Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the	
Internal Revenue 9	Service

▶ Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2017 calendar year, or tax year beginning A	$\overline{ ext{UG}}$ $1$ , $2017$ and	ل ending	UL 31, 2018					
B c	heck if	C Name of organization			D Employer identific	cation number				
	Addres	S JESUIT VOLUNTEER CORPS	NORTHWEST							
	]Name ]change ]Initial			Room/suite		361814				
<u> </u>	_return ∃Finat	Number and street (or P.O. box if mail is not del 2780 S.E. HARRISON STR	E Telephone number (503							
_	return/ termin- ated			<u>.</u>	G Gross receipts \$	4,719,358.				
	Amend return	MILWAUKIE, OR 97222			H(a) Is this a group re					
	Application pendin		NNE HASTER	1	for subordinates					
	SAME AS C ABOVE 97 H(b) Are all subordinates included? Yes \ No									
-   -	ax-exe Vehsit	mpt status	(insert no.) 4947(a)(1)	01 (LA)2021	H(c) Group exemptio					
			sociation Other	L Year		State of legal domicile: OR				
<u>lPa</u>	rtll	Summary								
é	1	Briefly describe the organization's mission or most	significant activities. SEE	SCHEDU	ILE O					
Governance					then 050/ of to not or					
veri	_	Check this box   If the organization discolly the governing body	ntinued its operations or dispo (Part VI, line 1a)	sea or more	3   3   3   3   3   3   3   3   3   3	16				
Ö	1	Number of independent voting members of the go			4	16				
i 4 7019 Activities&	5	Total number of individuals employed in calendar y	ear 2017 (Part V, line 2a)		5	328				
ži.	6	Total number of volunteers (estimate if necessary)			6	355				
Act		Total unrelated business revenue from Part VIII, co	<b></b>		7a	0.				
	b	Net unrelated business taxable income from Form	990-T, line 34 RECE	IVFID	Prior Year	Current Year				
AU AU	8 (	Contributions and grants (Part VIII, line 1h)	10		<b>62</b> ,267,355.	2,287,658.				
		Program service revenue (Part VIII, line 2g)	O NUL		Q2,281,556.	2,383,206.				
T S	10	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)	·	7,272.	11,894.				
<u> </u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e) GDE	117	14,748.	20,298.				
SCANNED AUG	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	<u>1, 01</u>	4,570,931.	4,703,056.				
$\sim$		Grants and similar amounts paid (Part IX, column (		<u> </u>	2,113,220.	2,198,349.				
		Benefits paid to or for members (Part IX, column (A		-	1,298,894.	1,256,325.				
ses		Salaries, other compensation, employee benefits ( Professional fundraising fees (Part IX, column (A), i			0.	0.				
Expenses		Total fundraising expenses (Part IX, column (D), lin	~~ .	03.						
ω		Other expenses (Part IX, column (A), lines 11a-11d			1,161,300.	1,219,142.				
		Total expenses. Add lines 13-17 (must equal Part I		<u> </u>	4,573,414.	4,673,816.				
. 8	19	Revenue less expenses. Subtract line 18 from line	12		-2,483.	29,240.				
Net Assets or Fund Balances		Tabel assists (Dark V. Ivan 40)		Be	eginning of Current Year 4,147,616.	End of Year 4,177,361.				
Asse		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		<u> </u>	555,784.	528,239.				
Net		Net assets or fund balances. Subtract line 21 from	line 20		3,591,832.	3,649,122.				
<b>IP</b> a	r,t []]	Signature Block								
		lies of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer		V/ 00/0				
O:		Signature of officer			Date	24, 2019				
Sigr Here		Jeanne L. Haster	- Executive	Dir.	ector					
1161	ັ	Type or print name and title	ZZCCOCITY							
Print/Type preparer's name Preparer's signature Date Check PTIN										
Paid	1	YEE LEE MCGEE		<u> </u>	S/// 9 self-employ	P01294356				
	arer	Firm's name GARY MCGEE & CO.	TLP VENUE, SUITE 70	<u>.                                    </u>	Firm's EIN					
use	Only	Firm's address 808 S.W. THIRD A PORTLAND, OR 972		U	Phone no. (5	03) 222-2515				
May	the IE	IS discuss this return with the preparer shown abo			Fi none no. ( )	X Yes No				
_		8-17 I HA For Paperwork Reduction Act Notice		ione		Form <b>990</b> (2017)				

Form	n 990 (2017) JESUIT VOLUNTEER CORPS NORTHWEST	23-7361814 Page	<b>2</b>
	Irt III Statement of Program Service Accomplishments	·	_
<b>—</b> ——	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	JESUIT VOLUNTEER CORPS (JVC) NORTHWEST RESPONDS TO LOC		
	NEEDS IN THE PACIFIC NORTHWEST BY PLACING VOLUNTEERS W		
	VALUE-CENTERED SERVICE GROUNDED IN THE JESUIT CATHOLIC	TRADITION.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	40
	If "Yes," describe these new services on Schedule O	. D. 9.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s? Yes X	40
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	thers, the total expenses, and	
	revenue, if any, for each program service reported	2 282 206	
4a		76010 \$ 2,303,200	<u>•</u> )
	SINCE ITS BEGINNINGS IN 1956, OVER 7,000 INDIVIDUALS H. FOR AT LEAST ONE YEAR OF FULL-TIME SERVICE AS JESUIT V		<u>.</u>
	JESUIT VOLUNTEER CORPS (JVC) NORTHWEST, PRIMARILY WITH		
	NEED, IN OREGON, WASHINGTON, ALASKA, IDAHO AND MONTANA		
	NEED, IN OREGON, WASHINGTON, ALASKA, IDAHO AND MONTANA	•	
	IN THE 2017-2018 SERVICE YEAR, 158 JESUIT VOLUNTEERS P.	ROVIDED OVER	
	275,000 HOURS OF SERVICE IN SOCIAL SERVICE, HEALTH, ED		
	ENVIRONMENTAL ACTIVITIES IN 23 LOCAL COMMUNITIES THROU		
	STATES OF THE NORTHWEST: ALASKA, IDAHO, MONTANA, OREGO		_
	billiab of the northwest, indicate, issued, isolitating order	THE MIDHINGTON	<u> </u>
	CONTINUED ON SCHEDULE O.	<del></del>	
4b	(Code ) (Expenses \$ including grants of \$ ) (Rev	venue \$	<del></del> )
			_
		<del></del>	_
			—
4c	(Code) (Expenses \$	venue \$	
70	(Code) (cxpenses \$	ende &	- '
			_
			_
			_
			_
			_
	<del></del>		_
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 3,959,359.		



