

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                             |                                                                                                                                                                                 |                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Name of foundation<br>GROUSEMONT FOUNDATION                                                                                                                                                                                                                                                                    |                                                                                                                                                                                             | A Employer identification number<br>91-1276047                                                                                                                                  |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>511 BOREN AVENUE NORTH NO 300                                                                                                                                                                                              |                                                                                                                                                                                             | Room/suite                                                                                                                                                                      | B Telephone number (see instructions)<br>(206) 323-3686 |
| City or town, state or province, country, and ZIP or foreign postal code<br>SEATTLE, WA 98109                                                                                                                                                                                                                  |                                                                                                                                                                                             | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                    |                                                         |
| G Check all that apply<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Name change |                                                                                                                                                                                             | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2 Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |                                                         |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust<br><input type="checkbox"/> Other taxable private foundation                                                         |                                                                                                                                                                                             | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                 |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 33,590,070                                                                                                                                                                                                              | J Accounting method<br><input checked="" type="checkbox"/> Cash<br><input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis ) |                                                                                                                                                                                 |                                                         |

| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                                                                       | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                             | 1 Contributions, gifts, grants, etc , received (attach schedule)                                      | 5,945,325                          |                           |                         |                                                             |
|                                                                                                                                                                     | 2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 3 Interest on savings and temporary cash investments . . . . .                                        | 6,866                              | 6,866                     |                         |                                                             |
|                                                                                                                                                                     | 4 Dividends and interest from securities . . . . .                                                    | 837,540                            | 904,069                   |                         |                                                             |
|                                                                                                                                                                     | 5a Gross rents . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Net rental income or (loss)                                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 6a Net gain or (loss) from sale of assets not on line 10                                              | 1,192,759                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Gross sales price for all assets on line 6a 7,014,169                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 7 Capital gain net income (from Part IV, line 2) . . . . .                                            |                                    | 4,493,287                 |                         |                                                             |
|                                                                                                                                                                     | 8 Net short-term capital gain . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 9 Income modifications . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 10a Gross sales less returns and allowances                                                           |                                    |                           |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                               | b Less Cost of goods sold                                                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | c Gross profit or (loss) (attach schedule) . . . . .                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 11 Other income (attach schedule) . . . . .                                                           | 473,708                            | 370,275                   |                         |                                                             |
|                                                                                                                                                                     | 12 Total. Add lines 1 through 11 . . . . .                                                            | 8,456,198                          | 5,774,497                 |                         |                                                             |
|                                                                                                                                                                     | 13 Compensation of officers, directors, trustees, etc                                                 | 0                                  | 0                         |                         | 0                                                           |
|                                                                                                                                                                     | 14 Other employee salaries and wages . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 15 Pension plans, employee benefits . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 16a Legal fees (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | b Accounting fees (attach schedule) . . . . .                                                         | 7,213                              | 0                         |                         | 7,213                                                       |
|                                                                                                                                                                     | c Other professional fees (attach schedule) . . . . .                                                 | 117,643                            | 44,701                    |                         | 72,942                                                      |
|                                                                                                                                                                     | 17 Interest . . . . .                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 18 Taxes (attach schedule) (see instructions) . . . . .                                               | 114,128                            | 22,134                    |                         | 0                                                           |
|                                                                                                                                                                     | 19 Depreciation (attach schedule) and depletion . . . . .                                             |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 20 Occupancy . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 21 Travel, conferences, and meetings . . . . .                                                        | 1,257                              | 0                         |                         | 1,257                                                       |
|                                                                                                                                                                     | 22 Printing and publications . . . . .                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | 23 Other expenses (attach schedule) . . . . .                                                         | 153,351                            | 92,204                    |                         | 54,006                                                      |
|                                                                                                                                                                     | 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .                     | 393,592                            | 159,039                   |                         | 135,418                                                     |
|                                                                                                                                                                     | 25 Contributions, gifts, grants paid . . . . .                                                        | 1,664,000                          |                           |                         | 1,664,000                                                   |
|                                                                                                                                                                     | 26 Total expenses and disbursements. Add lines 24 and 25                                              | 2,057,592                          | 159,039                   |                         | 1,799,418                                                   |
|                                                                                                                                                                     | 27 Subtract line 26 from line 12                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                     | a Excess of revenue over expenses and disbursements                                                   | 6,398,606                          |                           |                         |                                                             |
|                                                                                                                                                                     | b Net investment income (if negative, enter -0-)                                                      |                                    | 5,615,458                 |                         |                                                             |
| c Adjusted net income (if negative, enter -0-)                                                                                                                      |                                                                                                       |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |                                                                                                                                                        | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                |                                                     |            |            |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------|------------|
|                             |                                                                                                                                                        | Beginning of year<br>(a) Book Value                                                                                               | End of year<br>(b) Book Value (c) Fair Market Value |            |            |
| Assets                      | 1                                                                                                                                                      | Cash—non-interest-bearing . . . . .                                                                                               |                                                     |            |            |
|                             | 2                                                                                                                                                      | Savings and temporary cash investments . . . . .                                                                                  | 685,635                                             | 237,436    | 237,436    |
|                             | 3                                                                                                                                                      | Accounts receivable ▶ <u>2,635</u>                                                                                                |                                                     |            |            |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ _____                                                                                      |                                                     | 2,635      | 2,635      |
|                             | 4                                                                                                                                                      | Pledges receivable ▶ _____                                                                                                        |                                                     |            |            |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ _____                                                                                      |                                                     |            |            |
|                             | 5                                                                                                                                                      | Grants receivable . . . . .                                                                                                       |                                                     |            |            |
|                             | 6                                                                                                                                                      | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . . |                                                     |            |            |
|                             | 7                                                                                                                                                      | Other notes and loans receivable (attach schedule) ▶ _____                                                                        |                                                     |            |            |
|                             |                                                                                                                                                        | Less allowance for doubtful accounts ▶ _____                                                                                      |                                                     |            |            |
|                             | 8                                                                                                                                                      | Inventories for sale or use . . . . .                                                                                             |                                                     |            |            |
|                             | 9                                                                                                                                                      | Prepaid expenses and deferred charges . . . . .                                                                                   |                                                     |            |            |
|                             | 10a                                                                                                                                                    | Investments—U S and state government obligations (attach schedule)                                                                | 1,182,723                                           | 1,850,558  | 1,833,761  |
|                             | b                                                                                                                                                      | Investments—corporate stock (attach schedule) . . . . .                                                                           | 20,335,826                                          | 23,570,638 | 20,629,167 |
|                             | c                                                                                                                                                      | Investments—corporate bonds (attach schedule) . . . . .                                                                           | 851,342                                             | 1,141,679  | 1,128,501  |
|                             | 11                                                                                                                                                     | Investments—land, buildings, and equipment basis ▶ _____                                                                          |                                                     |            |            |
|                             | Less accumulated depreciation (attach schedule) ▶ _____                                                                                                |                                                                                                                                   |                                                     |            |            |
| 12                          | Investments—mortgage loans . . . . .                                                                                                                   |                                                                                                                                   |                                                     |            |            |
| 13                          | Investments—other (attach schedule) . . . . .                                                                                                          | 6,971,011                                                                                                                         | 9,622,197                                           | 9,758,570  |            |
| 14                          | Land, buildings, and equipment basis ▶ _____                                                                                                           |                                                                                                                                   |                                                     |            |            |
|                             | Less accumulated depreciation (attach schedule) ▶ _____                                                                                                |                                                                                                                                   |                                                     |            |            |
| 15                          | Other assets (describe ▶ _____)                                                                                                                        |                                                                                                                                   |                                                     |            |            |
| 16                          | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)                                                      | 30,026,537                                                                                                                        | 36,425,143                                          | 33,590,070 |            |
| Liabilities                 | 17                                                                                                                                                     | Accounts payable and accrued expenses . . . . .                                                                                   |                                                     |            |            |
|                             | 18                                                                                                                                                     | Grants payable . . . . .                                                                                                          |                                                     |            |            |
|                             | 19                                                                                                                                                     | Deferred revenue . . . . .                                                                                                        |                                                     |            |            |
|                             | 20                                                                                                                                                     | Loans from officers, directors, trustees, and other disqualified persons                                                          |                                                     |            |            |
|                             | 21                                                                                                                                                     | Mortgages and other notes payable (attach schedule). . . . .                                                                      |                                                     |            |            |
|                             | 22                                                                                                                                                     | Other liabilities (describe ▶ _____)                                                                                              |                                                     |            |            |
|                             | 23                                                                                                                                                     | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                      | 0                                                   | 0          |            |
| Net Assets or Fund Balances | <b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                                                                                                   |                                                     |            |            |
|                             | 24                                                                                                                                                     | Unrestricted . . . . .                                                                                                            | 30,026,537                                          | 36,425,143 |            |
|                             | 25                                                                                                                                                     | Temporarily restricted . . . . .                                                                                                  |                                                     |            |            |
|                             | 26                                                                                                                                                     | Permanently restricted . . . . .                                                                                                  |                                                     |            |            |
|                             | <b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>                         |                                                                                                                                   |                                                     |            |            |
|                             | 27                                                                                                                                                     | Capital stock, trust principal, or current funds . . . . .                                                                        |                                                     |            |            |
|                             | 28                                                                                                                                                     | Paid-in or capital surplus, or land, bldg, and equipment fund                                                                     |                                                     |            |            |
|                             | 29                                                                                                                                                     | Retained earnings, accumulated income, endowment, or other funds                                                                  |                                                     |            |            |
|                             | 30                                                                                                                                                     | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                             | 30,026,537                                          | 36,425,143 |            |
|                             | 31                                                                                                                                                     | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                        | 30,026,537                                          | 36,425,143 |            |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                          |   |            |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 30,026,537 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | 6,398,606  |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0          |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 36,425,143 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | 5 | 0          |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | 6 | 36,425,143 |

