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EXTENDED TO NOVEMBER 15, 2017

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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

A	For the	e 2016 calendar year, or tax year beginning and	enaing						
В	Check If applicab	C Name of organization		D Employer identific	cation number				
	Addre	NORTH THURSTON EDUCATION FOUNDATION							
	Name chang	e Doing business as		91-1	433235				
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
F	Final return			•	790-6548				
	return termir ated				805,016.				
_	Amen Ireturn			G Gross receipts \$ H(a) Is this a group re					
늗									
Application F Name and address of principal officer CARLETTA GARRAWAY for subordinates?									
		PO BOX 3312, LACEY, WA 98509		H(b) Are all subordinates in	cluded? Yes No				
1	Tax-ex	empt status. X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)				
<u>J</u>	<u>Websi</u>	te: ► WWW · NTEF · ORG		H(c) Group exemption					
<u>K</u>	Form of	organization: X Corporation	∟ Year	of formation: 1989 N	State of legal domicile: WA				
P	art I⊺	Summary		 -					
•	1	Briefly describe the organization's mission or most significant activities: TO E	NHANCE	EDUCATIONA	<u> </u>				
Activities & Governance		OPPORTUNITIES AND EDUCATIONAL EXCELLENCE							
'n	2	Check this box if the organization discontinued its operations or dispo							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	18				
පී				 	18				
∞,	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	1				
Ë	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5					
Ξ	6	Total number of volunteers (estimate if necessary)		. 6	10				
AC	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
	b	Net unrelated business taxable income from Form 990-T, line 349		7b					
				Prior Year	Current Year				
ø	8	Contributions and grants (Part VIII, line 1h)	7 3	112,458.	471,313.				
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
8 1	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>88</u>	171,790.	86,623.				
2 6	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and	7	-7,557.	-8,559.				
7		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u></u> -	276,691.	549,377.				
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		111,669.	155,623.				
S			-	0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	17,995.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.					
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	21	<u> </u>	0.				
쏬	р	Total fundraising expenses (Part IX, column (D), line 25) 6,0	<u> </u>	10 105	01 072				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,495.	21,873.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	130,164.	195,491.				
	19_	Revenue less expenses Subtract line 18 from line 12		146,527.	<u>353,886.</u>				
DOS.			Ве	ginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)		2,446,488.	2,843,541.				
t As	21	Total liabilities (Part X, line 26)		0.	308.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		2,446,488.	2,843,233.				
	art II	Signature Block							
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	y knowledge and belief, it is				
true	, соггес	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparei	has any knowledge.	٠.				
		Sub-Aller		10/	30/17				
Sig	n	Signature of officer		Date	7-67				
Hei		CARLETTA GARRAWAY, PRESIDENT							
		Type or print name and title	-, -						
Print/Type preparer's name Preparer's signature/ Date, Check PTIN									
Paid JOANNE KRUSZ Jame Sun 1925/17 of self-employed P0067684									
	parer	Firm's name STRADERHALLETT PS		Firm's EIN	91-1197940				
	Only	Firm's address 5209 CORPORATE CENTER COURT SE		THIIISLIN	<u> </u>				
USE	Only			Dhans / 2	60\ AEC 2100				
_		LACEY, WA 98503		Phone no. (3					
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
6320	01 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2016)				