Form 990 (2017) JESUIT VOLUNTEER CORPS NORTHWEST
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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			
	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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	L	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		i	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ŀ
	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		X
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	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		v	
	Part VI	11a	X	<del> </del>
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<del>  ^</del> `
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		_	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	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_		<u> </u>
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	4.		х
17		16		<u> </u>
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	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del>-</del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х
			000	(2017)

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х
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	ĺ
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		Х
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		Х
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ŀ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
ь	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		Х
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? /f "Yes,"			
	complete Schedule L, Part II	26		X_
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, 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		Х
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) 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		Х
30	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			٦,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	v
	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			77
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b	-	ļ
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		- 1	Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form 990 (2017) JESUIT VOLUNTEER CORPS NORTHWEST 23-7361814 Page
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			X					
Sac	tion A. Governing Body and Management								
360	tion A. Governing body and Management		Voc	Mo					
	Enter the number of voting members of the governing body at the end of the tax year	6 488	Yes	No Regard					
1a		4		×					
	If there are material differences in voting rights among members of the governing body, or if the governing		₹ <sup>3</sup> \$}	<b>%</b> }					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.50	4.1					
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 16								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	11	<u></u>	لييا					
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct 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 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7ь		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8.11	7						
_	The governing body?	8a	X						
	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 reached 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 Revenue Code)			<del></del>					
000	tion 2. 1 onoics (This deciron b requests information about policies not required by the internal nevertibe code)		Yes	No					
10-	Did the avecement of here level the autore have the avector of the test	100	162	X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1,0.							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		—-,					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u>`</u> -	<del></del>	لــــــــــــــــــــــــــــــــــــــ					
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	h							
	in 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	<del></del>					
15	Did the process for determining compensation of the following persons include a review and approval by independent	337		1					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	22	ب ب						
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)	80 1	1,	1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4							
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	27° ;	<i>;</i>	. 1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	3.	أخثث	أيند					
	exempt status with respect to such arrangements?	16b							
Sect	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶OR	_							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	 le						
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website W Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	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 books and records								
	JEANNE HASTER - (503) 335-8202								
	2780 S.E. HARRISON STREET MILWAUKIE OR 97222								

# Partivill 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

Charlethin have fronther the experimentary per any related experimental componented any ourrent officer, director, or tructor

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

Check this box if neither the organization nor any related c					<del></del>			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	Reportable	Reportable	Estimated
	hours per						h an	compensation	compensation	amount of
	week	_	ser an	dad	rect	T .	lee,	from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ruste	nsbtutonal trustee		yee	mpen		(** 27 1000 141100)		and related
	below	qual	notio	<u>.</u>	oldw	est co oyee	ia i			organizations
	line)	N pul	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH ALLEN	0.87									
MEMBER		Х						0.	0.	0.
(2) ELENA BARRETO	0.58									
MEMBER		Х						0.	0.	0.
(3) MIKE BAYARD, S.J.	0.56									
MEMBER		Х				Ш		0.	0.	0.
(4) JIM BUCK	0.87									
MEMBER		Х				_		0.	0.	0.
(5) B. JOHN CASEY	0.77	_ '								
MEMBER		Х		Щ		Ш	_	0.	0.	0.
(6) GERALD COBB, S.J.	0.54						ļ			_
MEMBER		Х	Ц.		_	Ь,		0.	0.	0.
(7) FRANCIS CONNELL, III	1.01									
MEMBER		Х					<u> </u>	0.	0.	0.
(8) SANDY COUR GRIFFIN	1.40	l					ĺ			_
MEMBER		X				_		0.	0.	0.
(9) MARY DOHERTY	0.99									•
MEMBER		X				_		0.	0.	0.
(10) BILL LARKINS	0.79	,,					ļ			_
MEMBER		X	Ш			Щ	_	0.	0.	0.
(11) MATTHEW MASINI	0.65	١,,						0.	_	
MEMBER	0.60	X				-	_		0.	0.
(12) MICHAEL MCSHANE	0.60	x						0.	0.	0.
MEMBER	0.86					<u> </u>			- 0,	
(13) MAUREEN NEWMAN, S.P.	0.00	х						0.	0.	0.
MEMBER THE PART OF	0.72	₽	_	-	L.—			ļ	- 0.	0.
(14) PAT PARLOW	0.72	x						0.	0.	0.
MEMBER	0.88	₽	_	$\vdash$	_	-		U •		<u>v.</u>
(15) MARCY SUNNIVAGORA MEMBER	0.00	x						0.	0.	0.
	1.49	₽		$\vdash$	_	$\vdash$				
(16) KATHLEEN SWIFT CHAIR	1.49	х		x				0.	0.	0.
(17) KEVIN GRAINEY	1.35			$\triangle$		┝┤	<u> </u>			· ·
VICE CHAIR AND TREASURER	1.33	x		х				0.	0.	0.
VICE CHAIR AND TREASURER		لثا			L	ш		<u> </u>		5 000 (2247)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)					(D)	(E)			(F)			
<ul> <li>Name and title</li> </ul>	Average	Position (do not check more than one				one	Reportable	Reportable		Es	stimate	∍d	
	hours per week	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation		an	nount	of		
	(list any	<del>-</del>			Г	Γ	Ė	from the	from related organization		corr	other pensa	ation
	hours for	direct			1	D.			organization (W-2/1099-MIS		•	rom th	
	related	te o	rstee			ensate	ļ	(W-2/1099-MISC)	•	,	org	janizat	ion
	organizations	Itrus	ם		oyee	e E O O	İ	i i			an	d relat	ed
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	ig I			ŀ	orga	anızatı	ons
	line)	르	트	흉	ã	풀통	호				<del>                                     </del>		
(18) CHRISTINE AUERBACH	0.73	, ·		v						0.	1		0
SECRETARY	40 00	X	⊢	Х	-	-		0.	<del>_</del>	<u> </u>			0.
(19) JEANNE HASTER	49.00		1	x	ľ	1	ł	111,515.		0.	l	4,7	1 0
CHIEF EXECUTIVE OFFICER	ļ —————	┝	-	Δ.	├		⊢	111,313.		٠٠	<del>                                     </del>	4,/	<u> </u>
		,						)			1		
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	}				١.	]							
				П		Γ	$\Box$						
1b Sub-total				•			<b></b>	111,515.		0.		4,7	
c Total from continuation sheets to Part VI	I, Section A						ightharpoonup	0.		0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	111,515.		0.		4,7	10.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
compensation from the organization													1
										ſ		Yes	No
3 Did the organization list any former officer,	•	ıste	e, ke	y en	nplo	yee,	or	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	•		•					•	the organization				-37
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	1			X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	9 <i>J</i> T	or st	JCN	pers	son		<del></del>			5	لـــــا	
<del></del>								hat received many these	\$100,000 of a a m		-4: /		
1 Complete this table for your five highest co the organization. Report compensation for		-								ipens	ation	rom	
(A)	ine calendar y	ear	enui	ng v	VILIT	OI W	T	(B)	yeai		- 10	 C)	
Name and business	address	NC	INC	2			İ	Description of s	ervices	С		nsatio	n
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						_	$\perp$						
2 Total number of independent contractors (ii	ncluding but n	ot lir	nite	d to	-	_	sted	l above) who received m	ore than				
\$100,000 of compensation from the organization	zation 🕨				(	<u> </u>							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue 1 a Federated campaigns 1b Membership dues 109,415 c Fundraising events 1c Gifts, d Related organizations 1d 560,540 1e e Government grants (contributions) f All other contributions, gifts, grants, and 617,703 similar amounts not included above 5,235 g Noncash contributions included in lines 1a-1f \$ 287,658 h Total. Add lines 1a-1f Business Code 1,641,982 2 a PLACEMENT FEES 900099 641,982. Program Service Revenue COMMUNITY FEES 900099 719,390 719,390 c RETREAT FEES 900099 21,834. 21,834 All other program service revenue 2,383,206. Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,894 11,894. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Rovalties (i) Real (II) Personal 19,708 6 a Gross rents σ. b Less rental expenses 19,708. c Rental income or (loss) 19,708 19.708 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 109,415. of contributions reported on line 1c) See 7,020 Part IV, line 18 16,302 **b** Less direct expenses 9,282 282 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** 900099 11 a OTHER INCOME 9,872 9.872. d All other revenue 9,872. Total. Add lines 11a-11d 4,703,056.2,383,206. 32,192. Total revenue. See instructions

