For Paperwork Reduction Act Notice, see the separate instructions.

929-31

Form **990** (2016)

		ON FOR NORTHWEST I 26-1	1514259	Page 2
	tatement of Program Serv			ত ো
		a response or note to any line in this F	Part III	X
THE CAT		FOR NORTHWEST INDIANA E PERPETUAL FINANCIAL SU SCHOOLS.		EXPRESS
2 Did the orga	nization undertake any significant	program services during the year which were no	t listed on the	
prior Form 9	90 or 990-EZ? cribe these new services on Scheo			Yes X No
services?	•	e significant changes in how it conducts, any pr	ogram	Yes X No
4 Describe the expenses S		ecomplishments for each of its three largest prog anizations are required to report the amount of g		
		3,747 including grants of \$ D IT'S ENDOWMENT FUNDS TE CATHOLIC PURPOSE AND		PPORTING
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	am services (Describe in Schedule			
(Expenses			Revenue \$	
4e Total progra	m service expenses ▶	229,010		

Part IV Checklist of Required Schedules

	DELVE Officiality of Regards Confedence			
	le the conscient of decembed in parties 504(-)(2) as 4047(-)(4) (-the other constitution of the constituti		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ا م ا	v	
2	complete Schedule A	1 2	X	-
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			_
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>	_	<u> </u>
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-	-	
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<u> </u>		<u> </u>
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├		_
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7)	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8	1	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? If "Yes," complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted		-	1
•	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1		\vdash
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	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			}
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ļ .
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		\	1
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1]	1
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	Ì	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	—	X
8	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
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	Į	V
	If "Vas " complete Schedule G. Part III	1 40		ı X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		. [
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ļ	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			١,,
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,,
	conservation contributions? If "Yes," complete Schedule M	30_	<u> </u>	Х
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_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22	ļ	v
24	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, Parts II, III,	24		_v
25-	or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	 	_ <u>^</u>
D		25h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	 	
JU	related organization? If "Yes," complete Schedule R, Part V, line 2	36	{	Х
37	Did the organization or res, complete scriedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>	\vdash	 ^`
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	38		X

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Form 990 (2016)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? h Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 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 h Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 а 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter 11 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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 13c С Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b b

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

	Enter the number of voting members of the governing body at the end of the tax year	_		- 1	Yes	NI.
	Enter the number of voting members of the governing body at the end of the tay year					No
	,	1a 1	12	I	1	
	If there are material differences in voting rights among members of the governing body, or	1 1		1	.	
	if the governing body delegated broad authority to an executive committee or similar	, ,				
	committee, explain in Schedule O			Î	'	
	Enter the number of voting members included in line 1a, above, who are independent	1b	L2			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?		,	_2		<u>X</u> _
	Did the organization delegate control over management duties customarily performed by or under the direct		ļ		i	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	ļ	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?		-	5		X
	Did the organization have members or stockholders?)	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			l		,
	one or more members of the governing body?		ļ	7a		<u>X</u>
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			{	İ	.,
	stockholders, or persons other than the governing body?			7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the f	following	_ }	3.7	
	The governing body?			8a	<u>X</u>	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		ļ			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
Secu	ion B. Policies (This Section B requests information about policies not required by the Inter	nai Rev	enue Cod	<i>je)</i>		
40-	Did the experimental have lead abouton broughest or officials?		1	400	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u>├</u> ^
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		İ	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	the form	,	10b 11a		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	, the form	'	Ha		$\frac{\Delta}{\Delta}$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Χ	İ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	a ta canfli	de 2	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	e to comin	CIS'	120	- 21	
	describe in Schedule O how this was done			12c	Χ	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	- 21	X
	Did the process for determining compensation of the following persons include a review and approval by			- '-		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ı	
	The organization's CEO, Executive Director, or top management official			15a	Χ	İ
	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)					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		ĺ
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed IN					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	01(c)(3)s c	only)			
	available for public inspection. Indicate how you made these available. Check all that apply	, //·/-	••			
ſ	Own website X Another's website Upon request X Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	est policy.	and			
	financial statements available to the public during the tax year	F :),			•	
	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds 🕨				
	ILMAN AUSTGEN & SINAL P.C. 8252 VIRGINIA STREET, SUITE B					
	RRILLVILLE IN 4641	LO	219	<u>-73</u>	<u>6-</u> 7	501