Part III Statement of Program Service Accomplishments Check Shedule Occurate a response or note to say the in the Part III ▼ Brefly describe the organization's mission TO ENIANCE EDUCATIONAL OPPORTUNITIES AND EDUCATIONAL EXCELLANCE FOR STUDENTS OF THE NORTH THURSTON PUBLIC SCHOOLS (NTPS). Did the organization undertake any significant program services during the year which were not tisted on the price form 990 or 990-527 If Yes, describe these new services on Schedule O Did the organization couse conducting, or make significant changes in how it conducts, any program services?		990 (2016) NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Page 2
1 Breity describe the organization's mission' TO RINHANCE BUCATIONAL OPPORTUNITIES AND BUCATIONAL EXCELLANCE FOR STUDENTS OF THE NORTH THURSTON PUBLIC SCHOOLS (NTPS). 2 Did the organization undertake any significant program services during the year which were not issted on the prior Form 980 or 980-E27 Yes	Pai	
proper form 980 or 980-622 If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(c)S) and 5016(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 140 (Code) (Personals 71,579.) (Personals 71,579.	1	Briefly describe the organization's mission TO ENHANCE EDUCATIONAL OPPORTUNITIES AND EDUCATIONAL EXCELLANCE FOR
proper form 980 or 980-622 If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(c)S) and 5016(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 140 (Code) (Personals 71,579.) (Personals 71,579.		
M ** Yes.* describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(s) and 501c(s) and 501c(s) generations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 1,579. ordering prefix of 1,579. (Revenues 1,579. Revenues 1,579. (Revenues 1,579. Revenues 1,5	2	prior Form 990 or 990-EZ?
4 Describe the organization's program service accompletiments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 40 (coos) (sepness 71,579. ordering grants of 71,579.) (sevenue 5 SCHOLARSHIP PROGRAM AWARDS ARE MADE YEARLY TO HIGH SCHOOL GRADUTES TO FURTHER THIER EDUCTION IN COLLEGES, UNIVERSITIES OR OTHER POST-SECONDARY INSTITUTIONS. TWENTY FOUR SCHOLARSHIPS WERE AWARDED IN 2016 AND AN ADDITIONAL EIGHT RENEWALS WERE AWARDED FOR MULTI-YEAR SCHOLARSHIPS. 40 (code) (Sepness 5 52,311. molecular grants of 5 52,311.) (Sevenue 5 GRANTS MADE TO SCHOOLS IN THE NORTH THURSTON PUBLIC SCHOOLS TO BE USED FOR NEEDY STUDENTS TO ASSIST IN MEETING SOME PERSONAL AND SCHOOL REQUIREMENTS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS INCIDENTAL TO THEIR OBTAINING AND EDUCATION. APPROXIMATELY 1,473 STUDENTS RECEIVED ASSISTANCE. 40 (code) (Sepness 2 23,647. molecular grants of 23,647.) (Sevenue 5 LEARNING IMPROVEMENT GRANTS TO EDUCATORS TO ENCOURAGE INSTRUCTIONAL INNOVATION AND IMPROVEMENT IN STUDENT LEARNING. TWENTY NINE GRANTS FOR UP TO \$2,000 WERE AWARDED IN 2016. APPROXIMATELY 3,332 STUDENTS WERE SERVED BY THE LEARNING GRANTS. A TOTAL OF \$23,647 WAS EXPENDED IN 2016, THE REMAINDER WILL BE EXPENDED DURING THE 2016-2017 SCHOOL YEAR. 40 Other program services (Describe in Schedule C) (Sevenue 5) (Sev	3	
SCHOLARSHIP PROGRAM AWARDS ARE MADE YEARLY TO HIGH SCHOOL GRADUTES TO FURTHER THIER EDUCTION IN COLLEGES, UNIVERSITIES OR OTHER POST-SECONDARY INSTITUTIONS. TWENTY FOUR SCHOLARSHIPS WERE AWARDED IN 2016 AND AN ADDITIONAL EIGHT RENEWALS WERE AWARDED FOR MULTI-YEAR SCHOLARSHIPS. 46 (Code) (Expenses	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
GRANTS MADE TO SCHOOLS IN THE NORTH THURSTON PUBLIC SCHOOLS TO BE USED FOR NEEDY STUDENTS TO ASSIST IN MEETING SOME PERSONAL AND SCHOOL REQUIREMENTS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS INCLUDE FOOD AND TOILETRY CLOSETS IN MIDDLE AND HIGH SCHOOLS TO PROVIDE FOOD AND OTHER ITEMS FOR HOMELESS STUDENTS AND OTHERS IN NEED. APPROXIMATELY 1,473 STUDENTS RECEIVED ASSISTANCE. 4c (Code	4a	SCHOLARSHIP PROGRAM AWARDS ARE MADE YEARLY TO HIGH SCHOOL GRADUTES TO FURTHER THIER EDUCTION IN COLLEGES, UNIVERSITIES OR OTHER POST-SECONDARY INSTITUTIONS. TWENTY FOUR SCHOLARSHIPS WERE AWARDED IN 2016 AND AN ADDITIONAL EIGHT RENEWALS WERE AWARDED FOR MULTI-YEAR
LEARNING IMPROVEMENT GRANTS TO EDUCATORS TO ENCOURAGE INSTRUCTIONAL INNOVATION AND IMPROVEMENT IN STUDENT LEARNING. TWENTY NINE GRANTS FOR UP TO \$2,000 WERE AWARDED IN 2016. APPROXIMATELY 3,332 STUDENTS WERE SERVED BY THE LEARNING GRANTS. A TOTAL OF \$23,647 WAS EXPENDED IN 2016, THE REMAINDER WILL BE EXPENDED DURING THE 2016-2017 SCHOOL YEAR. 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 147,537.	4b	GRANTS MADE TO SCHOOLS IN THE NORTH THURSTON PUBLIC SCHOOLS TO BE USED FOR NEEDY STUDENTS TO ASSIST IN MEETING SOME PERSONAL AND SCHOOL REQUIREMENTS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS INCLUDE FOOD AND TOILETRY CLOSETS IN MIDDLE AND HIGH SCHOOLS TO PROVIDE FOOD AND OTHER ITEMS FOR HOMELESS STUDENTS AND OTHERS IN NEED.
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 147,537.	4c	LEARNING IMPROVEMENT GRANTS TO EDUCATORS TO ENCOURAGE INSTRUCTIONAL INNOVATION AND IMPROVEMENT IN STUDENT LEARNING. TWENTY NINE GRANTS FOR UP TO \$2,000 WERE AWARDED IN 2016. APPROXIMATELY 3,332 STUDENTS WERE SERVED BY THE LEARNING GRANTS. A TOTAL OF \$23,647 WAS EXPENDED IN 2016,
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 147,537.		
4e Total program service expenses ► 147,537.	4d	
Talli 555 (Fift)	4e	Total program service expenses ▶ 147,537.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I	3		
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	 -		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
٠	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		l
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
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?			1
	If "Yes," complete Schedule D, Part IV	9		х
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	X	
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,			l
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			ĺ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	7	X
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	11c		X
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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	٠,		
	Schedule D, Parts XI and XII Was the errorization included in consolidated independent sudited financial statements for the tay year?	12a		X
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "You " and if the organization appropriate appropriate to the 12st then completing Schooling D. Parts VI and VII is entired."	105		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a		14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i-ta		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		x
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		x
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	17	L_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	(2016)