Form 990 (2017)

Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1.									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,198,349.	2,198,349.								
3	Grants and other assistance to foreign			1. 答( ) 7代 ( ) 3( )	<ul><li>4.9次等(36.6)</li></ul>						
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16			202 - 12 2 NOV.	7 35 17/4/2/1W 3 1-8/5/93						
4	Benefits paid to or for members			The Rolling							
5	Compensation of current officers, directors,	116,448.	16,303.	81,513.	10 632						
	trustees, and key employees	110,440.	10,303.	01,313.	18,632.						
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		929,224.	603,930.	165,369.	159,925.						
7 8	Other salaries and wages Pension plan accruals and contributions (include	727,224.	003,330.	+03,303.	133,323.						
o	section 401(k) and 403(b) employer contributions)	31,987.	20,922.	5,566.	5.499.						
9	Other employee benefits	96,058.	57,226.	22,447.	5,499. 16,385.						
10	Payroll taxes	82,608.	47,310.	21,511.	13,787.						
11	Fees for services (non-employees)										
а	Management			,							
ь	Legal		· · · · · · · · · · · · · · · · · · ·								
	Accounting	18,134.		18,134.							
	Lobbying										
е	Professional fundraising services See Part IV, line 17		######################################	36.8.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6.6							
f	Investment management fees										
9	Other (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)	82,824.	37,797.	44,840.	187. 17,890.						
12	Advertising and promotion	55,080.	34,317.	2,873.	17,890.						
13	Office expenses	43,821.	14,540.	20,180.	9,101.						
14	Information technology	4,920.	3,540.	990.	7390.						
15	Royalties	<u> </u>	F40 500		<u> </u>						
16	Occupancy	541,902.	519,572.	22,330.							
17	Travel	118,722.	110,995.	1,959.	5,768.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	t									
19	Conferences, conventions, and meetings										
20	Interest	20,514.		20,514.							
21	Payments to affiliates	405 504		405 504	· · · · · · · · · · · · · · · · · · ·						
22	Depreciation, depletion, and amortization	105,584.	15	105,584.							
23	Insurance	31,549.	15.	31,534.	In the part of the local state of the						
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)										
а	amount, list line 24e expenses on Schedule 0.)  TRAINING	136,062.	129,058.	4,219.	2,785.						
b	EQUIP. LEASE/MAINT.	29,178.	12,853.	13,042.	3,283.						
c	OTHER EXPENSES	28,852.	13,083.	8,494.	7,275.						
d	BAD DEBT EXPENSE	2,000.		2,000.	.,2.50						
	All other expenses		139,549.	-173,145.	33,596.						
25	Total functional expenses Add lines 1 through 24e	4,673,816.	3,959,359.	419,954.	294,503.						
26	Joint costs. Complete this line only if the organization	:	<del> </del>	<del> </del>	<u> </u>						
	reported in column (B) joint costs from a combined	,		'							
	educational campaign and fundraising solicitation.		1	,							
	Check here if following SOP 98-2 (ASC 958-720)										

Pa	rt X×.	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		,	
	•	,	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	601.	1	1,123.
	2	Savings and temporary cash investments	564,770.	2	564,585.
	3	Pledges and grants receivable, net	135,523.	3	180,853.
	4	Accounts receivable, net	3,092.	4	2,125.
	5	Loans and other receivables from current and former officers, directors,	5/2/5/3/C	3	
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
	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	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	120	
ts	ł	employees' beneficiary organizations (see instr) Complete Part II of Sch L	L	6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	100,802.	9	88,001.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 3,159,876.			
	b	Less accumulated depreciation 10b 476,951.		10c	2,682,925.
	11	Investments · publicly traded securities	558,294.	11	595,894.
	12	Investments - other securities See Part IV, line 11	<u> </u>	12	
	13	Investments - program-related See Part IV, line 11		13	<b></b>
	14	Intangible assets	20 150	14	<u> </u>
	15	Other assets See Part IV, line 11	28,159.	15	61,855.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,147,616.	16	4,177,361.
	17	Accounts payable and accrued expenses	19,214.	17	83,504.
	18	Grants payable	32,960.	18	29,410.
	19	Deferred revenue	32,300.	19	23,410.
	20	Tax-exempt bond liabilities		20	
<b>"</b>	21 22	Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,		21	244200 430 V 1-440 304
Liabılities	22	key employees, highest compensated employees, and disqualified persons			
ğ		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	443,550.	23	415,325.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	<u> </u>	<del>  = -</del>	
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Ì	Schedule D		25	1
	26	Total liabilities. Add lines 17 through 25.	555,784.	26	528,239.
		Organizations that follow SFAS 117 (ASC 958), check here		233	激的外位。1971年
S		complete lines 27 through 29, and lines 33 and 34.			380500 3 24
Š	27	Unrestricted net assets	3,407,041.	_27	3,381,232.
3ale	28	Temporarily restricted net assets	149,791.	28	207,952.
P	29	Permanently restricted net assets	35,000.	29	59,938.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐		1	
ō		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds	<u></u>	30	ļ
As	31	Paid-in or capital surplus, or land, building, or equipment fund	ļ	31	<del> </del>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2 501 020	32	2 (40 100
_	33	Total net assets or fund balances	3,591,832.	33	3,649,122.
	34	Total liabilities and net assets/fund balances	4,147,616.	34	4,177,361.

