	00	00		NGE OF ACCOUN rganization Ex			ncome 1	Гах	OMB No 1545	5-0047
	<u>, 95</u>		Under section 501(c), 527,						и 201	9
•		ry 2020) he Treasury		ocial security numbers o				·(Open to P	
Intern	I Revenu	e Service	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	<u>irs.gov/Form990 for instr</u> ig JAN 1, 2019				2019	Inspecti	on
	heck if		f organization	9 UAN 1, 201.	and e	ilding U	T		ation number	
B C	plicable oplicable	C Ivanie oi	i Organization				D Employer	lucitanica	Mon number	
_	Address change	NORT	H THURSTON EDUC	ATION FOUNDAT	ION		1			
Ē	Name change		usiness as				91-1	43323	5	
	Initial return	Number	and street (or P.O. box if mail	s not delivered to street addre	ess) R	loom/suite	E Telephone	number	-	
	Final return/		BOX 3312				360-	<u> 790-6</u>		
	termin- ated		own, state or province, count	ry, and ZIP or foreign post	al code		G Gross receip		2,135,	86
느	Amende return	LIACE	Y, WA 98509	700011 T 0110			H(a) Is this a	•		17
L	Applica- tion pending		nd address of principal office			h		ordinates?	= =	
			X 3312, LACEY, X 501(c)(3) 501(c) (WA 98509) ◀ (insert no.)	4947(a)(1) or	17	H(b) Are all sub		luded? Yes _ ist (see instruction	
			NTEF.ORG	(ilisert flo.)	1 4547(a)(1) UI	الممري	H(c) Group 6		•	נפוונ
			X Corporation Trust	Association Oti	her 🕨	L Year			State of legal domi	ucile
		Summary				12 / 04	<u> </u>	1	Otato or logal dom	10.10
П	1 B	riefly describ	e the organization's mission	or most significant activitie	s TO EN	HANCE	EDUCAT	IONAL		
Governance	<u>C</u>	PPORTU	NITIES AND EDUC	ATIONAL EXCEL	LENCE F	OR SI	UDENTS	OF NT	PS.	
Г	2 0	heck this bo	x 🕨 🔲 if the organizatio	n discontinued its operation	ns or dispose	d of more	than 25% of it	s net asse	ts:	
ove	3 N	lumber of vo	ting members of the governin	g body (Part VI, line 1a)			RECE	3		
<u>ن</u> ھ			dependent voting members of			-	INLUE	V [4]		
es			of individuals employed in ca	•	ne 2a)	용	11.11	5	78 	
Activities			of volunteers (estimate if nec	• •		B646	JUL 0 1	2020	S-O-S	
Act			d business revenue from Part			-L		7a	N N	
_	<u> b N</u>	let unrelated	business taxable income from	n Form 990-1, line 39	1	-	OGDE	1 13		
Revenue		\ 4 b 4	and ments (David VIIII June 11h)	1		<u> </u>		224.	¢urrent Ye	
ne			and grants (Part VIII, line 1h)		A	├	330,	0.		
Revenue		•	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lir	nes 3 /1 and 7d)	f		144,		61,	49
Re			e (Part VIII, column (A), lines 5		Ì			520.	6,	
			- add lines 8 through 11 (mus				569,		135,	
			milar amounts paid (Part IX, c				277,	852.	169,	92
	14 B	Benefits paid	to or for members (Part IX, co	lumn (A), line 4)				0.		
	15 S	alaries, othe	r compensation, employee be	nefits (Part IX, column (A),	lines 5-10)		79,	167.	49,	76
nses	16a P	rofessional f	undraising fees (Part IX, colur	nn (A), line 11e)		_		0.		
 Expens			ing expenses (Part IX, column		16,03	<u>5. </u>	·			
ŭ		•	es (Part IX, column (A), lines 1					346.	24,	
		•	es Add lines 13-17 (must equa		25)	<u> </u>	399,		244,	
		levenue less	expenses Subtract line 18 fr	om line 12			170,		-108,	
Assets or Ralances			D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Ве	ginning of Curre 2,981,		End of Yea 3,141,	
Sse	20 T		Part X, line 16) s (Part X, line 26)			-		097.	2,	
let /			fund balances Subtract line:	21 from line 20			2,980,		3,138,	
Pa	rt II	Signature		1 Hom line 20		L	2,300,	3331	3/230/	
$\overline{}$			I declare that I have examined the	s return, including accompan	ving schedules	and statem	ents, and to the	pest of my l	knowledge and beli	ief, i
	•		. Declaration of preparer (other th						-	
		di	old I-5.	- </td <td></td> <td></td> <td>7-</td> <td>-15-</td> <td>rord</td> <td></td>			7-	-15-	rord	
Sign	,	Signatur	e of officer	0			Date			
Her	e		Y LONG, TREASU							
		Type or p	print name and title	gardin.						
		Print/Type pre		(Freparer's signature	V_{\cdot}		Date /	Check	PTIN	
Paid		JOANNE		yame !	Truy		7/14/20	self-employed		
Prep	arer	Firm's name	STRADERHALLE	TT PS (/	<u>, </u>		Firm	s EIN ▶ 9	<u> 119794</u>	U
C'E	ME	rm's address	5 5209 CORPORA	re center ct s	SE			/20	:0\ 4E< 0	110
			LACEY, WA 985 s return with the preparer sho				Phor	e no. (3 6	30) 456-2 X Yes [ㅗ
	-									