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

 $|{
m X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) MITCH GAFFIGAN			lΤ							
	0.00			l						_
BOARD MEMBER	0.00	X	<u> </u>	<u> </u>				0	0	0
(2) KELLY SHIKANY			ĺ	ĺ						
	0.00	١,,			ĺ					0
BOARD MEMBER	0.00	X	-	-		-	-	0	0	0
(3) NICOLE NALEPA	0.00	ļ	ł		ļ					
BOARD MEMBER	0.00	X							0	0
(4) REV. ANDREW COR		^	-			-	—		·	<u> </u>
(4) TEST TIMBREM CORE	0.00	}	ł		İ		}			
BOARD MEMBER	0.00	X						Ó	0	0
(5) TOM GRYZBEK										
	0.00	ļ	ŀ	}	1					
BOARD MEMBER	0.00	Х			<u>.</u>			_ 0	0	0
(6) ANN MARIE WOOLW		ĺ		ľ						
	0.00		ł		1					
BOARD MEMBER	0.00	X			_	_		0	0	0
(7) REV. BRIAN CHAD				l						
	0.00	,,							0	
BOARD MEMBER	0.00	X		-	-	├	-	0	0	0
(8) DIANA MURRAY	0.00		l	ļ						
BOARD MEMBER	0.00	X		Ì			Ì	0	0	0
(9) BISHOP DONALD J.	HYING	1	-	-	-	┝	├	<u> </u>		ļ
(O) DIGITOR DOWNED OF	0.00				l					
CHAIRMAN	0.00			X		}]	0	0	0
(10) THERESA BOSAK		1						<u>-</u>		
	0.00				Į		l			
VICE CHAIR	0.00			Х		L		<u> </u>	0	0
(11) KARL DYTRYCH			}							
	0.00					l				(
SECRETARY	0.00			X	<u> </u>	<u></u>	<u> </u>	0	0	0 Earn 990 (2015)

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Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for	Average hours per (do n week box, u		Pos check ess pe nd a d	rson i	s both	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	coi	(F) Estimated imount of other impensation from the	1
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	•	а	ganization nd related ganization	
(12) TED SINAL	0.00						_			 		
TREASURER	0.00			Х			_	0	0			0
) 									
						-	 					
		!								}		
1b Sub-total c Total from continuation she	ets to Part VII,	Sect	ion A	١.			> >					
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not l	mite	d to	thos	e lis	ted a	abov	ve) who received more than	\$100,000 of	<u> </u>		
Did the organization list any for employee on line 1a? If "Yes,	ormer officer, dir	ecto	r, or					loyee, or highest compensa	ated		3 Ye	s No
For any individual listed on lin organization and related organization and related organization.	e 1a, is the sum	of re	port	able	com	pen	satio				4	X
5 Did any person listed on line to for services rendered to the or									· individual		5	<u> </u>
Section B. Independent Contractor 1 Complete this table for your fire	ve highest comp									-		
compensation from the organ	zation Report c (A) I business address	omp	<u>ens</u> a	tion	for t	he c	alen		nin the organization's tax y (B) thon of services	ear	Compe) nsation
												
											 -	
							t		<u></u>			
							\dagger					
2 Total number of independent								ose listed above) who	 			
received more than \$100,000	of compensation	fro	m the	e org	anız	atioi	1 🕨		0		Form	90 (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt business revenue excluded from tax function under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 229,277 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 229,277 Program Service Revenue Busn, Code 2a b f All other program service revenue Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) 29<u>4</u>,289 294,289 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn Code 11a b All other revenue Total. Add lines 11a-11d Total revenue. See instructions 523,566 294,289