Form	1990 (2017) JESUIT VOLUNTEER CORPS NORTHWEST	43-130	<u>,1014</u>	Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
_	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,703	,056.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,673	
3	Revenue less expenses Subtract line 2 from line 1	3		,240.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,591	
5	Net unrealized gains (losses) on investments	5	26	,292.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,758.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	3,649	<u>,122.</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<del></del>	
			<u>_</u>	res No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	مُ اکست	اسيئن اثنا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Separate basis Both consolidated and separate basis		28/15	اکنت
b	Were the organization's financial statements audited by an independent accountant?		_2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	-   " '   .	
	consolidated basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,		X
	review, or compilation of its financial statements and selection of an independent accountant?	- 4 1 2 0	2c	<del>^</del>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			- [ ` <u> </u>
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit		$\frac{1}{x}$
	Act and OMB Circular A-133?		3a	<del>^</del>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		$\mathbf{x}$
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			90 (2017)
			rorm <b>9</b>	(2017)

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

JESUIT VOLUNTEER CORPS NORTHWEST

Employer identification number 23-7361814

Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 📖 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 ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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) (i) Name of supported (iii) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 JESUIT VOLUNTEER CORPS NORTHWEST 23-7361814 Page 2

Part III 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not						
	include any "unusual grants ")	1,861,080.	2,094,885.	2,148,639.	2,267,355.	2,287,658.	10,659,617.
2	Tax revenues levied for the organ-				_		
	ızatıon's benefit and either paid to						
	or expended on its behalf					ll	
3	The value of services or facilities ·						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,861,080.	2,094,885.	2,148,639.	2,267,355.	2,287,658.	10,659,617.
۰,5	The portion of total contributions			18,000 p. 30 mm (20 mm) 18,000 p. 30 mm)			
	by each person (other than a						•
	governmental unit or publicly			34. O.			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	<b>201</b>		40.00			
	column (f)						182,514.
		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					10,477,103.
	ction B. Total Support	<del></del>		,		г	
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,861,080.	2,094,885.	2,148,639.	2,267,355.	2,287,658.	10,659,617.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F 013	3 500	22 560	25 256	] 21 602	00 560
	and income from similar sources	5,013.	3,529.	23,568.	25,856.	31,602.	89,568.
9	Net income from unrelated business			·			
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	7,316.	11,320.	14,746.	7,195.	9,872.	50,449.
	assets (Explain in Part VI)	Company of the company					10,799,634.
	• •	<u> </u>		The Mary State State State			,121,506.
	Gross receipts from related activities,	•	•			<u> </u>	,121,300.
13	First five years. If the Form 990 is for organization, check this box and stop	_	s tirst, second, thir	a, iourin, or litin is	ax year as a section	n 50 I(C)(3)	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (			column (fl)		14	97.01 %
	Public support percentage from 2016	• • • • • • • • • • • • • • • • • • • •	•	00.011111 (1))		15	97.56 %
	33 1/3% support test - 2017. If the		•	n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies		,		, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> X
b	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check th	=
	and stop here. The organization qual	· ·					ightharpoons
17a	10% -facts-and-circumstances tes		• •		e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
b	10% -facts-and-circumstances tes	-	•		_	17a, and line 15 is	10% or
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization			i.			<u>,</u> ▶□
						dule A (Form 990	

(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 tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		1			/	
	include any "unusual grants ")						
2	Gross receipts from admissions,			-			
	merchandise sold or services per-	'	ĺ	!			
	formed, or facilities furnished in any activity that is related to the					/	
	organization's tax-exempt purpose		)	)			
3	Gross receipts from activities that					T	
	are not an unrelated trade or bus-						
	iness under section 513	'	ĺ	ľ			
4	Tax revenues levied for the organ-					<u> </u>	
•	ization's benefit and either paid to	ļ	ļ	J .		1	
	or expended on its behalf						
5	The value of services or facilities				/	<del></del>	
•	furnished by a governmental unit to	1	ł	/		1	
	the organization without charge						
_			·		ļ	<del> </del>	<del></del>
	Total. Add lines 1 through 5					<del></del>	
1 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received		<del> </del> -			<del> </del>	
•	from other than disqualified persons that		ļ				
	exceed the greater of \$5,000 or 1% of the		]			ļ	
	amount on line 13 for the year	<del> </del>	<del>/</del>		<del></del>	<del> </del>	
	Add lines 7a and 7b	<u> </u>					
	Public support. (Subtract line 7c from line 6.)	L				L	<u> </u>
	<del></del>	(1) 2010	# Joseph	4.10045	(4) 0040	4:10047	(6) T-4-1
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6  Gross income from interest,		/			<del>                                     </del>	
102	dividends, payments received on		/			'	
	securities loans, rents, royalties,		[			Ĭ	
	and income from similar sources				<del> </del>	<del></del>	
t	Unrelated business taxable income		,				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					<del></del>	
	Add lines 10a and 10b		ļ		<u> </u>		
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)				·- <u>-</u> -		
13	Total support (Add lines 9, 10c, 11, and 12)			L		<u></u>	
14	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	on 501(c)(3) organiz	ation,
	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2017 (			column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					<del></del>	
	Investment income percentage for 20	•	**	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
19a	. 33 1/3% support tests - 2017. If the	_					7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
t	33 1/3% support tests - 2016. If the	organization did n	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line/18 is not more than 33 1/3%, che	ck this box andst	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	

## 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 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?
  - 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 79 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)

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	2. 3		
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	BA		36.73
	3b		110
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	4a		
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	· - * · 5		
	4b	7	
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	<u> </u>		
	4c		
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	10a	9	
		25	
	10b		

5	Income tax imposed in prior year	5	
5	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	Maria Maria
7	Check here if the current year is the organization's first as a non-functionally	ıntegr	rated Type III supporting organization (see
	instructions)		