**Part IV Capital Gains and Losses for Tax on Investment Income**

| (a) List and describe the kind(s) of property sold (e g , real estate,<br>2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo , day, yr ) | (d)<br>Date sold<br>(mo , day, yr ) |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|-------------------------------------|
| <b>1 a PUBLICLY-TRADED SECURITIES</b>                                                                                                |                                                 |                                         |                                     |
| <b>b PASS THROUGH CAPITAL GAIN</b>                                                                                                   |                                                 |                                         |                                     |
| <b>c 57,700 SHARES PACCAR INC</b>                                                                                                    |                                                 |                                         |                                     |
| <b>d CAPITAL GAINS DIVIDENDS</b>                                                                                                     | P                                               |                                         |                                     |
| <b>e</b>                                                                                                                             |                                                 |                                         |                                     |

  

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|-----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>a</b> 2,880,512       |                                               | 2,944,646                                          | -64,134                                         |
| <b>b</b>                 |                                               |                                                    | 423,764                                         |
| <b>c</b> 4,119,824       |                                               |                                                    | 4,119,824                                       |
| <b>d</b> 13,833          |                                               |                                                    | 13,833                                          |
| <b>e</b>                 |                                               |                                                    |                                                 |

  

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                         |                                                  | (l)<br>Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------|
| (i)<br>F M V as of 12/31/69                                                                 | (j)<br>Adjusted basis<br>as of 12/31/69 | (k)<br>Excess of col (i)<br>over col (j), if any |                                                                                                 |
| <b>a</b>                                                                                    |                                         |                                                  | -64,134                                                                                         |
| <b>b</b>                                                                                    |                                         |                                                  | 423,764                                                                                         |
| <b>c</b>                                                                                    |                                         |                                                  | 4,119,824                                                                                       |
| <b>d</b>                                                                                    |                                         |                                                  | 13,833                                                                                          |
| <b>e</b>                                                                                    |                                         |                                                  |                                                                                                 |

  

|                                                                                                                                                                                                         |   |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| <b>2</b> Capital gain net income or (net capital loss)                                                                                                                                                  | 2 | 4,493,287 |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 | 3 |           |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| 2017                                                                 | 1,581,433                                | 27,659,688                                   | 0 057175                                                  |
| 2016                                                                 | 1,052,139                                | 18,953,394                                   | 0 055512                                                  |
| 2015                                                                 | 872,242                                  | 17,473,782                                   | 0 049917                                                  |
| 2014                                                                 | 571,948                                  | 17,747,518                                   | 0 032227                                                  |
| 2013                                                                 | 390,291                                  | 7,579,193                                    | 0 051495                                                  |

  

|                                                                                                                                                                                          |   |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------|
| <b>2</b> Total of line 1, column (d)                                                                                                                                                     | 2 | 0 246326   |
| <b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the<br>number of years the foundation has been in existence if less than 5 years | 3 | 0 049265   |
| <b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5                                                                                                    | 4 | 35,600,417 |
| <b>5</b> Multiply line 4 by line 3                                                                                                                                                       | 5 | 1,753,855  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)                                                                                                                      | 6 | 56,155     |
| <b>7</b> Add lines 5 and 6                                                                                                                                                               | 7 | 1,810,010  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4                                                                                                                            | 8 | 1,799,418  |

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

|           |                                                                                                                                                                                                                                   |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>1a</b> | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1<br>Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions) |           |         |
| <b>b</b>  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .                                                                         | <b>1</b>  | 112,309 |
| <b>c</b>  | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)                                                                                                            |           |         |
| <b>2</b>  | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                         | <b>2</b>  | 0       |
| <b>3</b>  | Add lines 1 and 2. . . . .                                                                                                                                                                                                        | <b>3</b>  | 112,309 |
| <b>4</b>  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                                                                                       | <b>4</b>  | 0       |
| <b>5</b>  | <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                                                                          | <b>5</b>  | 112,309 |
| <b>6</b>  | Credits/Payments                                                                                                                                                                                                                  |           |         |
| <b>a</b>  | 2018 estimated tax payments and 2017 overpayment credited to 2018                                                                                                                                                                 | <b>6a</b> | 84,562  |
| <b>b</b>  | Exempt foreign organizations—tax withheld at source . . . . .                                                                                                                                                                     | <b>6b</b> |         |
| <b>c</b>  | Tax paid with application for extension of time to file (Form 8868) . . . . .                                                                                                                                                     | <b>6c</b> | 26,000  |
| <b>d</b>  | Backup withholding erroneously withheld . . . . .                                                                                                                                                                                 | <b>6d</b> | 0       |
| <b>7</b>  | Total credits and payments. Add lines 6a through 6d. . . . .                                                                                                                                                                      | <b>7</b>  | 110,562 |
| <b>8</b>  | Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                                                                               | <b>8</b>  | 342     |
| <b>9</b>  | <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . ▶                                                                                                                           | <b>9</b>  | 2,089   |
| <b>10</b> | <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . ▶                                                                                                               | <b>10</b> |         |
| <b>11</b> | Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> ▶ <b>Refunded</b> ▶                                                                                                                                       | <b>11</b> |         |