Part IX Statement of Functional Expenses

0000	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respon			ioto committi (ry	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	and domestic governments. See Part IV, line 21	174,702	174,702		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		•		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		ł	, ,,,,	, ,
	individuals See Part IV, lines 15 and 16			. ,	
4	Benefits paid to or for members			4 13 March	June 1 May 1 May 1 /1
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				_
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	70,851	17,713	17,713	35,425
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5 , 420	1,355	1,355	2,710
11	Fees for services (non-employees)				
а	Management		_		
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	29,074	28,574	500	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	3,997	3,747	250	
12	Advertising and promotion	1,333	1,333		
13	Office expenses	2,224		2,224	
14	Information technology				
15	Royalties				
16	Occupancy	3,000	750	750	1,500
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	238		238	
23	Insurance	3,344	836	836	1,672
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	+			
	(A) amount, list line 24e expenses on Schedule O)				
а	<u> </u> -				
b	<u></u>				
C	L-				
d	L				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	294,183	229,010	23 , 866	41,307
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if	}			
DAA	following SOP 98-2 (ASC 958-720)				Form 990 (2016)
DAM					Form 33U (2016)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 71,669 6.087 Cash-non-interest bearing Ž Savings and temporary cash investments Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 1,192 other basis Complete Part VI of Schedule D 10b 1,192 954 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments-other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 3,356,027 15 3,709, 15 Other assets See Part IV, line 11 3,363,306 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,684 17 17 Accounts payable and accrued expenses 158, 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 379,082 3,296,731 of Schedule D 380, 766 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. <u>-17,46</u>0 302,612 27 Unrestricted net assets 27 8,188 28 Temporarily restricted net assets 29 14,500 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 460 33 33 Total net assets or fund balances 781,766 Total liabilities and net assets/fund balances

<u>om</u>	1990 (2016) CATHOLIC FOUNDATION FOR NORTHWEST I 26-1514259				Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1		52	23,	<u> 566</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		29	94,	<u> 183</u>				
3	Revenue less expenses Subtract line 2 from line 1	3		22	29,	<u> 383</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))									
5	Net unrealized gains (losses) on investments									
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8	Ĺ							
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1:	13,	<u>377</u>				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line									
	33, column (B))	10	l	32	25,	300				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII									
					Yes	No				
1	Accounting method used to prepare the Form 990' X Cash Accrual Other	_	[_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in									
	Schedule O									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			_						
	reviewed on a separate basis, consolidated basis, or both									
	Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?		Ĺ	2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis									
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- [
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		Ł	2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain in		ſ							
	Schedule O									
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?		Ĺ	3a		X				
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		İ	3ь						

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

CATHOLIC FOUNDATION FOR NORTHWEST I

Employer identification number 26-1514259

Pi	art i	Keas	on for Public Charity	Status (All organizations	must co	mpiete	this part.) See instruction	1S						
The	orga	nızatıon is not	a private foundation becaus	e it is (For lines 1 through 12, c	heck only	one box)		1					
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	I)(A)(i).	n	1					
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 9	90-EZ))		U	Ĺ					
3		A hospital or	a cooperative hospital service	ce organization described in sec	tion 170	(b)(1)(A)(iii).	•	•					
4		A medical res	search organization operated	d in conjunction with a hospital c	described	ın sectio	n 170(b)(1)(A)(iii). Enter the he	ospital's na	ıme,					
		city, and state	e .											
5		An organizati	ion operated for the benefit o	of a college or university owned	or operate	ed by a g	overnmental unit described in							
		section 170(b)(1)(A)(iv). (Complete Part	II)										
6	Щ	A federal, sta	ite, or local government or go	overnmental unit described in se	ection 17	0(b)(1)(A)(v).							
7	X	-	on that normally receives a s section 170(b)(1)(A)(vi). (Co	substantial part of its support fro omplete Part II)	om a gove	ernmental	unit or from the general public	1						
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	11)									
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college												
		or university or a non-land grant college of agriculture (see instructions) Enter the name, city, and state of the college or university												
10		An organizati	on that normally receives (1) more than 33 1/3% of its supp	ort from	contributi	ons, membership fees, and gro	ss						
		•		pt functions—subject to certain	•		•							
				nd unrelated business taxable in										
44	\Box			0, 1975 See section 509(a)(2).										
11	\vdash	•	•	exclusively to test for public safe exclusively for the benefit of, to j	•									
12				exclusively for the benefit of, to partitions described in section 509										
				nat describes the type of suppor										
	а			erated, supervised, or controlled										
				ver to regularly appoint or elect	•			•						
		supportin	g organization You must c	omplete Part IV, Sections A ar	nd B.									
	b	Type II.	A supporting organization su	pervised or controlled in connec	tion with	ıts suppo	rted organization(s), by having							
			•	ting organization vested in the s	same pers	ons that	control or manage the supporte	ed						
			• •	Part IV, Sections A and C.										
	С			upporting organization operated tructions) You must complete				itn,						
	d			I. A supporting organization ope										
			- -	e organization generally must sa	•		-	ess						
	_	\Box	,	nust complete Part IV, Sectior eived a written determination fro		•								
	е			n-functionally integrated support			s a Type II, Type III, Type III							
	f	Enter the nur	mber of supported organizati	ons										
	g	Provide the fo	ollowing information about th	e supported organization(s)										
(1) Nam	e of supported	(II) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi)	Amount of					
	org	ganization		(described on lines 1-10 above (see instructions))		ir governing ment?	support (see		support (see					
				above (see instructions))	Yes	No	instructions)	1118	structions)					
(A)			 		163	- 10								
(^) 														
(B)														
(C)			 		 	 -								
						ļ								
(D)	_						_							
(E)														
								 						