2

3

7 Egg XXX

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

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

Enter 85% of line 1

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2013

b Excess from 2014

c Excess from 2015

d Excess from 2016

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 JESUIT VOLUNTEER CORPS NORTHWEST	23-7361814 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 1	7b, 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 a 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,	nd 2, Part IV, Section C, 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 (See instructions)	Information
(See instructions)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
OMBED DEVENUE / CEO 440\	
OTHER REVENUE (\$50,449)	<del></del>
<del></del>	
•	
	<del></del>
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•	
2 2 20 200 200 200 200	
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## **SCHEDULE C**

(Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	itions Complete Part III			
	ne of organization		<u> </u>	Empl	oyer identification number
	JESUIT	VOLUNTEER CORPS I	NORTHWEST		23-7361814
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa	tures	al campaign activities		
Pá	art I-B Complete if the or	ganization is exempt unde	er section 501(c)	)(3).	
1	Enter the amount of any excise tax			▶\$	
	Enter the amount of any excise tax	•		_	
	If the organization incurred a section				Yes No
	a Was a correction made?		•		Yes No
	o If "Yes," describe in Part IV				
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c)	, except section 501(	c)(3).
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt fund	ction activities >\$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for s	section 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	s Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	<b>-</b> ;	
	line 17b			<b>▶</b> \$	
4	Did the filing organization file Form	1120-POL for this year?			└ Yes
5	Enter the names, addresses and en	mployer identification number (EIN	N) of all section 527 pe	olitical organizations to whic	h the filing organization
	made payments For each organiza	•			•
	contributions received that were pr				te segregated fund or a
	political action committee (PAC) If	additional space is needed, provi	de information in Parl	t IV	
	( <b>a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		<b>,</b>			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017	JESUI'	r volu	NTEER CORPS	NORTHWEST		361814 Page 2
Part II-A Complete if the or	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under
'section 501(h)).						
A Check If the filing organization	ation belon	gs to an aff	liated group (and list if	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	are of exces	s lobbying	expenditures)			
B Check ▶ ☐ If the filing organization	ation check	ed box A a	nd "limited control" pro	ovisions apply		
Lim	its on Lobi	, vina Evne	nditures		(a) Filing	(b) Affiliated group
			ints paid or incurred.	)	organization's totals	totals
			<u> </u>		totais	
1a Total lobbying expenditures to inf				•	304	
b Total lobbying expenditures to inf			dy (direct lobbying)		324.	
c Total lobbying expenditures (add	lines 1a and	d 1b)			324.	
d Other exempt purpose expenditu		•			4,378,989.	
e Total exempt purpose expenditure	-		•		4,379,313.	
f Lobbying nontaxable amount Ent					368,966.	991 - 7.5. 558 6748 845-5.1536 84
If the amount on line 1e, column (a)	or (b) is:	-	bying nontaxable am			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,	000			
	-4 050/ -	Clump 46			92,242.	STONES SOME CONTRA
g Grassroots nontaxable amount (e		•			0.	
<ul> <li>h Subtract line 1g from line 1a. If ze</li> <li>i Subtract line 1f from line 1c. If zer</li> </ul>					0.	
j If there is an amount other than ze	•		line 1) did the erganiz	ation file Form 4720		<del></del>
reporting section 4911 tax for this		ii iiile III Oi	ine ii, did the organiz	ation me i omi 4/20	Γ	☐ Yes ☐ Ño
reporting section 4011 tax for this		4-Year Av	eraging Period Under	section 501(h)		103
(Some organizations t					of the five columns b	elow. ^
•			ate instructions for li			• ,
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Colondonues				i		
Calendar year (or fiscal year beginning in)	(a) 2	2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
						· <del></del>
2a Lobbying nontaxable amount				362,732.	368,966.	731,698.
b Lobbying ceiling amount						4 005 545
(150% of line 2a, column(e))			14 14 15 15 15 15 15 15 15 15 15 15 15 15 15			1,097,547.
,	l			1	204	200
c Total lobbying expenditures				46.	324.	370.
	ļ		)	00 603	02 242	100 005
d Grassroots nontaxable amount	> 15x 3A86	2m8500	1.5 1.55 1.55 2.55 (1.55 1.55 1.55 1.55 1.55 1.55 1.55	90,683.	92,242.	182,925.
e Grassroots ceiling amount	1.0					274,388.
(150% of line 2d, column (e))	120000000000000000000000000000000000000		1 (*) 5 <b>**********************************</b>	] (A ( S)		214,300.
f Graceroote Johnwan avananditures						
f Grassroots lobbying expenditures	<u> </u>			L	l	

Schedule C (Form 990 or 990-EZ) 2017

## Schedule C (Form 990 or 990 EZ) 2017 JESUIT VOLUNTEER CORPS NORTHWEST 23-736181 Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For o	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(4	<u> </u>	(t	o)
	e lobbying activity	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?	<del></del>			
T -	Grants to other organizations for lobbying purposes?	<u> </u>		L	<del></del>
9	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<del></del>			
h :	Other activities?				
:	Total Add lines 1c through 1i	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	##		
22	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	,000/4880/	808496 7 3.00.6	2999 (CARANA)	e; 1000
	If "Yes," enter the amount of any tax incurred under section 4912	力量(	3772 - 273	44 , 17 (365)	24 2 38 34 5 4
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\$5840000347/c 204	WINDOWS & CONFICTION	第 1 / <b>/ 第</b> 0	N. 48850
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se		<u> </u>
. 2005 _ 2	501(c)(6).	.` `	• • •		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	,	•
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he <u>prior</u> yea	r <sup>2</sup> 3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		R (b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures for which the costion 527(f) tax was paid)	Cai			•
_	expenses for which the section 527(f) tax was paid).  Current year		2a		
	Carryover from last year		2b		
c	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		. <del>-</del> -
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	20.5		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
- 5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
Provid	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	p list), Part II	I-A, lines 1	and 2 (see	
ınstru	ctions), and Part II-B, line 1 Also, complete this part for any additional information				
·					