**Part VII-A Statements Regarding Activities**

|                                                                                                                                                                                                                                                                                                                                                                 | Yes       | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .                                                                                                                                                                        | <b>1a</b> | No  |
| <b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . .<br><i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i> | <b>1b</b> | No  |
| <b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                  | <b>1c</b> | No  |
| <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year<br>(1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0                                                                                                                                                                        |           |     |
| <b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0                                                                                                                                                                                                      |           |     |
| <b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .<br><i>If "Yes," attach a detailed description of the activities</i>                                                                                                                                                                          | <b>2</b>  | No  |
| <b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i> . . . . .                                                                                                            | <b>3</b>  | No  |
| <b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                                                                                                                 | <b>4a</b> | Yes |
| <b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                      | <b>4b</b> | Yes |
| <b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .<br><i>If "Yes," attach the statement required by General Instruction T</i>                                                                                                                                                                    | <b>5</b>  | No  |
| <b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either<br>• By language in the governing instrument, or<br>• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .            | <b>6</b>  | Yes |
| <b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i> . . . . .                                                                                                                                                                                                      | <b>7</b>  | Yes |
| <b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions)<br>▶ WA, AR, CA, MA, NY                                                                                                                                                                                                                            |           |     |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .                                                                                                                                   | <b>8b</b> | Yes |
| <b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i> . . . . .                                                                               | <b>9</b>  | No  |
| <b>10</b> Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> . . . . .                                                                                                                                                                                                   | <b>10</b> | No  |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                                                                                                                                                                                  |           |            |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions. . . . .                                                                                                                                                  | <b>11</b> |            | <b>No</b> |
| <b>12</b> | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions. . . . .                                                                                                                                                 | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>▶</b> NONE                                                                                                                                                                                                | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>▶</b> FOUNDATION SOURCE Telephone no <b>▶</b> (800) 839-1754                                                                                                                                                                                                                                                         |           |            |           |
|           | Located at <b>▶</b> 511 BOREN AVENUE NORTH SUITE 300 SEATTLE WA ZIP+4 <b>▶</b> 98109                                                                                                                                                                                                                                                             |           |            |           |
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . . <b>▶</b> <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>▶</b> <b>15</b>                                                                            |           |            |           |
| <b>16</b> | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .<br>See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country <b>▶</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | <b>Yes</b> | <b>No</b> |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>1a</b>                                                                               | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                      |           |            |           |
|                                                                                         | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                              |           |            |           |
|                                                                                         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                      |           |            |           |
|                                                                                         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|                                                                                         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                |           |            |           |
|                                                                                         | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                       |           |            |           |
|                                                                                         | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                             |           |            |           |
| <b>b</b>                                                                                | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .<br>Organizations relying on a current notice regarding disaster assistance check here. <b>▶</b> <input type="checkbox"/>                                                                                                                                             | <b>1b</b> |            | <b>No</b> |
| <b>c</b>                                                                                | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .                                                                                                                                                                                                                                                                                                       | <b>1c</b> |            | <b>No</b> |
| <b>2</b>                                                                                | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))                                                                                                                                                                                                                                                                                                                           |           |            |           |
| <b>a</b>                                                                                | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .<br>If "Yes," list the years <b>▶</b> 20____, 20____, 20____, 20____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                     |           |            |           |
| <b>b</b>                                                                                | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .                                                                                                                                                                           | <b>2b</b> |            |           |
| <b>c</b>                                                                                | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶</b> 20____, 20____, 20____, 20____                                                                                                                                                                                                                                                                                                                                          |           |            |           |
| <b>3a</b>                                                                               | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                |           |            |           |
| <b>b</b>                                                                                | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . . | <b>3b</b> |            |           |
| <b>4a</b>                                                                               | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                                                                                                                                                                                                                                                                                                                                                         | <b>4a</b> |            | <b>No</b> |
| <b>b</b>                                                                                | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?                                                                                                                                                                                                                                                                       | <b>4b</b> |            | <b>No</b> |

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|           |                                                                                                                                                                                                                                           | Yes                          | No                                     |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                             |                              |                                        |
| (1)       | Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (2)       | Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                                           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3)       | Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                                            | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4)       | Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (5)       | Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.             | <b>5b</b>                    |                                        |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                       | <input type="checkbox"/>     |                                        |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?<br>If "Yes," attach the statement required by Regulations section 53.4945–5(d) | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                           | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?<br>If "Yes" to 6b, file Form 8870                                                                                              | <b>6b</b>                    |                                        |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                                      | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                                   | <b>7b</b>                    |                                        |
| <b>8</b>  | Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?                                                                                     | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

| <b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>                       |                                                           |                                           |                                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| See Additional Data Table                                                                                                           |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b> |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                       | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE                                                                                                                                |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
|                                                                                                                                     |                                                           |                                           |                                                                       |                                       |
| <b>Total number of other employees paid over \$50,000.</b>                                                                          |                                                           |                                           |                                                                       | <b>0</b>                              |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)***3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

| (a) Name and address of each person paid more than \$50,000                                | (b) Type of service     | (c) Compensation |
|--------------------------------------------------------------------------------------------|-------------------------|------------------|
| SOUND PHILANTHROPY LLC<br>4310 BIRKLAND ROAD NE<br>BAINBRIDGE ISLAND, WA 98110             | PHILANTHROPIC           | 65,958           |
| FOUNDATION SOURCE<br>55 WALLS DRIVE<br>FAIRFIELD, CT 06824                                 | ADMINISTRATIVE SERVICES | 50,240           |
|                                                                                            |                         |                  |
|                                                                                            |                         |                  |
|                                                                                            |                         |                  |
|                                                                                            |                         |                  |
|                                                                                            |                         |                  |
| <b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ► |                         | 0                |

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

|               | Expenses |
|---------------|----------|
| <b>1</b> NONE | 0        |
| <b>2</b>      |          |
|               |          |
|               |          |
| <b>3</b>      |          |
|               |          |
|               |          |
| <b>4</b>      |          |
|               |          |
|               |          |

**Part IX-B Summary of Program-Related Investments** (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
|------------------------------------------------------------------------------------------------------------------|--------|
| <b>1</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>2</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| All other program-related investments. See instructions.                                                         |        |
| <b>3</b>                                                                                                         |        |
|                                                                                                                  |        |
|                                                                                                                  |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ►                                                                  | 0      |

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|          |                                                                                                              |           |            |
|----------|--------------------------------------------------------------------------------------------------------------|-----------|------------|
| <b>1</b> | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes   |           |            |
| <b>a</b> | Average monthly fair market value of securities.                                                             | <b>1a</b> | 25,974,764 |
| <b>b</b> | Average of monthly cash balances.                                                                            | <b>1b</b> | 409,019    |
| <b>c</b> | Fair market value of all other assets (see instructions).                                                    | <b>1c</b> | 9,758,772  |
| <b>d</b> | <b>Total</b> (add lines 1a, b, and c).                                                                       | <b>1d</b> | 36,142,555 |
| <b>e</b> | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).   | <b>1e</b> | 0          |
| <b>2</b> | Acquisition indebtedness applicable to line 1 assets.                                                        | <b>2</b>  | 0          |
| <b>3</b> | Subtract line 2 from line 1d.                                                                                | <b>3</b>  | 36,142,555 |
| <b>4</b> | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).   | <b>4</b>  | 542,138    |
| <b>5</b> | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4. | <b>5</b>  | 35,600,417 |
| <b>6</b> | <b>Minimum investment return.</b> Enter 5% of line 5.                                                        | <b>6</b>  | 1,780,021  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|           |                                                                                                            |           |           |
|-----------|------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Minimum investment return from Part X, line 6.                                                             | <b>1</b>  | 1,780,021 |
| <b>2a</b> | Tax on investment income for 2018 from Part VI, line 5.                                                    | <b>2a</b> | 112,309   |
| <b>b</b>  | Income tax for 2018 (This does not include the tax from Part VI).                                          | <b>2b</b> | 8,989     |
| <b>c</b>  | Add lines 2a and 2b.                                                                                       | <b>2c</b> | 121,298   |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1.                                     | <b>3</b>  | 1,658,723 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions.                                                 | <b>4</b>  | 0         |
| <b>5</b>  | Add lines 3 and 4.                                                                                         | <b>5</b>  | 1,658,723 |
| <b>6</b>  | Deduction from distributable amount (see instructions).                                                    | <b>6</b>  | 0         |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | <b>7</b>  | 1,658,723 |