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Form 990 (2016) NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Page 4
Part IV Checklist of Required Schedules (continued)

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O				Yes	No
21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic organization report more than \$5,000 of grants or other assistance to or or domestic individuals on Part IX coulting Ni, Int II	2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if 17*es, "complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if 17*es, "complete Schedule I, Part I and III 23 Did the organization answer 'Yes' to Part IVI, Section A in 8, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and righted compensation of the organization's current and former officers, directors, trustees, key employees, and righted compensation of the organization's current and former officers, directors, trustees, key employees, and righted compensation of 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 and complete Schedule II, If No.'; go to line 25e but the organization have a tax exempt bond is seventh an acceptance of the seventh product of the standard organization and a section account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? do that he organization manufactors are in a meson as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25e Section 501(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 in proper sing amount on Part X, line 5, 6, or 25 for receivables from or payables to any current or former officers, director, trustee, key employees, the payables of the payables to any current or former officers, director, trustee, or key employees in the payables to any current or form	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 X 23 Did the organization report more than \$5,000 of grants or other assistance to rifor domestic individuals on Part IX, column (A), line 22 II "Yes," complete Schedule I, Part I and III 24 Did the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization is current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV of the organization makes a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer inex 24b through 24d and complete Schedule II, II "No", yo to line 25a 24b Did the organization maritian an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? 25b Did the organization maritian an escrow account other than a refunding secrow at any time during the year? 25c Section 501(5)(3), 501(6)(4), and 501(6)(23) organizations. Did the organization suggests and that the transaction with a disqualided person during the year? If "Yes," complete Schedule I, Part I 25c Section 501(6)(3), 501(6)(4), and 501(6)(23) organizations. 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 disqualided persons? If "Yes," complete Schedule I, Part IV 25c 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, director, trustees, key employees, substantial contribution or an internal and the second organization organization organization and the second organization organization and the second organization and organization organization and the second organization organization and the second organization organization and organization and organization and organization and organization and organizatio	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 2? II "Yes," complete Schedule I, Parts I and III 2 Dot the organization answer "Wes" to Part IV (Section A, line 3, 6 of 3 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," inseree lines 24th through 24d and complete Schedule II. "Im "o", or to me 25a 24b 24b 24b 25b 25chedule II." Im "o", or to me 25a 24b 24c 24b 25chedule II." Im "o", or to me 25a 25chedule II." Im III. III. Im III. Im III.		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dut 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, complete Schedule J 24 but 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 and complete Schedule K. If "No", go to line 25a bit of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds are proceeded of tax-exempt bonds beyond a temporary period exception? 1 bit the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? 2 bit the organization area than a refunding escrow at any time during the year? 2 bit the organization area that it engaged in an excess benefit transaction with a disqualified person of unity than a controlled person during the year? If "Yes," complete Schedule L, Part II and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and that the transaction area of the been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II and that the transaction area of the prior officers, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employ	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ł		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I stated yof the year, that was issued after December 31, 2002? If "Yes," inswer lines 240 through 24d and complete Schedule K. If "No", go to him e25a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J Det the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 24b Det the organization mental any proceeds of tax exempt bonds beyond a temporary period exception? 24b Det the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c Det the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? 25c 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," complete Schedule L, Part I Ps. It is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization is prof benefit transaction with a disqualified persons? If "Yes," complete Schedule L, Part I Ps. It is the organization provide a grant or other assistance to an officer, director, trustee, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable lingh thresholds, conditions, and exceptions): 25c X 27c X 28c X 27d X 28d X 28	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30	С				
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If "Yes," complete Schedule N, Part I 31		contributions? If "Yes," complete Schedule M	30		X
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Form 990 (2016) NORTH THURSTON EDUCATION FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	l o			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
С	B. Li		ble gaming	1		
	(gambling) winnings to prize winners?		ere gammig	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		10		-
	filed for the calendar year ending with or within the year covered by this return	2a	1			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		└ _{──}	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction			20	11	
За	PS 4 M TO THE TOTAL THE TO	٠,		20		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		aty over a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial			40		x
h	If "Yes," enter the name of the foreign country.	accou	111,7	4a		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	\	to (EDAD)			
5a		4CCOui	its (FDAN)			X
b		antion?	•	<u>5a</u> 5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	action:				Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	<u>5</u> c		
- Ou	any contributions that were not tax deductible as charitable contributions?	ne orga	arnzation soncit	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribu	tione o	r aifte	- Oa		-
_	were not tax deductible?	110113 0	i gats	6b		
7	Organizations that may receive deductible contributions under section 170(c).		•	OD		
·	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rviicae r	rouded to the payor?	7a	•	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ii vioco p	novided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rea	ured	75		
_	to file Form 8282?	uo icq	uiiou	7c	İ	х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		:†?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		199 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	y	•	8		
9	Sponsoring organizations maintaining donor advised funds.			7.		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	
10	Section 501(c)(7) organizations. Enter.			٠. ،		•
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		. '	٠	-
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter.			.		•
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b			ľ	•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					, - -
b	Enter the amount of reserves the organization is required to maintain by the states in which the	, .				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand .	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	j	
				Form	990 ((2016)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, 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						\mathbf{x}
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
	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 0.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				ļ
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				•
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 w	as filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?				6	X	L
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?				7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by tl	ne following:				
а	The governing body?	-			8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	haptei	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	ore filing the for	m?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	ıflıcts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escпbe				
	ın Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by 11	ndependent	[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					_	
а	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a		_		
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its i	participation	ĺ			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nızatıc	n's				
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►WA						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sec	ion 501(c)(3)s	only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest polic	y, and	fınan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	nd records 🕨				
	MICHAEL JONES, EXECUTIVE DIRECTOR - 360-790-6548						
	3821 WOODLAWN DRIVE SE OLYMPIA WA 98501						