FRESNO, CA

	990 (2019) NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	TO ENHANCE EDUCATIONAL OPPORTUNITIES AND EDUCATIONAL EXCELLANCE FOR
	STUDENTS OF THE NORTH THURSTON PUBLIC SCHOOLS (NTPS).
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4-	10.160
4a	(Code) (Expenses \$
	SCHOLARSHIP PROGRAM AWARDS ARE MADE YEARLY TO HIGH SCHOOL GRADUATES TO
	FURTHER THEIR EDUCTION IN COLLEGES, UNIVERSITIES OR OTHER
	POST-SECONDARY INSTITUTIONS. THIRTY-NINE SCHOLARSHIPS IN THE AMOUNT
	OF \$125,000 WERE AWARDED AS OF JULY 31, 2019 AND AN ADDITIONAL TEN
	RENEWALS IN THE AMOUNT OF \$23,600 WERE AWARDED FOR MULTI-YEAR
	SCHOLARSHIPS. THESE SCHOLARSHIP WILL BE PAID IN THE UPCOMING FISCAL
	YEAR.
	Thru:
4b	(Code) (Expenses \$ 94,266. including grants of \$ 90,533.) (Revenue \$)
	GRANTS MADE TO SCHOOLS IN THE NORTH THURSTON PUBLIC SCHOOLS TO BE USED
	FOR NEEDY STUDENTS TO ASSIST IN MEETING SCHOOL REQUIREMENTS AND SOME
	PERSONAL NEEDS INCIDENTAL TO THEIR OBTAINING AN EDUCATION. GRANTS
	CONTINUE TO INCLUDE FOOD AND TOILETRY CLOSETS IN MIDDLE AND HIGH
	SCHOOLS TO PROVIDE FOOD AND OTHER ITEMS FOR HOMELESS STUDENTS AND
	OTHERS IN NEED. APPROXIMATELY 4,000 STUDENTS RECEIVED ASSISTANCE.
	OTHERS IN MEED. AFFROATMATED! 4,000 STODENTS RECEIVED ASSISTANCE.
4c	(Code) (Expenses \$ 48,410. including grants of \$ 44,678.) (Revenue \$
-10	LEARNING IMPROVEMENT GRANTS TO EDUCATORS TO ENCOURAGE INSTRUCTIONAL
	INNOVATION AND IMPROVEMENT IN STUDENT LEARNING. GRANTS FOR VARYING
	AMOUNTS UP TO \$1,500 EACH WERE AWARDED AS OF JULY 31, 2019.
	APPROXIMATELY 2,850 STUDENTS WERE SERVED BY THE LEARNING GRANTS.
	THE THOUSAND PRODUCTION OF THE PRODUCT OF THE PRODU
4d	Other program services (Describe on Schedule O)
	(Expenses \$ 32,018. including grants of \$ 28,286.) (Revenue \$)
40	Total program service expenses ▶ 184,854.