Tota	.1				1	1		l						

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	323,577	226,504	291,313	184,516	229	0,277	1,255,187
2	Tax revenues levied for the organization'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	323,577	226,504	291,313	184,516	229	,277	1,255,187
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)		,					
6_	Public support. Subtract line 5 from line 4							1,255,187
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
7	Amounts from line 4	323,577	226,504	291,313	184,516	229	,277	1,255,187
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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							1,255,187
12	Gross receipts from related activities, etc	(see instructions)					12	294,289
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	ırth, or fifth tax yea	r as a section 501	(c)(3)		_
	organization, check this box and stop her							
Sec	tion C. Computation of Public Su	ipport Percent	age					
14	Public support percentage for 2016 (line 6		•	n (f))			14	100.00%
15	Public support percentage from 2015 Scho			•			15	100.00%
	33 1/3% support test—2016. If the organ box and stop here. The organization quality	ifies as a publicly s	upported organiza	tion				► X
	33 1/3% support test—2015. If the organ this box and stop here. The organization of	qualifies as a public	cly supported orga	nızatıon				> []
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet Part VI how the organization meets the "fa							. 🗆
	organization							
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances'	test, check this be	ox and stop here.			
	Explain in Part VI how the organization me supported organization	eets the "facts-and-	circumstances" te	st The organizatio	n qualifies as a pu	ublicly		▶ []
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16t	o, 17a, or 17b, che	ck this box and se	ee		▶ □
								

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

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

	If the organization fails to	qualify under the	ne tests listed t	pelow, please c	omplete Part II	.)		
	tion A. Public Support	T		r				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	/ (e) 2016	-	(f) Total
1	Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants")		Ì		<i>\</i>	1	Ì	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			-				
3	Gross receipts from activities that are not an unrelated trade or business under section 513				,			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			/				
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5			1				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			/				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	_						
С	Add lines 7a and 7b		/					
8	Public support. (Subtract line 7c from		1		‡			
	line 6)	L			<u> </u>			
	tion B. Total Support				т :	T		
	ndar year (or fiscal year beginning in)	(a) 2012	/(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
9	Amounts from line 6		/					
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						4	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the organization, check this box and stop bei	~	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	•	▶ □
Sec	tion C. Computation of Public S	upport Percen	tage					
15	Public support percentage for 2016 (Jine 8	3, column (f) dıvıde	d by line 13, colun	nn (f))			15	%
16	Public support percentage from 2015 Sch	edule A, Part III, in	ne 15				16	%
<u>Sec</u>	tion D. Computation of Investme	ent Income Pe	rcentage	- 				
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13	3, column (f))		_	17	%_
18	Investment income percentage from 2015					<u> </u>	18	%
19a	33 1/3% support tests—2016. If the orga							
	17 is not more than 33 1/3%, heck this b							
b	33 1/3% support tests—2015. If the orga						nd	. \Box
	line 18 is not more than 33 1/3%, check to		_	•		-		▶ ∐
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions		▶ [_]

Schedule A (Form 990 or 990-EZ) 2016

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	A. All	Suppor	tina Or	ganizations

- 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.
- 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)
- 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
- 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
- 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
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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**.
- 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.
- 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	1	
,	e Centin	
2	7.77	ii
3a	1, 1111	777
	,*****	
3b		***************************************
3c		
4a		
4b	1	
4c		
5a		
5b 5c		
6		
7	ļ	
8		
9a		
9b		
30		
9c	-	
10a	-	
10b	20. 55.000	ĺ <u>.</u>