**Part XII Qualifying Distributions** (see instructions)

|          |                                                                                                                                                      |           |           |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes                                                            |           |           |
| <b>a</b> | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.                                                                         | <b>1a</b> | 1,799,418 |
| <b>b</b> | Program-related investments—total from Part IX-B.                                                                                                    | <b>1b</b> | 0         |
| <b>2</b> | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.                                           | <b>2</b>  |           |
| <b>3</b> | Amounts set aside for specific charitable projects that satisfy the                                                                                  |           |           |
| <b>a</b> | Suitability test (prior IRS approval required).                                                                                                      | <b>3a</b> |           |
| <b>b</b> | Cash distribution test (attach the required schedule).                                                                                               | <b>3b</b> |           |
| <b>4</b> | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.                                   | <b>4</b>  | 1,799,418 |
| <b>5</b> | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. | <b>5</b>  | 0         |
| <b>6</b> | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.                                                                               | <b>6</b>  | 1,799,418 |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

|                                                                                                                                                                                            | (a)<br>Corpus | (b)<br>Years prior to 2017 | (c)<br>2017 | (d)<br>2018 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2018 from Part XI, line 7                                                                                                                                |               |                            |             | 1,658,723   |
| <b>2</b> Undistributed income, if any, as of the end of 2018                                                                                                                               |               |                            |             |             |
| <b>a</b> Enter amount for 2017 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| <b>b</b> Total for prior years 20____, 20____, 20____                                                                                                                                      |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2018                                                                                                                                   |               |                            |             |             |
| <b>a</b> From 2013. . . . . 18,204                                                                                                                                                         |               |                            |             |             |
| <b>b</b> From 2014. . . . .                                                                                                                                                                |               |                            |             |             |
| <b>c</b> From 2015. . . . . 11,249                                                                                                                                                         |               |                            |             |             |
| <b>d</b> From 2016. . . . . 165,358                                                                                                                                                        |               |                            |             |             |
| <b>e</b> From 2017. . . . . 311,263                                                                                                                                                        |               |                            |             |             |
| <b>f</b> <b>Total</b> of lines 3a through e. . . . .                                                                                                                                       | 506,074       |                            |             |             |
| <b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,799,418                                                                                                            |               |                            |             |             |
| <b>a</b> Applied to 2017, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              | 0             |                            |             |             |
| <b>d</b> Applied to 2018 distributable amount. . . . .                                                                                                                                     |               |                            |             | 1,658,723   |
| <b>e</b> Remaining amount distributed out of corpus                                                                                                                                        | 140,695       |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2018<br>(If an amount appears in column (d), the same amount must be shown in column (a) )                                              | 0             |                            |             | 0           |
| <b>6</b> <b>Enter the net total of each column as indicated below:</b>                                                                                                                     |               |                            |             |             |
| <b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 646,769       |                            |             |             |
| <b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .                                                                                                         |               | 0                          |             |             |
| <b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . |               | 0                          |             |             |
| <b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .                                                                                                           |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .                                                                             |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .                                                               |               |                            |             | 0           |
| <b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .       | 0             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .                                                                              | 18,204        |                            |             |             |
| <b>9</b> <b>Excess distributions carryover to 2019.</b><br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                   | 628,565       |                            |             |             |
| <b>10</b> Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| <b>a</b> Excess from 2014. . . . .                                                                                                                                                         |               |                            |             |             |
| <b>b</b> Excess from 2015. . . . . 11,249                                                                                                                                                  |               |                            |             |             |
| <b>c</b> Excess from 2016. . . . . 165,358                                                                                                                                                 |               |                            |             |             |
| <b>d</b> Excess from 2017. . . . . 311,263                                                                                                                                                 |               |                            |             |             |
| <b>e</b> Excess from 2018. . . . . 140,695                                                                                                                                                 |               |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . ▶

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

|                                                                                                                                                                    | Tax year | Prior 3 years |          |          | (e) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
|                                                                                                                                                                    | (a) 2018 | (b) 2017      | (c) 2016 | (d) 2015 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .                                                                                                                                  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                             |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                           |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon                                                                                                 |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter                                                                                                                           |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .                                                                                                                           |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                               |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter                                                                                                                          |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization                                                                                                   |          |               |          |          |           |
| <b>(4)</b> Gross investment income                                                                                                                                 |          |               |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed

**b** The form in which applications should be submitted and information and materials they should include

**c** Any submission deadlines

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient                                                         | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution | Amount |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------|
| Name and address (home or business)                               |                                                                                                                    |                                      |                                     |        |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3a</b>                         |        |
| <b>b</b> <i>Approved for future payment</i>                       |                                                                                                                    |                                      |                                     |        |
| <b>Total . . . . .</b>                                            |                                                                                                                    |                                      | <b>▶ 3b</b>                         |        |

Enter gross amounts unless otherwise indicated

|                                                                |                                         |           |           |
|----------------------------------------------------------------|-----------------------------------------|-----------|-----------|
| <b>13 Total.</b>                                               | Add line 12, columns (b), (d), and (e). | <b>13</b> | 2,510,873 |
| (See worksheet in line 13 instructions to verify calculations) |                                         |           |           |

[illegible]

## Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- |                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |            |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|------------|-----------|
| <b>1</b> Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?                                                                                                                                                                   |  |              | <b>Yes</b> | <b>No</b> |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of                                                                                                                                                                                                                                                                                                                         |  |              |            |           |
| <b>(1)</b> Cash.                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>1a(1)</b> |            | <b>No</b> |
| <b>(2)</b> Other assets.                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>1a(2)</b> |            | <b>No</b> |
| <b>b</b> Other transactions                                                                                                                                                                                                                                                                                                                                                                                        |  |              |            |           |
| <b>(1)</b> Sales of assets to a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                                 |  | <b>1b(1)</b> |            | <b>No</b> |
| <b>(2)</b> Purchases of assets from a noncharitable exempt organization.                                                                                                                                                                                                                                                                                                                                           |  | <b>1b(2)</b> |            | <b>No</b> |
| <b>(3)</b> Rental of facilities, equipment, or other assets.                                                                                                                                                                                                                                                                                                                                                       |  | <b>1b(3)</b> |            | <b>No</b> |
| <b>(4)</b> Reimbursement arrangements.                                                                                                                                                                                                                                                                                                                                                                             |  | <b>1b(4)</b> |            | <b>No</b> |
| <b>(5)</b> Loans or loan guarantees.                                                                                                                                                                                                                                                                                                                                                                               |  | <b>1b(5)</b> |            | <b>No</b> |
| <b>(6)</b> Performance of services or membership or fundraising solicitations.                                                                                                                                                                                                                                                                                                                                     |  | <b>1b(6)</b> |            | <b>No</b> |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.                                                                                                                                                                                                                                                                                                                         |  | <b>1c</b>    |            | <b>No</b> |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</b> should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column <b>(d)</b> the value of the goods, other assets, or services received |  |              |            |           |

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

| b If "Yes," complete the following schedule |                          |                                 |
|---------------------------------------------|--------------------------|---------------------------------|
| (a) Name of organization                    | (b) Type of organization | (c) Description of relationship |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |
|                                             |                          |                                 |

|                  |                                                                                                                                                                                                                                                                                                                        |               |                |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| <b>Sign Here</b> | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |               |                |
|                  | *****                                                                                                                                                                                                                                                                                                                  | 2019-11-07    | *****          |
|                  | _____<br>Signature of officer or trustee                                                                                                                                                                                                                                                                               | _____<br>Date | _____<br>Title |

May the IRS discuss this return with the preparer shown below  
 (see instr.) ☒ **Yes** ☐ **No**

|                                       |                                                                       |                      |            |                                                 |                         |
|---------------------------------------|-----------------------------------------------------------------------|----------------------|------------|-------------------------------------------------|-------------------------|
| <b>Paid<br/>Preparer<br/>Use Only</b> | Print/Type preparer's name                                            | Preparer's Signature | Date       | Check if self-employed <input type="checkbox"/> | PTIN                    |
|                                       | KATHRYN J OKIMOTO                                                     |                      | 2019-11-07 |                                                 | P00746598               |
|                                       | Firm's name ▶ CLARK NUBER PS                                          |                      |            |                                                 | Firm's EIN ▶ 91-1194016 |
|                                       | Firm's address ▶ 10900 NE 4TH STREET SUITE 1400<br>BELLEVUE, WA 98004 |                      |            |                                                 | Phone no (425) 454-4919 |