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

JESUIT VOLUNTEER CORPS NORTHWEST

Employer identification number 23-7361814

_		(a) Donor advised funds	( <b>b</b> ) Ft	unds and other accounts
1 To	otal number at end of year			
2 A	ggregate value of contributions to (during year)			. <u></u>
3 A	ggregate value of grants from (during year)			
4 A	ggregate value at end of year			
<b>5</b> Di	id the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds	
ar	e the organization's property, subject to the organization's	exclusive legal control?		Yes N
6 D	id the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only	
fo	r charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring	
	permissible private benefit?			Yes N
Part I	II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line	7
1 Pt	urpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e g , recreation or ea	ducation) Preservation of a hist	orically imp	ortant land area
[	Protection of natural habitat	Preservation of a cert	tified histori	c structure
	Preservation of open space			
2 C	omplete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conser	vation easement on the last
da	ay of the tax year			Held at the End of the Tax Ye
	otal number of conservation easements		2a	
	otal acreage restricted by conservation easements		2b	<del> </del>
	umber of conservation easements on a certified historic stru	icture included in (a)	2c	<del></del>
	umber of conservation easements included in (c) acquired a	` '		<del> </del>
	ited in the National Register		2d	
	umber of conservation easements modified, transferred, rele	eased extinguished or terminated by the		<del></del>
	ear >	sabba, extinguionos, or terrimiatos by tim	o organizati	on daming and tax
	umber of states where property subject to conservation eas	ement is located		
	oes the organization have a written policy regarding the peri			
	olations, and enforcement of the conservation easements it	- · ·		☐ Yes ☐ N
	taff and volunteer hours devoted to monitoring, inspecting, l		servation e	
<b>•</b>				
-	mount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easem	ents during the year
	· \$	ing of violations, and emoroting conserve	allon oason.	onto during the your
-	pes each conservation easement reported on line 2(d) above	e eatiefy the requirements of section 170	VP)(V)(B)(i)	
	nd section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170	((1)( <del>1</del> )(D)(I)	☐ Yes ☐ N
	Part XIII, describe how the organization reports conservation	on accompate in its revenue and expense	o etatament	
	- · · · · · · · · · · · · · · · · · · ·	·		
	clude, if applicable, the text of the footnote to the organizati	ion's imancial statements that describes	trie organiz	ation's accounting for
art I	onservation easements III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Sim	ilar Accete
uit i	Complete if the organization answered "Yes" on Form	•	tilei Oiiii	mai Assets.
- 16	<del></del>			
	the organization elected, as permitted under SFAS 116 (AS	•		
	storical treasures, or other similar assets held for public exh		ince of publ	lic service, provide, in Part XI
	e text of the footnote to its financial statements that describ			
	the organization elected, as permitted under SFAS 116 (AS	•		
tre	easures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service	, provide the following amoui
re	lating to these items			
(i)	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
(ii)	Assets included in Form 990, Part X		<b>•</b>	\$ \$
2 if 1	the organization received or held works of art, historical trea	sures, or other similar assets for financia	ıl gaın, prov	
th	e following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items		
a Re	evenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
				\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche		VOLUNTEER						61814	
Pa	t III   Organizations Maintaining C								
3	Using the organization's acquisition, access	on, and other record	ds, check any of the	following that	t are a sig	nificant u	se of its	collection if	tems
	(check all that apply)		<del></del>						
а	Public exhibition	d		hange progra	ıms				
b	Scholarly research	e	e U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organizatio	on's exem	pt purpos	se in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or othe	er sımılar a	assets	_	٦ ،	
	to be sold to raise funds rather than to be m						<u> </u>	Yes	<u>No</u>
Pa	t IV Escrow and Custodial Arran	-	ete if the organizatio	n answered "	'Yes" on F	orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other as:	sets not ir	ncluded	_	<b>-</b>	
	on Form 990, Part X?						<u> </u>	J Yes ∣	Ll No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table						
						$\perp$		Amount	
С	Beginning balance					1c			
ď	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial accoi	unt liability	y?	L_	J Yes │	L No
	If "Yes," explain the arrangement in Part XIII								
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Yes" on Fo						
		(a) Current year	(b) Prior year	(c) Two years	s back (d	i) Three ye	ars back	(e) Four ye	ars back
1a	Beginning of year balance	38,159.	25,000.	<b></b> _					
b	Contributions	24,938.	10,000.	25	,000.			<u> </u>	
С	Net investment earnings, gains, and losses	1,758.	3,159.	<u> </u>					
d	Grants or scholarships		<u> </u>	<b></b>	+				
е	Other expenditures for facilities	18							
	and programs			Ļ					
f	Administrative expenses								
9	End of year balance	64,855.	38,159.		,000.				
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (a	a)) held as					
	Board designated or quasi-endowment		%						
	Permanent endowment ► 92.42	<del></del> %							
С	Temporarily restricted endowment ▶	7.58 <u></u> %							
	The percentages on lines 2a, 2b, and 2c sho	•							
3а	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ind administer	red for the	e organiza	ation		
	by							<del></del>	es No
	(i) unrelated organizations							3a(i) X	
	(ii) related organizations							3a(ıi)	X
b	If "Yes" on line 3a(ii), are the related organization	itions listed as requi	red on Schedule R?					3b ]	
4	Describe in Part XIII the intended uses of the		owment funds						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, line 11a S	See Form 990,	, Part X, III	ne 10			
	Description of property	(a) Cost or o		or other		umulated	¹ [	(d) Book v	alue
	·	basis (investr		(other)	depr	eciation			<del></del>
1a	Land			7,705.		40 0 -			705.
b	Buildings		2,32	5,281.	4	40,20	1.	1,885,	080.
С	Leasehold improvements					10-0-	<u>_</u>		<del></del>
d	Equipment			3,132.		12,99		10,	140.
	Other	_		3,758.		23,75		<del></del>	0.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(Oc)				2,682,	<u>.925.</u>

Schedule D (Form 990) 2017

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

(8) (9)

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

## **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

JESUIT VOLUNTEER CORPS NORTHWEST

Employer identification number 23 – 7361814

	VODONIER CORPS NO	7/ 7 77	<u> </u>	<u> </u>	25 / 501	014
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	'es" oi	n Form 990, Part IV,	line 17 Form 990-EZ	I filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individendments.	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p	ion of ion of fundra (includ	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fundraiser have custody or control of contributions?		(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			
. • •						
Total			<b>•</b>			
3 List all states in which the organization or licensing	n is registered or licensed to solicit o	contrib	utions ———	s or has been notified	1 it is exempt from re	egistration 
				<del></del>		
	<u> </u>			<del></del>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 JESUIT VOLUNTEER CORPS NORTHWEST Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events SEATTLE WASHINGTON NONE (add col (a) through DC BENEFIT BENEFIT col (c)) (event type) (total number) (event type) 7,625. 116,435. 108,810. Gross receipts 109,415. 101,790 7,625. 2 Less Contributions 7,020. 7,020 3 Gross income (line 1 minus line 2) 4 Cash prizes 74. 74. 5 Noncash prizes Direct Expenses 6 Rent/facility costs 10,976. 10,976. 7 Food and beverages 8 Entertainment 1,251 5,252. 4,001. Other direct expenses 16,302. 10 Direct expense summary Add lines 4 through 9 in column (d) -9,282. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-E7, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor 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) 9 Enter the state(s) in which the organization conducts gaming activities 」Yes a is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No b If "Yes," explain