Schedule A (Form 990 or 990-EZ) 2016

Pa	t IV Supporting Organizations (continued)			_
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		į į	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		•	ŧ
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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	_	
Sect	ion B. Type I Supporting Organizations			
	Bullbard adams to the control of the		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	,		,
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	100		,3
	controlled the organization's activities. If the organization had more than one supported organization,	/ <u> </u>	gg/	, ,
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	23	5.0
2	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 carned out the purposes of the supported organization(s) that operated,			
Sect	supervised, or controlled the supporting organization on C. Type II Supporting Organizations	2	L	<u> </u>
<u> </u>	on o. Type it oupporting organizations			Na
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	·	Yes	No
•	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			
	the supported organization(s)	4		
Sect	on D. All Type III Supporting Organizations		L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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			
	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	1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on 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 year (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 instruction)	ions)		
	Saturation Took American (a) and (b) to de	1		
	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			
h	that these activities constituted substantially all of its activities	2a		
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	ا م		
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
з a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .] [
~ b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
	The state of the s	LUU		

•	•			
	(Form 990 or 990-EZ) 2016 CATHOLIC FOUNDATION FOR NOF	RTHWI	EST I 26-1514	259 Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions	
1 _	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	ov 20,	1970 (explain in Part VI) Se	ee
	instructions. All other Type III non-functionally integrated supporting organizations mu	st comp	olete Sections A through E	
Section	A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)
1 No	et short-term capital gain	1		
2 R	ecoveries of pnor-year distributions	2		
3 O	her gross income (see instructions)	3		
4 Ad	ld lines 1 through 3	4		_
5_De	epreciation and depletion	5		_
6 Pc	ortion of operating expenses paid or incurred for production or			
collect	ion of gross income or for management, conservation, or	1		
mainte	nance of property held for production of income (see instructions)	6		
<u> </u>	her expenses (see instructions)	7		
8 Ac	justed Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aç	gregate fair market value of all non-exempt-use assets (see	1		
ınstruc	tions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	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			
fac	tors (explain in detail in Part VI)			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d	3		
4 Ca	sh deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	structions)	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mi	Itiply line 5 by 035	6		
7 Re	coveries of prior-year distributions	7		
_ 8 Mi	nimum Asset Amount (add line 7 to line 6)	8		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

2

3

4

5

6

Schedule A (Form 990 or 990-EZ) 2016

Current Year

Section C - Distributable Amount

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Enter 85% of line 1

instructions)

Adjusted net income for prior year (from Section A, line 8, Column A)

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

				_
04				
	,			
Sched	ule A (Form 990 or 990-EZ) 2016 CATHOLIC FOUNDAT	TON FOR MORTHWI	FST T 26_151/	1250
Pa		3) Supporting Organiza	tions (continued)	259 Page 7
Sec	tion D - Distributions	of capporting organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	moses	· · · · · · · · · · · · · · · · · · ·	Current real
2	Amounts paid to perform activity that directly furthers exempt purpo			
	organizations, in excess of income from activity	ocs or supported		
3	Administrative expenses paid to accomplish exempt purposes of su	innorted organizations		
4	Amounts paid to acquire exempt-use assets	-pported organizations		
5	Qualified set-aside amounts (prior IRS approval required)			
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 the organ	nization 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	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions	7.00		
3	Excess distributions carryover, if any, to 2016			
<u>a</u>	the state of the s			
<u>b</u>				····
	From 2013			·
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		•	
ĺ	Carryover from 2011 not applied (see instructions)	1		

Schedule A (Form 990 or 990-EZ) 2016

Remainder Subtract lines 3g, 3h, and 3i from 3f

Excess distributions carryover to 2017. Add lines 3j

Applied to underdistributions of prior years
 Applied to 2016 distributable amount
 Remainder Subtract lines 4a and 4b from 4

Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions

Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Distributions for 2016 from

Part VI See instructions

Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

and 4c

Section D, line 7

Schedule A (Form 990 or 990-EZ) 2016

CATHOLIC FOUNDATION FOR NORTHWEST I 26-1514259

Page 8

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.)