Form	990	(2016)	

NORTH THURSTON EDUCATION FOUNDATION

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

(A)	(B)	<u> </u>				ро		(D)	(E)	(F)
Name and Title	(B) (C) Position (do not check more than one							Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	ıs bot	th an	compensation	compensation	amount of
	week	\vdash	cer an	nd a d	recto	or/trus	stee)	from	from related	other
	(list any	Individual trustee or director				}	ŀ	the	organizations	compensation
	hours for	o d	 83		•	ated	ļ	organization	(W-2/1099-MISC)	from the
	related organizations	ruste	1 trust		8	nben		(W-2/1099-MISC)		organization and related
	below	dual	Institutional trustee		Key employee	stcol	, in	}		organizations
	line)	Indiv	işt İ	Officer	Key e	Highest compensated employee	Former			
(1) CARLETTA GARRAWAY	5.00									
PRESIDENT		X		X			_	0.	0.	0.
(2) DORN BARR	2.00									
VICE PRESIDENT		X		X			<u> </u>	0.	0.	0.
(3) BETH UTTO-GALARNEAU	2.00]				ł			}	
VICE PRESIDENT		X		X		<u> </u>	_	0.	0.	0.
(4) BILL WILLIAMS	2.00							1		
VICE PRESIDENT		X		X			<u> </u>	0.	0.	0.
(5) JACK AREND	2.00								i	_
TRUSTEE		X					<u> </u>	0.	0.	0.
(6) DENNIS CRIAG	2.00								_	_
TRUSTEE		X				_	L	0.	0.	0.
(7) MARIO HAYNES	2.00						}	_	_	_
TRUSTEE	 	X		_		ļ	<u> </u>	0.	0.	0.
(8) CORTNY MARTIN	2.00						1	_	_ '	
TRUSTEE	ļ	X				Ļ.,	<u> </u>	0.	0.	0.
(9) CHEIRE MCNEAL	2.00								_	
TRUSTEE		X		'		<u> </u>	_	0.	0.	0.
(10) CYNTHIA PRATT	2.00	_					l			
TRUSTEE		X					<u> </u>	0.	0.	0.
(11) ERICA VAN LIEROP	2.00									
TRUSTEE	2 00	X		\vdash		-	<u> </u>	0.	0.	0.
(12) DANA GARTNER	2.00									
TRUSTEE	2 00	X					-	0.	0.	0.
(13) STEVE CAPPS	2.00	,,								_
TRUSTEE	2 00	X				-	<u> </u>	0.	0.	0.
(14) SONIA RAMIREZ	2.00	v				1			^	•
TRUSTEE	2 00	X	_				_	0.	0.	0.
(15) RON SISSON	2.00	v								_
TRUSTEE	2 00	X		$\vdash\dashv$	-	\vdash	-	0.	0.	0.
(16) CARRIE WALL	2.00	"							•	_
TRUSTEE	2 00	X		\vdash			-	0.	0.	0.
(17) DOROTHY ADAMSON	2.00	. ,				[i			^	_
TRUSTEE		Х		لـــا			L	0.	0.	0.