23-7361814 Page 2

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

Sch	edule G (Form 990 or 990 EZ) 2017 JESUIT VOLUNTEER CORPS NORTHWEST 23-	<u>7361814</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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	☐ No
13	Indicate the percentage of gaming activity conducted in		
	i The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Effect the Harrie and address of the person who properts the organization organization of garming special orange special or one state.		
	Name		<del>,</del>
	Address		
15a	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	: If "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		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L 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	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
			_
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		<u> </u>	

Schedule G (	Form 990 or 990-EZ)	JESUIT VO	LUNTEER	CORPS_NOR	THWEST	23-/361814	Page 4
Part IV	Form 990 or 990-EZ) Supplemental Inf	ormation (continued	d)				
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

9047

OMB No 1545-0047

		Comple	Complete if the organization	n answered "Yes"	on Form 990, Par	organization answered "Yes" on Form 990, Part IV, line 21 or 22.		/I 07
Department of the Treasury Internal Revenue Service			► Go to www.irs	<ul><li>Attach to Form 990.</li><li>Go to www.irs.gov/Form990 for the latest information.</li></ul>	m 990. r the latest inform	nation.		Open to Public Inspection
Name of the organization	on JESUIT VOLUNTEER	1	CORPS NORTHWEST	EST				Employer identification number $23-7361814$
Part   General In	General Information on Grants and Assistance	d Assistance				!		
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	sistance, and the selec	
criteria used to av	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ance? edures for month	oring the lise of grant	funds in the United	d States			X Yes No
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	omestic Organiz	zations and Domestic	: Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additive	onal space is need	ded			
1 (a) Name and add	(a) Name and address of organization     or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number	Enter total number of section 501(c)(3) and government organization Enter total number of other organizations listed in the line 1 table	d government or	ganizations listed in th	is listed in the line 1 table				
۱.,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.	!				Schedule I (Form 990) (2017)

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Page 2

23-7361814

Schedule I (Form 990) (2017) JESULT VOLUNTEER CORPS NORTHWEST

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Gan be duplicated if additional space is needed

Schedule I (Form 990) (2017)			37		732102 11-01-17
	SERVICE LOCATION AND SERVICE PURPOSE; (5) A CODE OF	PURPOSE; (	D SERVICE	ATION AN	JV/AMERICORPS MEMBER'S SERVICE LOC
	ICE; (4) THE	D FOR SERV	AS SELECTE	MEMBER W	MANNER IN WHICH THE JV/AMERICORPS MEMBER WAS SELECTED FOR SERVICE; (4) THE
	TO EACH JV/AMERICORPS MEMBER; (3) THE	ORPS MEMBE	JV/AMERIC		MEMBER; (2) THE AMOUNT DISTRIBUTED
	THE JV/AMERICORPS	OF	AND ADDRESS	NAME	APPROPRIATE RECORDS TO SHOW (1) THE
	WEST KEEPS	JVC NORTHWEST	SERVICE.	YEAR OF	BASIC LIVING EXPENSES DURING THEIR
	TO PAY FOR	THE JV/AMERICORPS MEMBERS TO PAY	/AMERICORP	BY THE JV	FORM OF STIPENDS, WHICH ARE USED I
	S) IN THE	MEMBERS (JV/AMERICORPS MEMBERS)	JV/AMERICO	IEMBERS (	AND THOSE WHO ARE NOT AMERICORPS N
	AMERICORPS MEMBERS	ARE AMERIC	JESUIT VOLUNTEERS WHO ARE	JIT VOLUN	JVC NORTHWEST MAKES GRANTS TO JEST
					PART I, LINE 2:
	dditional information	(b), and any other a	e 2, Part III, column	juired in Part I, lin	Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information
		0.	2,198,349.	158	JV/AMERICORPS MEMBERS STIPENDS AND SUPPORT
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(d) Amount of non- cash assistance	(c) Amount of cash grant	(b) Number of recipients	(a) Type of grant or assistance

Schedule I (Form 990) (2017)

Schedule I (Form 990) JESUIT VOLUNTEER CORPS NORTHWEST  Part IV Supplemental Information	23-7361814 Page 2
CONDUCT; AND (6) A PLACEMENT AGREEMENT/CONTRACT AMONG THE	JV/AMERICORPS
MEMBER, THE PARTNER AGENCY, AND JVC NORTHWEST. EACH JV/AM	ERICORPS MEMBER
IS REGULARLY MONITORED BY LOCAL AND REGIONAL SUPERVISORS.	IN ADDITION,
AMERICORPS MEMBERS (1) RECEIVE BI-ANNUAL WRITTEN EVALUATIO	NS AND (2)
COMPLETE MONTHLY TIMESHEETS. THESE MEASURES ARE IN PLACE T	O ENSURE THAT THE
JV/AMERICORPS MEMBER IS WORKING IN FURTHERANCE OF THE EXEM	PT PURPOSE
THROUGHOUT HIS OR HER YEAR OF SERVICE.	
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Révenue Service

## 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.

Attach to Form 990 or 990-EZ.

2017
Open to Public Inspection

OMB No 1545-0047

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JESUIT VOLUNTEER CORPS NORTHWEST

Employer identification number 23-7361814

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: JESUIT VOLUNTEER CORPS (JVC) NORTHWEST RESPONDS TO LOCAL COMMUNITY NEEDS IN THE PACIFIC NORTHWEST BY PLACING VOLUNTEERS WHO PROVIDE VALUE-CENTERED SERVICE GROUNDED IN THE JESUIT CATHOLIC TRADITION. JVC NORTHWEST STRIVES TO LIVE OUT THE FOUR VALUES OF COMMUNITY, SIMPLE LIVING, SOCIAL AND ECOLOGICAL JUSTICE, AND SPIRITUALITY/REFLECTION. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: JVC NORTHWEST COMPLETED ITS EIGHTH YEAR AS A NATIONAL DIRECT AMERICORPS PROGRAM WITH THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE. THE GRANT SUBSTANTIALLY REDUCES THE COST OF A JV AMERICORPS MEMBER FOR OUR PARTNER AGENCIES, ALLOWING US TO GO WHERE THE NEED IS GREATEST. IN ADDITION TO THEIR DIRECT SERVICE WORK IN 2017-2018, OUR JV AMERICORPS MEMBERS HELPED BUILD CAPACITY IN OUR PARTNER NONPROFITS TO BETTER MEET THE NEEDS IN THEIR COMMUNITIES BY INSTITUTING 203 NEW AND ENHANCED BUSINESS SYSTEMS AND PROCESSES, THEREBY INCREASING THE NONPROFITS' ABILITY TO IMPROVE SERVICE DELIVERY. MEMBERS' CAPACITY BUILDING EFFORTS INCREASED THE QUALITY AND SCOPE OF SERVICES, FILLED GAPS IN ACCESS TO CARE, AND ENABLED THE PROVISION OF ESSENTIAL SERVICES TO MORE INDIVIDUALS AND FAMILIES IN NEED. MOST JESUIT VOLUNTEERS LIVE IN ECONOMICALLY POOR NEIGHBORHOODS IN COMMUNITY HOUSES WITH OTHER JESUIT VOLUNTEERS AND RECEIVE A LIVING ALLOWANCE AND HEALTH INSURANCE. JESUIT VOLUNTEERS STRIVE TO UPHOLD JVC NORTHWEST'S FOUR CORE VALUES OF COMMUNITY, SIMPLE LIVING, SOCIAL AND ECOLOGICAL JUSTICE, AND SPIRITUALITY/REFLECTION. THE JESUIT VOLUNTEERS ARE SUPPORTED BY

