· · · · · · · · · · · · · · · · · · ·		
•	organization's benefit and either paid				1		
	to or expended on its behalf		}		i		
5	The value of services or facilities		 	 			
5	furnished by a governmental unit to the		Į.		ļ		
	organization without charge		1	1			
_			-	 			
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 	 	 		
'a	received from disqualified persons .		1	}	İ		
_	· ·		 	 			
b	Amounts included on lines 2 and 3		1	[
	received from other than disqualified						
	persons that exceed the greater of \$5,000			1	[i	ļ
	or 1% of the amount on line 13 for the year			 		ļ	
_	Add lines 7a and 7b		1	 		 	
8	Public support. (Subtract line 7c from		ļ	ļ			ļ
	line 6.)		<u> </u>	<u> </u>	L	<u> </u>	l
	on B. Total Support						,
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,				}		1
	royalties and income from similar sources .	L	<u> </u>		L		
b	Unrelated business taxable income (less]
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
С	Add lines 10a and 10b			<u> </u>	<u> </u>		
11	Net income from unrelated business		<u> </u>		<u> </u>	T	
	activities not included in line 10b, whether	İ					
	or not the business is regularly carried on				1	[}
12	Other income. Do not include gain or	}	 	 	 	 	
14	loss from the sale of capital assets					1	
	(Explain in Part VI.)					1	
13	Total support. (Add lines 9, 10c, 11,		 	<u> </u>	 	 	
	and 12.)					1	1
14	First five years. If the Form 990 is for the	organizatio	n'e firet secon	d third fourth	or fifth tay y	ear as a section	n 501(c)(3)
1-76	organization, check this box and stop he	•	•		•		
Soci				· · · · ·			
	on C. Computation of Public Suppor			12 001: (6)		45	0/
15 16	Public support percentage for 2016 (line		•				<u>%</u>
16 Secti	Public support percentage from 2015 Sci on D. Computation of Investment In			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	10	70
				vy line 10!··	mn (fi)	17	%
17	Investment income percentage for 2016 (-			
18	Investment income percentage from 2019						% and line
19a	331/3% support tests—2016. If the organ						
_	17 is not more than 331/3%, check this box		_				
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this		-				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instru	ictions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
<u>Secti</u>	on A. All Supporting Organizations		r	
_	A 10 of the constitution o		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 509(a)(1) or (2).	2		ļ
3a	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		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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		<u> </u>	<u> </u>
	despite being controlled or supervised by or in connection with its supported organizations.	4b	 	
С	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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		<u> </u>	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 9a) hold a controlling interest in any entity in which	<u> </u>	1	1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) 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.	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		T^{-}	1

determine whether the organization had excess business holdings.)

1	Check the box next to the m	ethod that the organization used	f to satisfy the Integral Pa	art Test during the year (se	e instructions).
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- ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- 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.

		Yes	No
f			
1			
	2a		
е			
	2b	-	
	3a		
h			
	3b		L

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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		
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):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	·	
c Fair market value of other non-exempt-use assets	1c		
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		
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		
6 Distributable Amount. 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-functional	ly inte	egrated Type III support	ing organization (see

Schedu	e A (Form 990 or 990-EZ) 2016			Page 7		
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)			
Secti	on D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6						
7	Total annual distributions. Add lines 1 through 6.					
8						
	(provide details in Part VI). See instructions.	-				
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2016:					
b	· · · · · · · · · · · · · · · · · · ·			}		
C	From 2013					
d	From 2014					
6	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h						
i	Carryover from 2011 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.					
7	Excess distributions carryover to 2017. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b	Excess from 2013					
C						
d						
9	Excess from 2016					

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.)
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

990 EZ Part 1 , Line 10 :Grants and similar Amounts	
\$23699.28 Paid Scholarships to colleges and universities that scholarship recipients attend	
\$2100 - Paid 3 grants to programs supporting Kent Schools and Community	
990 EZ Part 1 - Line 16 - Other Expenses	
Bank Service Charges - \$12.00	
WA State Business Licenses - \$10	
Credit Card Processing Fees - 108.19	
Drop Box Expense - Cloud Storage - 108.19	
Dues and Memberships - \$200	
Exhibit gift Cards - \$75.00	
Insurance - \$1480.00	
Legal fees - \$1000	
Scholarship Event Expense - 59.72	
Sponsorships - \$1400	
Trade Show Exenses - \$239	
Conf and Convention expenses - \$394.63	
Web site Expense - \$269.48	
990 EZ Part 1 Line 20 Other changes in Net Assets	
Investment Accounts at LPL Financial - Unrealized Gains	