Form **990** (2019)

91-1433235 Page 3

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7_		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			17
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
	Part VI	11a		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			٠,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	40		х
20-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	
 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
۱ ۲	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I. Parts I and II	21	х	
	Someone germannent of that its committee y, into the property of the someone is raised and its			(2010)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	2.00		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			:
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			 -
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	41,1,1,1	W	F
28	instructions, for applicable filing thresholds, conditions, and exceptions)			
_				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	20-		x
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
С	·	200		x
	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
 -	Schedule N, Part II	32		┝┻
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			 ₩
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
	If "Yes," complete Schedule R, Part V, line 2	36		├ ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ٔ ۔ ا		
-Dã	Note: All Form 990 filers are required to complete Schedule O TLV Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
اک ۽ اپ				
	Check if Schedule O contains a response or note to any line in this Part V			
-	54-W	1 - 181 - 2 -	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	K.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	i manini A	مصعور برين	
	(gambling) winnings to prize winners?	1c	990	(2019)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	, , , , , , , , , , , , , , , , , , ,	~~ 1~	J- 1 - 1
	filed for the calendar year ending with or within the year covered by this return 2a 2a 1		<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	115	CALL.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		- e ²	, x v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	· ;	<u> </u>	, ² -2, 3
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	العناسات		
	sponsoring organization have excess business holdings at any time during the year?	<u>8</u>	*'d * *'.	U.441 a
9	Sponsoring organizations maintaining donor advised funds.	Lar Iring		Till.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	*-	+nt **; ",,
10	Section 501(c)(7) organizations. Enter	717 21		142 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		FEET TO SEE	- 44-5
11	Section 501(c)(12) organizations. Enter			* " " " " " " " " " " " " " " " " " " "
а	Gross income from members or shareholders 11a		11 ° 12°	20 H. J.
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	12 m
	amounts due or received from them)		·	والمستقالين المستقالين
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	, _{اخ} یّ	_ ~_ (<u>*</u> ***
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,	7.4. 1.1.1.1.1	7. T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	7 7 7 3	7,2 Jec.
	Note: See the instructions for additional information the organization must report on Schedule O	Ĭ.,	Territoria. Territoria	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		10 mg/s	1, 3, 4,
_	organization is licensed to issue qualified health plans Enter the amount of receives on hand			424 (4
	Enter the amount of reserves on hand [13c] Did the exercise the receive any narrow receives the receive any narrow receives the received the tay year?	1	- "art	X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yos" has it filed a Form 720 to report these payments? If "Als " provide on explanation on School to Company the Company of the Company	14a		 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N	13	1 1	1 14.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	10	~ _ 3 ! _ 3	1,320,0
	n 160, compute i em 4120, conoccio e	V "1	101	N L AL

NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Form 990 (2019) Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Tanin'i Linggi b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Own website __ Another's website 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