PROFESSIONAL STAFF WHO PROVIDE A WEEK-LONG ORIENTATION AT THE BEGINNING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

JESUIT VOLUNTEER CORPS NORTHWEST

Employer identification number 23-7361814

OF THE PROGRAM YEAR IN AUGUST; THREE RETREATS THROUGHOUT THE YEAR; TWO
WEEK-LONG VISITATIONS; AND ONGOING PHONE, EMAIL AND MAIL SUPPORT.

ADDITIONALLY, THE JESUIT VOLUNTEERS ENJOY A NETWORK OF FORMER JESUIT
VOLUNTEERS AND COMMUNITY MEMBERS WHO MENTOR AND SUPPORT THEM LOCALLY IN
THEIR YEAR OF SERVICE.

IN ITS SEVENTH YEAR, THE JESUIT VOLUNTEER ENCORPS (JV ENCORPS) PROGRAM

ENGAGED 104 PEOPLE AGES 50 AND OLDER IN VOLUNTEER SERVICE AND THE FOUR

CORE JVC NORTHWEST VALUES. JV ENCORPS OPENED A NEW GROUP IN TACOMA,

WASHINGTON AND NOW HAS SIX GROUPS OVERALL: TWO IN PORTLAND AND ONE IN

BEND, OREGON; ONE IN SEATTLE, ONE IN SPOKANE, AND ONE IN TACOMA,

WASHINGTON. DURING THE 2017-2018 SERVICE YEAR, JV ENCORPS MEMBERS

PROVIDED OVER 22,000 HOURS OF SERVICE AT 117 NONPROFIT AGENCIES. JV

ENCORPS PARTICIPANTS VOLUNTEER FIVE TO TEN HOURS OF SERVICE PER WEEK.

THEY PARTICIPATE IN MONTHLY COMMUNITY GATHERINGS AND TWO ALL-DAY

RETREATS WHICH INCLUDE ACTIVITIES SUPPORTING THEIR SPIRITUAL GROWTH AND

SERVICE TO OTHERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF EXECUTIVE OFFICER AND BUSINESS MANAGER REVIEW THE FORM 990 AS

PREPARED BY AN OUTSIDE ACCOUNTANT PRIOR TO REVIEW BY THE BOARD OF

DIRECTORS. THE FINANCE AND AUDIT COMMITTEE OF THE BOARD REVIEWS THE FORM

990 AND OREGON CT-12 AND THEN MAKES A RECOMMENDATION TO THE FULL BOARD OF

DIRECTORS FOR APPROVAL OF THE FINAL SUBMISSION TO THE IRS AND THE STATE OF

OREGON AFTER REVIEW BY THE CHIEF EXECUTIVE OFFICER AND BUSINESS MANAGER. A

COPY IS SENT TO ALL DIRECTORS BEFORE FILING WITH THE IRS AND THE STATE OF

OREGON.

Employer identification number 23-7361814

FORM 990, PART VI, SECTION B, LINE 12C:

UPON OR BEFORE ELECTION, HIRING, OR APPOINTMENT, DIRECTORS, OFFICERS, AND EMPLOYEES WILL MAKE A FULL, WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS, AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST. THIS CONFLICT OF INTEREST DISCLOSURE FORM WILL BE KEPT ON FILE, AND DIRECTORS, OFFICERS, AND EMPLOYEES ARE REQUIRED TO UPDATE IT AS NECESSARY, AT LEAST ONCE EACH YEAR. THE PURPOSE OF THIS POLICY IS TO PROTECT THE INTEGRITY OF JVC NORTHWEST'S DECISION-MAKING PROCESS, TO ENABLE OUR CONSTITUENCIES TO HAVE CONFIDENCE IN OUR INTEGRITY, AND TO PROTECT THE INTEGRITY AND REPUTATIONS OF VOLUNTEERS, STAFF, AND BOARD MEMBERS.

IN THE COURSE OF MEETINGS OR ACTIVITIES, DIRECTORS, OFFICERS, AND EMPLOYEES

ARE REQUIRED TO DISCLOSE ANY INTERESTS IN A TRANSACTION OR DECISION WHERE

THEY THEMSELVES, THEIR FAMILY AND/OR SIGNIFICANT OTHER, THEIR EMPLOYER, OR

A CLOSE ASSOCIATE WILL RECEIVE A BENEFIT OR GAIN. AFTER DISCLOSURE, THE

DIRECTOR, OFFICER OR EMPLOYEE IS REQUIRED TO RECUSE THEMSELVES FROM THE

DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE ISSUE.

THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO JVC NORTHWEST. THE DECISION OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF JVC NORTHWEST AND THE ADVANCEMENT OF ITS PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15A:

THE NOMINATING/PERSONNEL COMMITTEE UTILIZES COMPARABILITY DATA FOR CHIEF

EXECUTIVE OFFICERS IN THE PORTLAND MARKET AS ANALYZED AND PREPARED BY A

HUMAN RESOURCES EXPERT. THE NOMINATING COMMITTEE MAKES A RECOMMENDATION TO

732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  JESUIT VOLUNTEER CORPS NORTHWEST	Employer identification number 23-7361814
THE BOARD OF DIRECTORS FOR THE CHIEF EXECUTIVE OFFICER'S	COMPENSATION. ALL
DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN BOARD AND C	COMMITTEE MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY OREGO	ON
COMMUNITY FOUND.	1,758.
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