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

\$100,000 of compensation from the organization

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Revenue excluded from tax under Unrelated Total revenue exempt function business revenue revenue 10,741. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 50,919. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) <u>1e</u> f All other contributions, gifts, grants, and 409,653 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 471,313 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 91,051 91,051 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royaltres (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 242,652. assets other than inventory b Less cost or other basis 247,080. and sales expenses -4,428. c Gain or (loss) -4,428 -4,428. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____50,919. of contributions reported on line 1c) See Part IV, line 18 8,559 b Less direct expenses -8,559 -8,559. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d. All other revenue e Total. Add lines 11a-11d 78,064. 549,377 Total revenue See instructions.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
Da.	Check if Schedule O contains a respon	se or note to any line in t		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	3,800.	3,800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	151,823.	151,823.		
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,	4.5 500			4 050
	trustees, and key employees	16,500.	4,950.	6,600.	4,950.
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	1 405			
10	Payroll taxes	1,495.		1,495.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С		2,000.		2,000.	
d	· • • • • • • • • • • • • • • • • • • •				
е	<u> </u>	0.050		0.050	
f	Investment management fees	8,858.		8,858.	
g	, ,	00		0.0	
	column (A) amount, list line 11g expenses on Sch O.)	90.		90.	
12	Advertising and promotion	1 777		1 777	
13	Office expenses	1,777.	4 000	1,777.	1 071
14	Information technology	3,215.	1,072.	1,072.	1,071.
15	Royalties				
16	Occupancy				_
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	48.		48.	
19	Conferences, conventions, and meetings	40.		40.	
20	Interest Payments to affiliates				
21	· · ·				
22	Depreciation, depletion, and amortization Insurance	1,883.		1,883.	
23	Other expenses, Itemize expenses not covered	1,003.		1,003.	·
24	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 0.)				
_	PRINTING AND COPYING	1,724.		1,724.	
a	FOREIGN TAXES PAID	1,617.		1,617.	<u></u>
0	BANK FEES	381.		381.	
ن ب	RECOGNITION	215.		215.	
u	All other expenses	65.		65.	
е 25_	Total functional expenses. Add lines 1 through 24e	195,491.	161,645.	27,825.	6,021.
<u> 23 </u>	Joint costs Complete this line only if the organization	<u> </u>	101,040.	21,023.	0,041.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from If following SQP 98-2 (ASC 958-720)				
	II IOIIOWING SQF 88-2 (ASC 958-720)				

Form 990 (2016)
Part X | Balance Sheet

						
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,352.	1	73,578.
	2	Savings and temporary cash investments		177,576.	2	41,168.
	3	Pledges and grants receivable, net	·	•	3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensa	ated employees Complete			
		Part II of Schedule L	, ,		5	
	6	Loans and other receivables from other disqualit	fied persons (as defined under			-
	1	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
ξ.		employees' beneficiary organizations (see instr).	, , , ,		6	
Assets	7	Notes and loans receivable, net	,		7	
As	8	Inventories for sale or use			8	-
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			• 1
		basis. Complete Part VI of Schedule D	10a	- ,		
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	100	2,264,560.	11	2,728,795.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	2,446,488.	16	2,843,541.
	17	Accounts payable and accrued expenses		2/220/2001	17	308.
	18	Grants payable		18	300.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
w	22	Loans and other payables to current and former		, ;: ,	21	* * * *
Liabilities		key employees, highest compensated employee				* .
ig		Complete Part II of Schedule L	o, and dioqualified persons	1	22	
Ë	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	=		24	
	25	Other liabilities (including federal income tax, pay			27	
		parties, and other liabilities not included on lines				
		Schedule D	17 2-17 Complete Full X Ci		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	308.
		Organizations that follow SFAS 117 (ASC 958)	, check here			• • • • • • • • • • • • • • • • • • • •
ဟု		complete lines 27 through 29, and lines 33 and				k.
JCe	27	Unrestricted net assets		* * *	27	
alaı	28	Temporarily restricted net assets			28	
3 B	29	Permanently restricted net assets			29	
ğ i		Organizations that do not follow SFAS 117 (AS	SC 958) check here			
ř		and complete lines 30 through 34.	so sooj, check here			•
ţş	30	Capital stock or trust principal, or current funds		. 0.	30	0.
sse	31	Paid-in or capital surplus, or land, building, or eq	upment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	· ·	2,446,488.	32	2,843,233.
ž	33	Total net assets or fund balances	interpolation lands	2,446,488.	33	2,843,233.
	34	Total liabilities and net assets/fund balances		2,446,488.	34	2,843,541.
	<u> </u>	The second secon		2, 110, 1000	<u> </u>	<u> </u>

			Form 9	9 90 (2	2016)
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		\neg	
	Act and OMB Circular A-133?	5	3a	-	X
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		_	
Ü	review, or compilation of its financial statements and selection of an independent accountant?	o addit,	2c	- 1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.		-	•
	Separate basis Consolidated basis Both consolidated and separate basis			1	
	consolidated basis, or both.	o badio,	1 3 -	· -	ĺ.
J	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e hasis			
h	Were the organization's financial statements audited by an independent accountant?		2b	1	x
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			ļ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		-	
2a	· · · · · · · · · · · · · · · · · · ·		2a		<u>X</u>
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		}	7.7
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				,
				Yes	No
	Check if Schedule O contains a response or note to any line in this Part XII				
Pa	rt XII Financial Statements and Reporting				
-	column (B))	10	2,843	3,23	33.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
8	Prior period adjustments	8			
7	Investment expenses	7			
6	Donated services and use of facilities	6		<u> , , , , , , , , , , , , , , , , , , ,</u>	 •
5	Net unrealized gains (losses) on investments	5		2,85	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,446		
3	Revenue less expenses Subtract line 2 from line 1	3		3,88	
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{7}{5}, \frac{3}{4}$	
_	Tatal revenue (must a gual Dart)/III. activing (A). Inc. 10)		E / (3,3	77
	Check if Schedule O contains a response or note to any line in this Part XI				Щ
Pa	rt XI Reconciliation of Net Assets				
	990 (2016) NORTH THURSTON EDUCATION FOUNDATION	<u>91-143</u>	3235	Pag	<u>e 12</u>
<u>-</u>	AND MODELLE MILLIO CHOOL EDUCATION TO THE TOTAL OF THE TO	01 142	2125	_	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

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.lrs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number NORTH THURSTON EDUCATION FOUNDATION 91-1433235 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) 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). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) R 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 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 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) 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, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other (II) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

(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.)