MICHAEL JONES, EXECUTIVE DIRECTOR - 360-790-6548

statements available to the public during the tax year

3821 WOODLAWN DRIVE SE, OLYMPIA, WA

932007 01-20-20

Form 990 (2019)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

 See instructions for the order in which to list the persons above

X Check this box if neither the organization no	or any related o	orga	nızat	tion	con	преп	sate	ed any current officer, d	rector, or trustee		
(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	unles	s per	son ı	s both	an	compensation	compensation	amount of	
	week	_	cer an	a a a	recto	r/ous	186)	from	from related	other .	
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or d	tee			sated		(W-2/1099-MISC)	(VV-2/1055-WIISC)	organization	
	organizations	Individual trustee or director	institutional trustee		yee	mper		(** 27 1000 111100)		and related	
	below	lea p	utton	10	Key employee	est co	- E			organizations	
	line)	횰	Instil	Officer	Key	Highest compensated employee	Former				
(1) BLAKE KNOBLAUCH	5.00										
PRESIDENT		X		X	_	_					
(2) BILL WILLIAMS	5.00	l			l						
TRUSTEE		Х	$ldsymbol{ld}}}}}}$	X	L		L				
(3) CATHY CALLAHAN	5.00	1									
VICE PRESIDENT		Х		X		ļ	L.				
(4) DORN BARR	4.00										
VICE PRESIDENT		Х		X			_		, <u> </u>		
(5) TONNI JOHNSTON	2.00										
TRUSTEE		Х	<u> </u>	_	<u> </u>	-	<u> </u>				
(6) SARAH HENDRY	2.00	l								1	
TRUSTEE		Х	\vdash		<u> </u>	_	<u> </u>				
(7) DR BRUCE HIGDON	2.00										
TRUSTEE		X			<u> </u>		-				
(8) JANEY HOWELL	2.00	ļ.,			l						
TRUSTEE		X	-								
(9) BRENDA MCAFERTY	2.00	x		1	l						
TRUSTEE (10) PRIOR NACHEDIA	2.00	₽		_	┢		┢				
(10) ERICK NASLUND	2.00	x									
MEMBER AT LARGE (11) DOREEN BERG	2.00	₽		_	\vdash	-	┢─				
TRUSTEE	2.00	x									
(12) BECKY CARVER	2.00	^	-		-		 				
TRUSTEE	2.00	x									
(13) PAULA COVIELLO	2.00	 		\vdash		\vdash					
TRUSTEE		x									
(14) CAMERON DANIELS	2.00			\vdash		1	 	-			
TRUSTEE		x]					
(15) MATT SHIELDS	2.00	Ī				T	Т				
TRUSTEE		x	1								
(16) DEANDRA WILLIAMS	2.00										
TRUSTEE		x	L	L	L	L	L				
(17) MARIE DUNN	2.00	\prod									
TRUSTEE		X	L_	L	<u> </u>	L	L_			<u> </u>	

Part VII Section A. Officers, Directors, Tre		ploy	ees,			ghes	st C	ompensated Employee	s (continued)		
(A)	(B)	(C) ne Position						(D)	(E)	(F)	
Name and title	Average			heck	more	than		Reportable	Reportable	Estima	
	hours per week			ss pe nd a d				compensation	compensation from related		
	(list any	ē	П				Γ	from the	organizations		
	hours for	direc				Ļ			(W-2/1099-MIS		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(organiz	
	organizations	ţ	ad tru) ye	ad EEO				and rel	ated
	below	ndividual trustee or director	Institutional trustee	 jg	Key employee	Highest compensated employee	횰			organiza	ations
	line)	直	턀	Officer	<u>\$</u>	불통	호	ļ			
(18) BRIAN SARACENO-OLIVERI	2.00										
TRUSTEE		X	<u> </u>	<u> </u>	┡	├-	⊢				
(19) BETH UTTO-GALARNEAU	2.00	١.,									
TRUSTEE	F 00	X	┼	₩	┢	\vdash	<u> </u>				
(20) JERRY LONG	5.00	١.,				1					
TREASURER/VICE PRESIDENT		X	┡	-	-	┢	├-	<u> </u>			
	-	┨									
		\vdash	⊢	⊢	-	╁	├	ļ			
		┨									
		┝	┼	├	┢	╁─	├				
	-	┨									
		╁	╁	┢	┢	╁╴	⊢				
		┨				1					
	-	┼	╁	\vdash	⊢	\vdash	⊢				
		┨				1					
	_	\vdash	⊢	\vdash	├-	╁	├				
		┨	l								
4h Cuhtatal		Ь.	1	I	<u> </u>		_				
1b Subtotal c Total from continuation sheets to Part	VII Section A										
d Total (add lines 1b and 1c)	VII, Section A										
2 Total number of individuals (including bu	t not limited to th	nose	liste	nd at	OVE	-) wh	o re	eceived more than \$100	000 of reportable		
compensation from the organization		.000		.u u.		.,		oon oo more anan oree	occ or reportable		
compensation were are organization.										Ye	s No
3 Did the organization list any former offic	er. director, trust	ee.	kev (emp	love	e. or	r hia	hest compensated emp	lovee on		
line 1a? If "Yes," complete Schedule J fo			-,		,	-, -		,	•	3	X
4 For any individual listed on line 1a, is the			omp	ensa	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$1									J	4	X
5 Did any person listed on line 1a receive of	r accrue compe	nsati	on f	rom	any	unre	elate	ed organization or individ	dual for services		
rendered to the organization? If "Yes." Co										5	X
Section B. Independent Contractors											
1 Complete this table for your five highest	compensated in	depe	ende	nt c	ontr	acto	rs th	hat received more than \$	100,000 of comp	ensation from	
the organization Report compensation for	or the calendar y	ear (endi	ng w	/ith (or w	rthin	the organization's tax y	ear		
(A)								(B)		(C)	
Name and busine	ss address	N	ON:	<u> </u>				Description of s	services	Compensat	ion
									l		
·											
							-				
	. Control of the			.1.4	41.					- · · · · · 	
2 Total number of independent contractors	·	IOT III	mite	a to	(no:	se IIS	sted	above) who received m	ore than		
\$100,000 of compensation from the orga	inization >									Form 990	1/2010
										r-∩rm ฮฮเ	a 1/111191