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation |                                                              |                                           |                                                                       |                                       |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                             | Title, and average hours per week<br>(b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| SALLY S WRIGHT                                                                                                   | PRESIDENT/DIRECTOR<br>1 00                                   | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| KATE JANEWAY                                                                                                     | DIRECTOR/TREASURER<br>THRU 03/18<br>1 00                     | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| KORYNNE WRIGHT                                                                                                   | DIRECTOR/SECRETARY<br>1 00                                   | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| KYLE ROLFE                                                                                                       | DIRECTOR/TREASURER<br>FROM 04/18<br>1 00                     | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| LEE ROLFE                                                                                                        | DIRECTOR THRU 03/18<br>1 00                                  | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| ERIN WRIGHT                                                                                                      | DIRECTOR<br>1 00                                             | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |
| LAUREN ROLFE                                                                                                     | DIRECTOR<br>1 00                                             | 0                                         | 0                                                                     | 0                                     |
| 511 BOREN AVENUE NORTH SUITE 300<br>SEATTLE, WA 98109                                                            |                                                              |                                           |                                                                       |                                       |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                            |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution           | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                            |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                            |           |
| ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER<br>4616 25TH AVE NE<br>SEATTLE, WA 98105      | N/A                                                                                                       | PC                             | ARCS FELLOWSHIP SCHOLARSHIP                | 5,000     |
| ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER<br>4616 25TH AVE NE<br>SEATTLE, WA 98105      | N/A                                                                                                       | PC                             | DOROTHY SIMPSON ARCS LEADERSHIP AWARD FUND | 500       |
| ACHIEVEMENT REWARDS FOR COLLEGE SCIENTISTS SEATTLE CHAPTER<br>4616 25TH AVE NE<br>SEATTLE, WA 98105      | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                     | 1,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                            | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                     |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                    | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                     |           |
| AMARA<br>5907 MARTIN LUTHER KING JR WAY S<br>SEATTLE, WA 98118                                           | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                              | 30,000    |
| AMIGOS DE SANTA CRUZ FOUNDATION<br>2226 EASTLAKE AVE E 319<br>SEATTLE, WA 98102                          | N/A                                                                                                       | PC                             | EDUCATING THE NEXT GENERATION IN SANTA CRUZ PROJECT | 10,000    |
| ASSOCIATED RECREATION COUNCIL<br>8061 DENSMORE AVE N<br>SEATTLE, WA 98103                                | N/A                                                                                                       | PC                             | GREEN LAKE COMMUNITY BOATHOUSE                      | 25,000    |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                     | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| BALLARD HIGH SCHOOL FOUNDATION<br>PO BOX 17626<br>SEATTLE, WA 98127                                      | N/A                                                                                                       | PC                             | GAINS PROGRAM                    | 50,000    |
| BELLEVUE BOYS & GIRLS CLUB<br>209 100TH AVE NE<br>BELLEVUE, WA 98004                                     | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 250       |
| BURKE MUSEUM ASSOCIATION<br>PO BOX 353010<br>SEATTLE, WA 98195                                           | N/A                                                                                                       | PC                             | THE NEW BURKE                    | 250,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| CALIFORNIA COMMUNITY FOUNDATION<br>221 S FIGUEROA ST STE<br>LOS ANGELES, CA 90012                        | N/A                                                                                                       | PC                             | WILDFIRE RELIEF FUND             | 10,000    |
| CAMP KOREY24880 BROTHERHOOD RD<br>MOUNT VERNON, WA 98274                                                 | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 2,000     |
| CASCADE PUBLIC MEDIA<br>401 MERCER ST<br>SEATTLE, WA 98109                                               | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 667       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                    |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                   | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                    |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                    |           |
| CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON<br>100 23RD AVE S<br>SEATTLE, WA 98144                 | N/A                                                                                                       | PC                             | NEW BETHLEHEM PROJECT - PERMANENT SHELTER CAMPAIGN | 60,000    |
| CHILD CARE RESOURCES<br>1225 S WELLER ST STE 300<br>SEATTLE, WA 98144                                    | N/A                                                                                                       | PC                             | HOMELESS CHILD CARE PROGRAM                        | 25,000    |
| CHILDREN AND YOUTH JUSTICE CENTER<br>615 2ND AVE STE 275<br>SEATTLE, WA 98104                            | N/A                                                                                                       | PC                             | LAWYERS FOSTERING INDEPENDENCE                     | 30,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                    | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |           |
| COLECTIVA LEGAL DEL PUEBLO<br>201 SW 153RD ST<br>BURIEN, WA 98166                                        | N/A                                                                                                       | PC                             | WASHINGTON IMMIGRANT SOLIDARITY NETWORK BOND FUND | 27,500    |
| COMMON HOPE INC<br>1400 ENERGY PARK DR STE 23<br>SAINT PAUL, MN 55108                                    | N/A                                                                                                       | PC                             | NEW HOPE SECONDARY EDUCATION PROJECT              | 10,000    |
| COOPERATIVE FOR EDUCATION<br>2300 MONTANA AVE STE 301<br>CINCINNATI, OH 45211                            | N/A                                                                                                       | PC                             | THOUSAND GIRLS INITIATIVE                         | 25,000    |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                                   | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |           |
| DESERT COMMUNITY FOUNDATION<br>75105 MERLE DR STE 300<br>PALM DESERT, CA 92211                           | N/A                                                                                                       | PC                             | THUNDERBIRD COUNTRY CLUB<br>EMPLOYEES SCHOLARSHIP | 1,000     |
| EISENHOWER MEDICAL CENTER<br>39000 BOB HOPE DR<br>RANCHO MIRAGE, CA 92270                                | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                            | 1,000     |
| FAMILY LAW CASA OF KING COUNTY<br>810 3RD AVE STE 700<br>SEATTLE, WA 98104                               | N/A                                                                                                       | PC                             | CHILD ADVOCACY                                    | 20,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                   | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FORTERRA NW901 5TH AVE STE 2200<br>SEATTLE, WA 98164                                                     | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 1,000     |
| FORTERRA NW901 5TH AVE STE 2200<br>SEATTLE, WA 98164                                                     | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 1,000     |
| FRED HUTCHINSON CANCER RESEARCH CENTER<br>PO BOX 19024 J5-200<br>SEATTLE, WA 98109                       | N/A                                                                                                       | PC                             | PEDIATRIC BRAIN TUMOR RESEARCH   | 250       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| FRED HUTCHINSON CANCER RESEARCH CENTER<br>PO BOX 19024 J5-200<br>SEATTLE, WA 98109                       | N/A                                                                                                       | PC                             | OBLITERIDE PROGRAM               | 3,000     |
| FRIENDS OF KEXP472 1ST AVE N<br>SEATTLE, WA 98109                                                        | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 667       |
| FRIENDS OF THE CULTURAL CENTER INC<br>73000 FRED WARING DR<br>PALM DESERT, CA 92260                      | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                                                                          |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                                                                         | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                                                                          |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                                                                          |           |
| FRIENDS OF YOUTH13116 NE 132ND ST<br>KIRKLAND, WA 98034                                                  | N/A                                                                                                       | PC                             | STREET OUTREACH AND DROP-IN, REDMOND YOUTH SERVICE CENTER                                                                | 30,000    |
| GREATER SEATTLE BUREAU OF FEARLESS IDEAS<br>PO BOX 30764<br>SEATTLE, WA 98113                            | N/A                                                                                                       | PC                             | CREATING A COMMUNITY OF YOUNG WRITERS OUT-OF-SCHOOL LEARNING AND COLLEGE READINESS FOR UNDERSERVED K-12 STUDENTS PROJECT | 10,000    |
| HOPELINKPO BOX 3577<br>REDMOND, WA 98073                                                                 | N/A                                                                                                       | PC                             | HOPELINK GENERAL OPERATING                                                                                               | 30,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                                                                          | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| IMPERIAL COLLEGE FOUNDATION INC<br>PO BOX 80526<br>ATLANTA, GA 30366                                     | N/A                                                                                                       | PC                             | SCHISTOSOMIASIS CONTROL INITIATIVE   | 1,000     |
| KITSAP IMMIGRANT ASSISTANCE CENTER<br>PO BOX 1276<br>BREMERTON, WA 98337                                 | N/A                                                                                                       | PC                             | PARALEGAL AND ADMINISTRATIVE SUPPORT | 500       |
| KITSAP IMMIGRANT ASSISTANCE CENTER<br>PO BOX 1276<br>BREMERTON, WA 98337                                 | N/A                                                                                                       | PC                             | SUPPORT PARALEGAL HELP               | 52,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                           |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution          | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                           |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                           |           |
| KUOW-PUGET SOUND PUBLIC RADIO<br>4518 UNIVERSITY WAY NE STE 310<br>SEATTLE, WA 98105                     | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                    | 666       |
| LEGAL COUNSEL FOR YOUTH AND CHILDREN<br>PO BOX 28629<br>SEATTLE, WA 98118                                | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                    | 30,000    |
| LEGAL COUNSEL FOR YOUTH AND CHILDREN<br>PO BOX 28629<br>SEATTLE, WA 98118                                | N/A                                                                                                       | PC                             | PROVIDE ADDITIONAL ADMINISTRATIVE SUPPORT | 25,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                           | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                          |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                         | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                          |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                          |           |
| MEDICAL TEAMS INTERNATIONAL<br>14150 SW MILTON COURT<br>TIGARD, OR 97224                                 | N/A                                                                                                       | PC                             | MATERNAL, NEWBORN AND CHILD HEALTH - CHICAMAN, GUATEMALA PROJECT         | 30,000    |
| MOCKINGBIRD SOCIETY<br>2100 24TH AVE S<br>SEATTLE, WA 98144                                              | N/A                                                                                                       | PC                             | MOCKINGBIRD SOCIETY'S YOUTH PROGRAMS                                     | 30,000    |
| NATURE CONSERVANCY - WASHINGTON<br>74 WALL ST<br>SEATTLE, WA 98121                                       | N/A                                                                                                       | PC                             | FROM INNOVATION TO LEGACY BUILDING SUSTAINABILITY IN PUGET SOUND PROJECT | 200,000   |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                          | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                        |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                       | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                        |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                        |           |