Sec	ction A. Public Support			-			
Cale	ndar 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						
	ınclude any "unusual grants.")	70,706.	113,918.	556,983.	112,458.	471,313.	1,325,378.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	70,706.	113,918.	556,983.	112,458.	471,313.	1,325,378.
5	The portion of total contributions	•		` *		•	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		•			:	
	on line 1 that exceeds 2% of the				•		
	amount shown on line 11,						
	column (f)						780,592.
_6	Public support. Subtract line 5 from line 4					<u></u>	544,786.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	70,706.	113,918.	556,983.	112,458.	471,313.	1,325,378.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	67,202.	70,114.	90,522.	101,169.	86,623.	<u>415,630.</u>
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		× · · ·	• • •	* * *		1,741,008.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
800	organization, check this box and storection C. Computation of Publ	here	roontogo				
							21 20 %
	Public support percentage for 2016 (I		•	column (t))		14	31.29 %
	Public support percentage from 2015		•		44 - 00 4/00/	15	33.97 %
16a	33 1/3% support test - 2016. If the c	•			14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		•		1 45 . 00 4/00/		P
b	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, cneck tr	IS DOX ►X
	and stop here. The organization quali				40.40405		
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-		rt VI how the organ	nization
	meets the "facts-and-circumstances"	•	•		_	17a and line 45 -	100/
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		·		•		,
40	organization meets the "facts-and-circ		=	-			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2016

(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

quality unde Section A. Public \$	r the tests listed be	<u>łlow, please comp</u>	plete Part II)				
Calendar year (or fiscal ye		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contri	- · · -	(0) 2012	(0) 2013	(6) 2014	(u) 2013	(6) 2010	(I) IOIAI
membership fees re							
include any "unusu	, 1						
2 Gross receipts from merchandise sold of formed, or facilities any activity that is r organization's tax-e	n admissions, or services per- furnished in elated to the						
3 Gross receipts from	· · · · -				-		
are not an unrelated							
iness under section							
4 Tax revenues levied	I for the organ-						
ization's benefit and or expended on its	d either paid to						
5 The value of service	es or facilities						
furnished by a gove	ernmental unit to						
the organization wit							
6 Total. Add lines 1 ti	nrough 5						
7a Amounts included of	· -						•
3 received from disc							
b Amounts included on lines from other than disqualifie exceed the greater of \$5,0	d persons that 00 or 1% of the						
amount on line 13 for the							
c Add lines 7a and 7b	-	· · ·				-	
8 Public support. (Sub						1	
Section B. Total Su	<u> </u>		гт		T .		
Calendar year (or fiscal year		(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 10a Gross income from dividends, payment securities loans, ren and income from sii	interest, s received on its, royalties			-			
b Unrelated business tax	kable income						
(less section 511 taxes acquired after June 30	·						
c Add lines 10a and 1	0b						
11 Net income from un activities not include whether or not the t regularly carried on	ed in line 10b,						
Other income Do not or loss from the sale assets (Explain in Page 1)	of capital						
13 Total support (Add line	· · · · · ·						
14 First five years. If the	ne Form 990 is for	the organization's	s first, second, third	, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and							<u>▶</u>
Section C. Comput	tation of Public	Support Per	rcentage				
15 Public support perc	entage for 2016 (lır	ne 8, column (f) di	vided by line 13, co	olumn (f))		15	
16 Public support perc						16	
Section D. Comput	tation of Inves	tment Income	e Percentage				
17 Investment income	percentage for 201	i 6 (line 10c, colum	nn (f) divided by line	e 13, column (f))		17	9
18 Investment income	percentage from 20	015 Schedule A, I	Part III, line 17			18	9
19a 33 1/3% support te	ests - 2016. If the o	organization did n	ot check the box o	n line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, b 33 1/3% support te							▶ □
line 18 is not more t		=					▶□
20 Private foundation				•		•	

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)

Section	Δ ΔΙΙ	Supporting	Organizations
Section	M. AII	Supporting	Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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
- c 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.
- 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.
- **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.
- 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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)
- 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c 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.
- 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
 - 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.)