			Check if Schedule O contains	a response o	or note to any lin	e in this Part VIII			
					_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1	а	Federated campaigns 1a		24,100.		nen yezh		
Contributions, Gifts, Grants and Other Similar Amounts.			Mcmbership dues	1b				THE STATE OF THE S	
୍ଥି			Fundraising events	16		. Action of the second control of the second	12 'A 1, 11 Am American		onnound and the state of the st
T A			Related organizations	1d	-				-4 - Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.
<u>e</u> ig			Government grants (contributions)						isinin 1
Sig			All other contributions, gifts, grants, an						
축혈		•	similar amounts not included above	" _{1f}	43,346.				
ĒΒ				1g \$,				
io d		_	Noncash contributions included in lines 1a-1f	[19]4		67,446.			
0 6		<u>n</u>	Total. Add lines 1a-1f		Business Code	FERTUM G.		W -77707	
	_				Duamesa Code	2m1/m 2 % 868 T 4m2x 2m.	4. 2 . 5 D2-3 1.	Testa, 7 × 1, 1 (2), 18 (1, 2, 8)	'wa % y has 135 and 1 and 11
ice	2								
e Z		b							
n S		C							
ıra Bey		d			-				
Program Service Revenue		е					.,		
α.			All other program service revenue			<u></u>			warette eg
		_	Total. Add lines 2a-2f					1 6 1 4-2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	" High ramanant manget maked
	3		Investment income (including divid	lends, intere	st, and	46 931	İ		46 021
			other similar amounts)			46,821.	· · · · ·		46,821.
	4		Income from investment of tax-exe	mpt bond p	roceeds		-		
	5		Royalties			SUMMERS OF STREET		2 min . d.m.s	
			1 -	(i) Real	(II) Personal				
	6	а	Gross rents 6a						The state of the s
		b	Less rental expenses 6b						
		E	Rental income or (loss) 6c			1-2 mil - 1 - mil - 12 mil had his a. 18	Agenda A maning a managamenta	รากับกระเรา ระบัตรที่ เรารักษ์ผู้หญิงผู้ผู้ผู้ผู้ผู้	(United Managers of April 1982)
		d	Net rental income or (loss)		<u> </u>	II Name was I product of	Common of the profession and		948 - 1 7 - 3 1 (SEC. 19
	7	а		Securities	(ii) Other				ministra
			assets other than inventory 7a 2	<u>,014,764.</u>				Saranga (III - 24)	
		b	Less cost or other basis						
ne			and sales expenses 7b 2	,000,086.					
Revenue		С	Gain or (loss) 7c	14,678.			F * 14.5 \$ 1 14.5 \$ 1.5		
æ		d	Net gain or (loss)	_		14,678.	14,678.	or resource assume a	www.co.co.co.co.co.co.co.co.co.co.co.co.co.
other -	8	а	Gross income from fundraising events	(not		Carrie West			
ŏ			including \$	of	• 				
			contributions reported on line 1c)	See	_	The state of the s	The state of the s	Militarian Ammuninggraphin	questique titri de la companya de l
			Part IV, line 18	. ÿa		or or other and the second	La la filibilitation de la company	" " " " " " " " " " " " " " " " " " "	The state of the s
		b	Loss direct expenses	8b		n in more to translate out my from the		April 40 and 10	manuserine (22) temperatur
		С	Net income or (loss) from fundraisi	ng events					
	9	а	Gross income from gaming activiti	es See					rveija
			Part IV, line 19	9a					
		b	Less direct expenses	9b					
		С	Net income or (loss) from gaming a	activities					