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

	<u></u>			
C	ATHOLIC FOUNDATION FOR NORTHWEST I		26-19	514259
	organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I	nds or Other Similar Funds or A		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	30		1
2	Aggregate value of contributions to (during year)	80,061		
3	Aggregate value of grants from (during year)	174,702		
4	Aggregate value at end of year	3,642,147		22,669
5	Did the organization inform all donors and donor advisors in writing tha			22/003
•	funds are the organization's property, subject to the organization's excl			Yes X No
6	Did the organization inform all grantees, donors, and donor advisors in			☐ 163 <u>[V]</u> 160
J	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	or advisor, or for any other purpose		Yes X No
- Pa	式 I Conservation Easements.			165 [] 160
	Complete if the organization answered "Yes" on f			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp		area
	Protection of natural habitat	Preservation of a certified historic	c structure	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse		
	easement on the last day of the tax year			leld 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 structure incl	` '	2c	
đ	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a	1 1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is I	•		
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	of violations, and enforcing conservation e	asements	during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol ▶ \$	lations, and enforcing conservation easen	nents durir	g the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170/h\/4\/B\/	`	
0	and section 170(h)(4)(B)(ii)?	ine requirements of section 170(11)(4)(b)(i	,	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem	anto in its rayonus and avnance statemer	at and	1e3 1t0
3	balance sheet, and include, if applicable, the text of the footnote to the	· · · · · · · · · · · · · · · · · · ·		10
	organization's accounting for conservation easements	organization 3 mandar statements that o	CSCHDCS II	
Pa	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Historical Treasures, or Other S	Similar /	Assets.
12	If the organization elected, as permitted under SFAS 116 (ASC 958), n		halance ch	
ıu	works of art, historical treasures, or other similar assets held for public			CCI
	public service, provide, in Part XIII, the text of the footnote to its financial		oranioc or	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
	works of art, historical treasures, or other similar assets held for public	·		
	public service, provide the following amounts relating to these items:	Samplion, education, or research in fulfill	CIGNICE UI	
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X		_	\$
2		other cimilar accord for financial gain, are	nvide tha	Ψ
2	If the organization received or held works of art, historical treasures, or		Aine (UE	
_	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items	.	e
a	Revenue included on Form 990, Part VIII, line 1			\$
<u>a_</u>	Assets included in Form 990, Part X	·	<u> </u>	2

Sche	dule D (Form 990) 2016 ${\sf CATHOLIC}$	C FOUNDATION	FOR NORTH	HWEST I	26-151	4259	Page 2
Pa	nt 即 Organizations Maintaini						
3	Using the organization's acquisition, accessollection items (check all that apply)						
а	Public exhibition	d 🗌 L	oan or exchange pr	ograms			
b	Scholarly research	e 🗌 (Other				
С	Preservation for future generations	_					
4	Provide a description of the organization's	collections and explain	how they further the	organization'	s exempt purp	ose in Part	
	XIII						
5	During the year, did the organization solici	t or receive donations of	f art, historical treas	ures, or other	sımılar		
	assets to be sold to raise funds rather that		art of the organizatio	n's collection	·		Yes No
Pa	rt IV Escrow and Custodial A	rrangements.					
	Complete if the organizati	on answered "Yes"	on Form 990, P	art IV, line 9	9, or reporte	ed an amount o	on Form
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custo	odian or other intermed	ary for contributions	or other asse	ts not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part X	III and complete the foll	owing table				
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount or	Form 990, Part X, line	21, for escrow or cu	stodial accour	nt liability?		Yes No
b	If "Yes," explain the arrangement in Part X	III Check here if the ex	planation has been	provided on P	art XIII		
Pa	rt V Endowment Funds.			-			
	Complete if the organizati	on answered "Yes"	on Form 990, P	art IV, line	10		
		(a) Current year	(b) Prior year	(c) Two ye	ars back (e	d) Three years back	(e) Four years back
1a	Beginning of year balance	3,255,014		_l			
b	Contributions	134,462					L
c	Net investment earnings, gains, and	1			1		1
	losses	307,507					
d	Grants or scholarships	19,087					<u> </u>
е	Other expenditures for facilities and						
	programs						L
f	Administrative expenses	13,080	-				
g	End of year balance	3,664,816					
2	Provide the estimated percentage of the c	urrent year end balance	(line 1g, column (a)) held as			
а	Board designated or quasi-endowment ▶	%	-				
b	Permanent endowment ▶ 9	6					
C	Temporarily restricted endowment ▶	%					
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%					
3a	Are there endowment funds not in the pos	session of the organizat	tion that are held and	d administere	d for the		
	organization 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 organ	nizations listed as requir	ed on Schedule R?				3b
4_	Describe in Part XIII the intended uses of	the organization's endov	wment funds				
Pa	rt VI Land, Buildings, and Eq	uipment.	-			-	
	Complete if the organizati	on answered "Yes"	on Form 990, P	art IV, line	11a See Fo	orm 990, Part 2	K, line 10
	Description of property	(a) Cost or other ba		r other basis	(c) Accun		(d) Book value
		(investment)	(ot	ther)	depreci	ation	
1a	Land						
b	Buildings						
	Leasehold improvements						
	Equipment			1,192		238	95
	Other						
$\overline{}$	I. Add lines 1a through 1e (Column (d) mus	st equal Form 990 Part	X column (B) line	10c.)			95