	Yes	No
1		ı
1		
2		
3a		
3b		
3с		
4a		
4b		
40		
	- •	
4c_		
	•	
5a		
	:	
5b	,	
5c		
•		
		:
6		
7		
. 8		 _
9a		
_9b		
	,	
9c	,	
		<u> </u>
_ 10a		
Ju		•
10b		
	\\ E7	

	rdule A (Form 990 or 990-EZ) 2016 NORTH THURSTON EDUCATION FOUNDATION 91-14 rt IV Supporting Organizations (continued)	3323	5 Ра	age 5
<u> </u>	Cupporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>	103	110
	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		
Sec	tion B. Type I Supporting Organizations			,
			Yes	No
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		ĺ	
	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	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,	_		
<u>C</u>	supervised, or controlled the supporting organization.	2	L	<u> </u>
Sec	tion C. Type II Supporting Organizations		\ <u>\</u>	1
	Ways a majority of the agreement calls dispetate a structure disministration of the dispetation		Yes	No
1	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 control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s) tion D. All Type III Supporting Organizations	1 1		<u> </u>
Ģec	tion b. All Type III oupporting Organizations	-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	<u>_</u>		
_	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 supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	•	* * ;	٠.
	significant voice in the organization's investment policies and in directing the use of the organization's		ì	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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	2a		ļ
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	-		1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	ļ
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a	 -	
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.	3b		Ь

	dule A (Form 990 or 990-EZ) 2016 NORTH THURSTON EDUCATIO			1433235 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (explain ın Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		* .
	instructions for short tax year or assets held for part of year).		_	
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	2.00	
_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 integra	ated Type III supporting organ	nization (see
	instructions)	· -	· · · · · ·	·

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 NORTH THURSTO	N EDUCATION FO		1-1433235 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Secti</u>	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	<u>s</u>		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<u>-</u>		
6_	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	•	
	(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			
O	on F. Dishibukian Allocakian (no implumations)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable Amount for 2016
Sect	on E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2010
1_	Distributable amount for 2016 from Section C, line 6		·	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions	·		<u> </u>
3_	Excess distributions carryover, if any, to 2016			
_ a_				
b		(1)		
С	From 2013	*	·	·
d	From 2014	` + 'e	:	<u>:</u>
<u>e</u>	From 2015	<u> </u>		<u>. </u>
f	Total of lines 3a through e			·
g	Applied to underdistributions of prior years	, ,		
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)	· .		
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			<u> </u>
4	Distributions for 2016 from Section D,	* *		•
	line 7. \$			· · · · · · · · · · · · · · · · · · ·
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		,,,,,,	
С	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	3		
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h	1. 1	,	
	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	,	,,,,,		
	Excess from 2013		,	• .
	Excess from 2014		1	
	Excess from 2015			
	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

	(Form 990 or 990-EZ) 2016 NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Pa	age 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)	
-		
		
		_

SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	NORTH THURSTON EDU		91-1433235
Pa			nds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds car	be used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purp	ose conferring
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 99	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic sti	ucture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling	
	violations, and enforcement of the conservation easements	ıt holds?	L Yes
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing	conservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section	
	and section 170(h)(4)(B)(ıı)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that descri	oes the organization's accounting for
Do	t III Organizations Maintaining Callections	of Art Historical Transuras a	Other Similar Assets
Pa	t III Organizations Maintaining Collections of	•	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form	·····	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex		nerance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of	f public 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		
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

	t III Organizations Maintaining C	OURSTON EDI				-143323		ige Z
3	Using the organization's acquisition, accession	on, and other record	s, cneck any or the	tollowing that are a	significant use c	of its collection	nitem	S
	(check all that apply)			L				
a	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations					5		
4	Provide a description of the organization's co					i Part XIII		
5	During the year, did the organization solicit or		•		ar assets		г—	٦
Da	to be sold to raise funds rather than to be ma					Yes_		<u>No</u>
Pai	t IV. Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organization	n answered "Yes" o	n Form 990, Pai	rt IV, line 9, or	•	
				a or other seeds as	t maked ad			
та	Is the organization an agent, trustee, custodia	an or other intermed	lary for contribution	is or other assets no	t included] No
	on Form 990, Part X?					Yes	L-	ои г
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table.					
	Decimal halons				 -	Amoun		
C.	Beginning balance				1c			
	Additions during the year				1d			
e	Distributions during the year			•	1e			
1	Ending balance				<u>1f</u>		_	1
	Did the organization include an amount on Fo				-	Yes	\ <u></u>	_ No
	If "Yes," explain the arrangement in Part XIII							<u></u>
Pai	t V Endowment Funds. Complete if							
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four		
1a	Beginning of year balance	2,190,971.	1,071,425.	969,453.	856_3	319.	<u>476</u>	006.
b	Contributions	381,334.	1,281,158,	84,196,			<u> 309</u>	043.
С	Net investment earnings, gains, and losses	123,415.	-71,979,	28,833.	100.0	508.	82	<u> 198.</u>
d	Grants or scholarships	61,050.	81,100,	7,000.	6.0	000.	6_	<u>500.</u>
е	Other expenditures for facilities							
	and programs .							
f	Administrative expenses	8,537.	8,35 <u>3</u> .	4,238.	4,	552.	4	428.
g	End of year balance	2,626,133.	2,190,971.	1,071,425.	969	454.	856	319.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment > _	26.72	_%					
b	Permanent endowment ► 18.08	%						
С	Temporarily restricted endowment ▶55	5.20 %						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the organization	n		
	by.						Yes	No
	(i) unrelated organizations					3a(i)		X
	(ii) related organizations					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	ed on Schedule R?			3b		
4_	Describe in Part XIII the intended uses of the	organization's endo	wment funds					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a S	See Form 990, Part >	(, line 10.			
	Description of property	(a) Cost or of			Accumulated	(d) Boo	k valu	e
		basis (investm	, , ,	' '	epreciation	,=,,=3-		
	Land	,			••			
	Buildings							
6	Leasehold improvements							
d	Equipment					 		
	Other .		_			 		
_	. Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part	X column (R) line :	10c.)	<u> </u>	 		0.
								₹ ₹