| NATURE CONSERVANCY - WASHINGTON<br>74 WALL ST<br>SEATTLE, WA 98121                                       | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                                 | 10,000    |
| NEW COURSE710 JOHN NELSON DR NE<br>BAINBRIDGE IS, WA 98110                                               | N/A                                                                                                       | PC                             | MOTHER AND CHILD HEALTH<br>FOR EDUCATION PROJECT       | 27,500    |
| NPH-USA134 N LA SALLE ST 500<br>CHICAGO, IL 60602                                                        | N/A                                                                                                       | PC                             | EDUCATION FOR GUATEMALAN<br>COMMUNITY CHILDREN PROJECT | 25,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                        | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                   |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                  | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                   |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                   |           |
| PACIFIC NORTHWEST BALLET ASSOCIATION<br>301 MERCER ST<br>SEATTLE, WA 98109                               | N/A                                                                                                       | PC                             | ANNUAL FUND                                       | 5,000     |
| PACIFIC NORTHWEST BALLET ASSOCIATION<br>301 MERCER ST<br>SEATTLE, WA 98109                               | N/A                                                                                                       | PC                             | GEORGE BALANCHINE'S THE NUTCRACKER FUND           | 2,000     |
| PACIFIC NORTHWEST BALLET ASSOCIATION<br>301 MERCER ST<br>SEATTLE, WA 98109                               | N/A                                                                                                       | PC                             | GEORGE BALANCHINE'S JEWELS - NEW WORKS INITIATIVE | 2,000     |
| <b>Total</b> . . . . .                                                                                   |                                                                                                           |                                | <b>3a</b>                                         | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                            |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution           | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                            |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                            |           |
| PALM SPRINGS PATHFINDERS<br>PO BOX 5005<br>RANCHO MIRAGE, CA 92270                                       | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                     | 1,000     |
| PATH2201 WESTLAKE AVE STE 200<br>SEATTLE, WA 98121                                                       | N/A                                                                                                       | PC                             | CATALYST FUND/GENERAL<br>OPERATING SUPPORT | 25,000    |
| PROGRAM FOR EARLY PARENT SUPPORT<br>4649 SUNNYSIDE AVE N STE 324<br>SEATTLE, WA 98103                    | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                     | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                            | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| PROGRAM FOR EARLY PARENT SUPPORT<br>4649 SUNNYSIDE AVE N STE 324<br>SEATTLE, WA 98103                    | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 500       |
| RWANDA GIRLS INITIATIVE<br>1653 RAMBLING LN<br>MEDINA, WA 98039                                          | N/A                                                                                                       | PC                             | OPPORTUNITY FUND                 | 10,000    |
| SANDY HOOK PROMISE FOUNDATION<br>PO BOX 3489<br>NEWTOWN, CT 06470                                        | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 3,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                              |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution             | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                              |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                              |           |
| SAVE THE CHILDREN FEDERATION INC<br>501 KINGS HWY E STE 400<br>FAIRFIELD, CT 06825                       | N/A                                                                                                       | PC                             | EDUCATION FOR INDIGENOUS GUATEMALANS PROJECT | 30,000    |
| SEATTLE AQUARIUM SOCIETY-SEAS<br>1483 ALASKAN WAY PIER 59<br>SEATTLE, WA 98101                           | N/A                                                                                                       | PC                             | SEATTLE AQUARIUM OCEAN PAVILION              | 100,000   |
| SEATTLE ART MUSEUM1300 1ST AVE<br>SEATTLE, WA 98101                                                      | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                       | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                              | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                                            |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                                           | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                                            |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                                            |           |
| SEATTLE ART MUSEUM1300 1ST AVE<br>SEATTLE, WA 98101                                                      | N/A                                                                                                       | PC                             | SEATTLE ASIAN ART MUSEUM<br>CAPITAL CAMPAIGN WITH<br>BUILDERS CLUB PROJECT | 10,000    |
| SEATTLE CLEMENCY PROJECT<br>1126 34TH AVE STE 208<br>SEATTLE, WA 98122                                   | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                                                     | 500       |
| SEATTLE OPERA363 MERCER ST<br>SEATTLE, WA 98109                                                          | N/A                                                                                                       | PC                             | SEATTLE OPERA AT THE CENTER<br>PROJECT                                     | 75,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                                            | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| SEATTLE REPERTORY THEATRE<br>PO BOX 900923<br>SEATTLE, WA 98109                                          | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 2,000     |
| SEATTLE SYMPHONY ORCHESTRA INC<br>PO BOX 21906<br>SEATTLE, WA 98111                                      | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 1,000     |
| SEATTLES UNION GOSPEL MISSION<br>PO BOX 202<br>SEATTLE, WA 98111                                         | N/A                                                                                                       | PC                             | CATALYST ANNUAL GALA PROGRAM     | 5,000     |
| <b>Total . . . . .</b> ► <b>3a</b>                                                                       |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                              |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution             | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                              |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                              |           |
| SOUND6400 SOUTHCENTER BLVD<br>TUKWILA, WA 98188                                                          | N/A                                                                                                       | PC                             | MIDDLE SCHOOL SUPPORT PROJECT                | 30,000    |
| ST MARGARETS EPISCOPAL CHURCH<br>PALM DESERT<br>47 535 HWY 74<br>PALM DESERT, CA 92260                   | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                       | 1,000     |
| ST MARKS PARISH1245 10TH AVE E<br>SEATTLE, WA 98102                                                      | N/A                                                                                                       | PC                             | LIVING STONES BUILDING FOR MINISTRY CAMPAIGN | 1,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                              | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                     |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                    | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                     |           |
| TEEN FEED4740 B UNIVERSITY WAY NE<br>SEATTLE, WA 98105                                                   | N/A                                                                                                       | PC                             | TEEN FEED MEAL PROGRAM,<br>STREET OUTREACH SERVICES | 30,000    |
| THE FISTULA FOUNDATION<br>1922 THE ALAMEDA STE 302<br>SAN JOSE, CA 95126                                 | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                              | 2,000     |
| THE FISTULA FOUNDATION<br>1922 THE ALAMEDA STE 302<br>SAN JOSE, CA 95126                                 | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                              | 8,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                     | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                  |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                  |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                  |           |
| THE INTERNATIONAL WILDERNESS LEADERSHIP FOUNDATION INC<br>717 POPLAR AVE<br>BOULDER, CO 80304            | N/A                                                                                                       | PC                             | FOR THE BENEFIT OF SEALEGACY     | 500       |
| THE LIVING DESERT<br>47900 PORTOLA AVE<br>PALM DESERT, CA 92260                                          | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 2,500     |
| THE LIVING DESERT<br>47900 PORTOLA AVE<br>PALM DESERT, CA 92260                                          | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED           | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                  | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution               | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                |           |
| THE LIVING DESERT<br>47900 PORTOLA AVE<br>PALM DESERT, CA 92260                                          | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                         | 5,000     |
| THE MOUNTAINS TO SOUND<br>GREENWAY TR<br>2701 1ST AVE STE 240<br>SEATTLE, WA 98121                       | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED                         | 10,000    |
| THE YOUNG MENS CHRISTIAN<br>ASSOCIATION OF GREATER SEATTLE<br>909 4TH AVE<br>SEATTLE, WA 98104           | N/A                                                                                                       | PC                             | YMCA OF GREATER SEATTLE,<br>HOST HOMES PROGRAM | 30,000    |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                                         |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                        | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                                         |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                                         |           |
| THIRD SECTOR NEW ENGLAND INC<br>89 S ST STE 700<br>BOSTON, MA 02111                                      | N/A                                                                                                       | PC                             | TSNE MISSIONWORKS, A WAY HOME WASHINGTON (AWHWA)        | 50,000    |
| TREEHOUSE2100 24TH AVE S STE 200<br>SEATTLE, WA 98144                                                    | N/A                                                                                                       | PC                             | GRADUATION SUCCESS                                      | 30,000    |
| UNIVERSITY OF WASHINGTON FOUNDATION - SEATTLE<br>4333 BROOKLYN AVE NE BOX 359505<br>SEATTLE, WA 98195    | N/A                                                                                                       | PC                             | ENDOWED PROFESSORSHIP FOR CORNEA RESEARCH (CRSCHR) FUND | 5,000     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                                         | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                      |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution     | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                      |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                      |           |
| UNIVERSITY OF WASHINGTON<br>FOUNDATION - SEATTLE<br>4333 BROOKLYN AVE NE BOX 359505<br>SEATTLE, WA 98195 | N/A                                                                                                       | PC                             | EYE INSTITUTE GIFTS FUND<br>(EYEINS) | 1,000     |
| URBAN ARTWORKS<br>923 S BAYVIEW ST UNIT C<br>SEATTLE, WA 98134                                           | N/A                                                                                                       | GOV                            | GENERAL & UNRESTRICTED               | 500       |
| VIEWLANDS ELEMENTARY PTSA<br>10525 3RD AVE NW<br>SEATTLE, WA 98177                                       | N/A                                                                                                       | GOV                            | 5TH GRADE CAMP FUND                  | 500       |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                      | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |                                                                                                           |                                |                                     |           |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-----------|
| Recipient                                                                                                | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution    | Amount    |
| Name and address (home or business)                                                                      |                                                                                                           |                                |                                     |           |
| <b>a</b> <i>Paid during the year</i>                                                                     |                                                                                                           |                                |                                     |           |
| VILLAGE VOLUNTEERS<br>5100 S DAWSON ST STE 105<br>SEATTLE, WA 98118                                      | N/A                                                                                                       | GOV                            | GENERAL & UNRESTRICTED              | 10,000    |
| VIRGINIA MASON MEDICAL CENTER<br>1100 9TH AVE<br>SEATTLE, WA 98101                                       | N/A                                                                                                       | PC                             | GENERAL & UNRESTRICTED              | 1,000     |
| VIRGINIA MASON MEDICAL CENTER<br>1100 9TH AVE<br>SEATTLE, WA 98101                                       | N/A                                                                                                       | PC                             | THORACIC SURGERY QUALITY INITIATIVE | 2,500     |
| <b>Total . . . . . ▶ 3a</b>                                                                              |                                                                                                           |                                |                                     | 1,664,000 |