Part VII	—Other Securities.	

Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		-
(E)		
(F)		
(G)		
() (H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		, , ,
Part VIII Investments—Program Related.		
Complete if the organization answered "Yes" on I	Form 990 Part IV line	a 11c See Form 900 Part Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation
(a) Deed profit of investment	(b) Book value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
		·
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		
Part IX Other Assets.		
Complete if the organization answered "Yes" on I	<u>-orm 990, Part IV, line</u>	e 11d. See Form 990, Part X, line 15.
(a) Description		(b) Book value
(1) FUNDS HELD FOR OTHERS		3,610,818
(2) ANNUITY PAYABLE	·	98,325
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		▶ 3,709,143
Part X Other Liabilities.		
Complete if the organization answered "Yes" on F	Form 990 Part IV line	11e or 11f See Form 990 Part X
line 25		5 110 61 171. GGG 1 61111 GGG, 1 ditext,
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	<u>·</u>	
(2) FUNDS HELD FOR OTHERS	3,219,585	
(3) ANNUITY PAYABLE	77,146	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,296,731	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footr		nancial statements that reports the

Sche	dule D (Form 990) 2016 CATHOLIC FOUNDATION FOR M	NORTHWEST I 26-	1514259	Page 4
Pa	Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		_
1	Total revenue, gains, and other support per audited financial statements		1	523,566
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	52 <u>3,</u> 566
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	523,566
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	294,183
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	294,183
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Part XIII Supplemental Information.

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

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

294,183

Part XIII Supplemental Information (continued)

Open to Public Inspection 2016 OMB No 1545-0047 Employer Identification number 26-1514259 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. CATHOLIC FOUNDATION FOR NORTHWEST General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990) Parti

° [☐ X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States # 11 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Ves" on Form	initoring the use of	grant funds	in the United States	vernments Com	nlete if the orga	ewsation answe	red "Vec" on Form	
f 011 14	990, Part IV, line 21, for any recipient that received mor	that received n	nore than	re than \$5,000. Part II can be duplicated if additional space is needed.	be duplicated if	additional space	s is needed.		
Ψ-	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) VARIOUS	СНО			l					İ
				174,702					
(2)							-		
(3)					i				[
(4)									
(5)						:			
(9)									
(2)									
(8)									
(6)									
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations lister	d in the line	1 table				•	

Schedule 1 (Form 990) (2016)

Schooling (Schedule (Form 990) (2016) CAIROLIC FOUNDALION FOR NORTHWEST I 20-1314239	NOTION FOR IN	JKIHWESI 1 2	6-1514259		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Domestic Individua	is. Complete if the o	rganization answered	1 "Yes" on Form 990, Part	IV, line 22
	Part III can be duplicated if additional space is needed	nal space is needed.				• •
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
ĺ		recipients	cash grant	noncash assistance	FMV, appraisal, other)	•
-						
7						
3						
4		i				
2						
			i			
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information rec	quired in Part I, line	2; Part III, column (b)	; and any other additional	nformation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer identification number

CATHOLIC FOUNDATION FOR NORTHWEST I

26-1514259

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
THE ORGANIZATION CONTINUES TO SUPPORT CATHOLIC ORGANIZATIONS IN THEIR
MISSION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASUER
BEFORE FILING

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE BY HAVING A QUESTIONAIRE FILLED OUT ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE EXECUTIVE

COMMITTEE OF THE BOARD BY VIEWING COMPARABLE SALARIES

FORM 990, PART VI, LINE 18 - NO PUBLIC DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE AVALIABLE TO THE PUBLIC VIA WWW.GUIDESTAR.ORG

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

AUDIT ADJ RECLASS EQUITY TO LIABILITIES \$ 113,377