•				
Schedule D (Form 990) 2016	NORTH	THURSTON	EDUCATION	FOUNDATION

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end-	of-year market value
) Financial derivatives				
) Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		, , , , , , , , , , , , , , , , , , , ,		 -
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>		.
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				-£
(a) Description of investment	(b) Book value	(c) Method of V	valuation. Cost or end-	or-year market value
(1)				
(2)		 		
(3)	 			
(4)	-			
(5)				
(6)		 		
(7) (8)		 		
(9)		 		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		 		
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11d See Form 990.	Part X. line 15	
	escription	<u>- ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		n 990, Part X, line 25.	
(a) Description of liability		(b) Book value		•
(1) Federal income taxes				
(2)			_	
(3)			,	
(4)			٠.	
(5)			_	
(6)			<u> </u>	•
			`	4
(7)			I	•
(7) (8)			1 .	
(7)	051		† , <i>,</i>	

	dule D (Form 990) 2016 NORTH THURSTON EDUCATION NORTH THURSTON EDUCATION		91-1433235	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		
a	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
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:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4-	
C E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	1	4c 5	
5 Pai	t XII Reconciliation of Expenses per Audited Financial St			
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	= ·	es per neturn.	
_	Total expenses and losses per audited financial statements	1 0 12a	1.1	
1	·		1	
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	20		
_	Prior year adjustments	2a		
b		2b		
C	Other losses Other (Describe in Part XIII)	. 2c	 	
d		_ 2d		
e	Add lines 2a through 2d Subtract line 2e from line 1	•	2e	
3			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4-1		
a	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	0.1	4c	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. t XIII Supplemental Information.	8.)	5	
		4. Dart IV has a though Oh. Dar	t V Iran A. Dant V Iran O. Dant	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and a 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		t v, iiiie 4, rait A, iiiie 2, rait	ΛΙ,
111163	20 and 40, and Fart XII, lines 20 and 40 Also complete this part to provide a	ny additional information.		
			·-	
	· · · · · · · · · · · · · · · · · · ·			
			_	
		-		
	<u> </u>			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization NORTH THURSTON EDUCATION FOUNDATION						Employer identification number 91-1433235		
	complete if the organization answe							
Indicate whether the organization raised a Mail solicitations Internet and email solicitations C Phone solicitations d In-person solicitations 2 a Did the organization have a written or okey employees listed in Form 990, Part b If "Yes," list the 10 highest paid individe compensated at least \$5,000 by the organization.	e Solicitat f Solicitat g Special pral agreement with any individual VII) or entity in connection with p uals or entities (fundraisers) pursu	ion of ion of fundra (includ	non-ga govern using of ding of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
						·		
								
					-			
			_					
otal			_					
3 List all states in which the organization is or licensing	s registered or licensed to solicit o	ontrib	utions	or has been notified	l it is exempt	from re	egistration	

Sch P a	edu Irt I	le G (Form 990 or 990-EZ) 2016 NORTH T Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	d "Yes" on Form 990, Pa	rt IV, line 18, or reported	1433235 Page 2 more than \$15,000		
		or lundraising event contributions and gr	(a) Event #1 PARTNER'S FOR KIDS LUN (event type)	(b) Event #2 APPLEBEE 'S	(c) Other events (total number)	(d) Total events (add col. (a) through col (c))		
Revenue	1	Gross receipts	38,713.		10,261.	50,919.		
	2	Less ⁻ Contributions	38,713.	1,945.	10,261.	50,919.		
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ø	5	Noncash prizes			_			
Direct Expenses	6	Rent/facility costs	580.			580.		
Irect E	7	Food and beverages	5,799.	690.		6,489.		
	8	Entertainment						
	9	Other direct expenses	1,399.	67.	24.	1,490.		
	10	, , , , , , , , , , , , , , , , , , , ,			•	8,559.		
Da	11 rt l	Net income summary. Subtract line 10 from li		000 5 4 11/4 40		<u>-8,559.</u>		
Ге		III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than			
	_	\$15,000 6H F6HH 990-EZ, IIIIe 6a.	1	(h) Dull toho (notant		(-1) Tatal carrier (add		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
-Be	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes% No	Yes % No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary Subtract line 7	from line 1, column (d)					
а	Ent Is ti	Yes No						
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes . No if "Yes," explain:						

		<u>1433235</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	olf "Yes," enter name and address of the third party.		
	Name >		
	Address		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	lines 9, 9b, 10	0b, 15b,
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Schedule G (Form 990 or 990-EZ) 2016

Schedule G	G (Form 990 or 990-EZ)	NORTH	THURSTON	EDUCATION	FOUNDATION	<u>91-1433235</u>	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (co	ntinued)				
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