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment    |                                                                                                           |                                |                                           |           |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------|-----------|
| Recipient                                                                                                   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution          | Amount    |
| Name and address (home or business)                                                                         |                                                                                                           |                                |                                           |           |
| <b>a</b> <i>Paid during the year</i>                                                                        |                                                                                                           |                                |                                           |           |
| YEAR UP INC - SEATTLE CHAPTER<br>2607 2ND AVE<br>SEATTLE, WA 98121                                          | N/A                                                                                                       | PC                             | GENERAL OPERATING SUPPORT PROJECT         | 10,000    |
| YOUNG WOMENS CHRISTIAN ASSOCIATION OF SEATTLE-KING COUNTY-SNOHOMISH CO<br>1118 5TH AVE<br>SEATTLE, WA 98101 | N/A                                                                                                       | PC                             | ACCELERATOR Y/HOST HOMES PROGRAM          | 30,000    |
| YOUTHCARE2500 NE 54TH ST<br>SEATTLE, WA 98105                                                               | N/A                                                                                                       | PC                             | COMPREHENSIVE SERVICES FOR HOMELESS YOUTH | 30,000    |
| <b>Total . . . . . ► 3a</b>                                                                                 |                                                                                                           |                                |                                           | 1,664,000 |

**TY 2018 Accounting Fees Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEES | 7,213         | 0                                |                                | 7,213                                                |

## TY 2018 Investments Corporate Bonds Schedule

**Name:** GROUSEMONT FOUNDATION

**EIN:** 91-1276047

### Investments Corporate Bonds Schedule

| Name of Bond                                                        | End of Year Book Value | End of Year Fair Market Value |
|---------------------------------------------------------------------|------------------------|-------------------------------|
| ABBOTT LABS - 2.900% - 11/30/2021 (002824BD1)                       | 73,716                 | 73,357                        |
| AT&T INC NOTE - 2.850% - 02/14/2023 (00206REK4)                     | 74,167                 | 74,036                        |
| BANK NEW YORK MELLONCORP MTN BOND - 2.661% - 05/16/2023 (06406RAC1) | 76,457                 | 73,982                        |
| BANK OF AMERICA SR NOTE - 2.250% - 04/21/2020 (06051GFN4)           | 73,242                 | 73,209                        |
| BERKSHIRE HATHAWAY NOTE - 2.200% - 03/15/2021 (084670BQ0)           | 75,201                 | 74,763                        |
| CAPITAL ONE FINL CORP NOTE - 2.500% - 05/12/2020 (14040HBP9)        | 73,308                 | 73,000                        |
| CATHOLIC HEALTH INITIATIVES - 2.950% - 11/01/2022 (14916RAC8)       | 63,493                 | 63,577                        |
| GENERAL MTRS FINL CO INC - 3.150% - 01/15/2020 (37045XAR7)          | 66,652                 | 64,448                        |
| HCP INC NOTE - 2.625% - 02/01/2020 (40414LAH2)                      | 73,513                 | 73,473                        |
| IBRD - 1.625% - 03/09/2021 (459058EW9)                              | 111,741                | 112,725                       |
| INTL BK FOR REC & DEV - 2.500% - 11/25/2024 (459058DX8)             | 82,909                 | 84,006                        |
| JPMORGAN CHASE & CO - 4.350% - 08/15/2021 (46625HJC5)               | 77,361                 | 73,630                        |
| KINDER MORGAN ENER PT BD - 2.650% - 02/01/2019 (494550BR6)          | 32,650                 | 31,978                        |
| KINDER MORGAN INC - 3.020% - 12/01/2019 (49456BAE1)                 | 35,504                 | 34,798                        |
| WELLS FARGO - 3.000% - 01/22/2021 (94974BFR6)                       | 75,808                 | 73,625                        |
| WESTPAC BANKING CORP - 2.100% - 05/13/2021 (961214CV3)              | 75,957                 | 73,894                        |

**TY 2018 Investments Corporate Stock Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047**Investments Corporation Stock Schedule**

| <b>Name of Stock</b>                                   | <b>End of Year Book Value</b> | <b>End of Year Fair Market Value</b> |
|--------------------------------------------------------|-------------------------------|--------------------------------------|
| DFA EMERGING MARKETS CORE EQ PRTFL MUTUAL FUND (DFCEX) | 301,884                       | 268,376                              |
| DFA GLOBAL ALLOCATION 60/40 I (DGSIX)                  | 1,775,300                     | 1,626,369                            |
| DFA INTERNATIONAL CORE EQUITY FUND (DFIEX)             | 483,864                       | 399,941                              |
| DFA U S CORE EQUITY 1 PORTFOLIO (DFEOX)                | 454,947                       | 390,297                              |
| DFA U.S. LARGE CAP VALUE PORTFOLIO (DFLVX)             | 105,056                       | 87,420                               |
| PACCAR INC (PCAR)                                      | 20,449,587                    | 17,856,764                           |

**TY 2018 Investments Government Obligations Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047**US Government Securities - End  
of Year Book Value:**

1,573,324

**US Government Securities - End  
of Year Fair Market Value:**

1,554,575

**State & Local Government  
Securities - End of Year Book  
Value:**

277,234

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

279,186

**TY 2018 Investments - Other Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047**Investments Other Schedule 2**

| <b>Category/ Item</b>                               | <b>Listed at Cost or FMV</b> | <b>Book Value</b> | <b>End of Year Fair Market Value</b> |
|-----------------------------------------------------|------------------------------|-------------------|--------------------------------------|
| COLUMBIA PACIFIC INCOME FUND II, L.P<br>(CPINCFND2) | AT COST                      | 6,597,862         | 6,574,539                            |
| COLUMBIA PACIFIC OPPORTUNITY FUND LP<br>(CPOPPFD)   | AT COST                      | 261,665           | 115,597                              |
| CP ENDOWMENT FUND, LP (CPENDOW)                     | AT COST                      | 2,732,632         | 3,068,434                            |
| CP MULTI-ASSET FUND LP (CPMULTIFND)                 | AT COST                      | 30,038            | 0                                    |

**TY 2018 Other Expenses Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047**Other Expenses Schedule**

| Description                | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| STATE FILING FEES          | 20                             | 0                     |                     | 20                                    |
| BANK CHARGES               | 743                            | 740                   |                     | 0                                     |
| ADMINISTRATIVE FEES        | 50,000                         | 0                     |                     | 50,000                                |
| WEBSITE DESIGN/MAINTENANCE | 240                            | 0                     |                     | 240                                   |
| INSURANCE                  | 2,694                          | 0                     |                     | 2,694                                 |
| DUES & MEMBERSHIPS         | 1,000                          | 0                     |                     | 1,000                                 |
| PENALTY                    | 52                             | 0                     |                     | 52                                    |
| PASS THROUGH EXPENSES      | 98,602                         | 91,464                |                     | 0                                     |

**TY 2018 Other Income Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047**Other Income Schedule**

| Description              | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|--------------------------|-----------------------------------|--------------------------|---------------------|
| PASS THRU INVESTMENT INC | 470,663                           | 370,198                  | 470,663             |
| PASS THRU TAX-EXEMPT INT | 668                               |                          | 668                 |
| LITIGATION INCOME        | 77                                | 77                       | 77                  |
| STATE TAX REFUND         | 2,300                             |                          | 2,300               |

**TY 2018 Other Professional Fees Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047

| <b>Category</b>          | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|--------------------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| INVESTMENT MANAGEMENT    | 44,701        | 44,701                           |                                | 0                                                    |
| PHILANTHROPIC CONSULTING | 65,958        | 0                                |                                | 65,958                                               |
| ADMINISTRATION FEE       | 6,984         | 0                                |                                | 6,984                                                |

**TY 2018 Taxes Schedule****Name:** GROUSEMONT FOUNDATION**EIN:** 91-1276047

| Category         | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|------------------|--------|--------------------------|------------------------|---------------------------------------------|
| STATE TAXES      | 22,003 | 22,003                   |                        | 0                                           |
| EXCISE TAXES     | 76,000 | 0                        |                        | 0                                           |
| INCOME TAX       | 16,125 | 0                        |                        | 0                                           |
| FOREIGN TAX PAID | 0      | 131                      |                        | 0                                           |

|                                                                                                                              |                                                                                                                                                               |                                                     |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><small>Department of the Treasury<br/>Internal Revenue Service</small> | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b><br>▶ <b>Go to <u>www.irs.gov/Form990</u> for the latest information</b> | OMB No 1545-0047<br><br><b>2018</b>                 |
|                                                                                                                              | <b>Name of the organization</b><br>GROUSEMONT FOUNDATION                                                                                                      | <b>Employer identification number</b><br>91-1276047 |

**Organization type** (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>GROUSEMONT FOUNDATION | <b>Employer identification number</b><br>91-1276047 |
|------------------------------------------------------|-----------------------------------------------------|

**Part I** **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|--------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          | TY SCHEUMANN<br>511 BOREN AVE N SUITE 300<br><br>SEATTLE, WA 98109 | <br><br>\$ 5,945,325       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions ) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
| .          | <br><br>                                                           | <br><br>\$                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions )            |

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>GROUSEMONT FOUNDATION | <b>Employer identification number</b><br>91-1276047 |
|------------------------------------------------------|-----------------------------------------------------|

| <b>Part II</b> <b>Noncash Property</b>                                           |                                              |                                                |                      |
|----------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| (See instructions) Use duplicate copies of Part II if additional space is needed |                                              |                                                |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
| 1                                                                                | PUBLICLY TRADED SECURITIES                   | \$ 5,945 325                                   | 2018-04-19           |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |
| (a)<br>No. from Part I                                                           | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|                                                                                  |                                              | \$                                             |                      |

|                                                      |                                                     |
|------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>GROUSEMONT FOUNDATION | <b>Employer identification number</b><br>91-1276047 |
|------------------------------------------------------|-----------------------------------------------------|

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part III</b> | <b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____<br>Use duplicate copies of Part III if additional space is needed |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|------------------------|---------------------------------------|-------------------------|------------------------------------------|
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |
| (a)<br>No. from Part I | (b) Purpose of gift                   | (c) Use of gift         | (d) Description of how gift is held      |
|                        | <div></div> <div></div>               | <div></div> <div></div> | <div></div> <div></div>                  |
|                        | (e) Transfer of gift                  |                         |                                          |
|                        | Transferee's name, address, and ZIP 4 |                         | Relationship of transferor to transferee |
|                        | <div></div> <div></div>               | <div></div> <div></div> |                                          |