	10	а	Gross sales of inventory, less return	ากร	`	man the transfer of the	77.00 m	երագրարին առաջինին շենք գորարիրան հերարան արտահել չինց եր արդարար - Հերարան հայարան է հանդարար	ta i minnage i un ta propini de la m
			and allowances	10a					
		b	Less cost of goods sold	10b					
	ı		Net income or (loss) from sales of	inventory					
					Business Code			RAITHE	malaray
Miscellaneous Revenue	11	а	REFUNDS - PRIOR YEAR SCHOL	ARSHIPS	900099	6,835.	6,835.		
scellaneo Revenue		b							
		c							
<u> </u>	l		All other revenue						
Σ			Total. Add lines 11a-11d			6,835.	estronia	#FFEME.OR	
	12		Total revenue. See instructions			135,780.	 	0.	46,821.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)											
	Check if Schedule O contains a respor										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	· (B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,460.	19,460.								
2	Grants and other assistance to domestic	150,465.	150,465.								
_	individuals See Part IV, line 22	130,403.	130,403.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	20 275	11 012	15,750.	11,812.						
	trustees, and key employees	39,375.	11,813.	15,750.	11,012.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include		1								
	section 401(k) and 403(b) employer contributions)			2 225	0.440						
9	Other employee benefits	7,063.	2,119.	2,825.	2,119.						
10	Payroll taxes	3,322.	997.	1,328.	997.						
11	Fees for services (nonemployees)										
а	Management										
b	Legal										
C	Accounting										
d	Lobbying		Tor v	. (4 152 _ (,							
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	11,317.		11,317.							
g											
	column (A) amount, list line 11g expenses on Sch O.)	30.		30.							
12	Advertising and promotion										
13	Office expenses										
14	Information technology		_	<u> </u>							
15	Royalties										
16	Occupancy	4.50									
17	Travel	1,153.		576.	577.						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings				-						
20	Interest			 							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization		ļ								
23	Insurance	Pride-V Mritaline only more and	The objective sea of the management of the sea	CANADA CAMPITORIAN MALINI	Les managements of the						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24c amount exceeds 10% of line 25, rollimn (A)		The state of the s								
	amount, list line 24e expenses on Schedule 0.)	The Market Mark (Altonomy)	A Revenue of the latter of the state of the		Signer Right Carlot Arms						
а	OUTSIDE SERVICES	8,566.	ļ - ···	8,566.							
b	OTHER COSTS	960.		960.	`						
С	FOREIGN TAXES PAID	832.	ļ	832.							
d	RENTAL FACILITIES	530.		4 4 5 4	530.						
е	All other expenses	1,151.	10105	1,151.	46.55						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	244,224.	184,854.	43,335.	16,035.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined			1							
	educational campaign and fundraising solicitation.										
	Check here following SOP 98-2 (ASC 958-720)	L	<u> </u>	L	Form 990 (2010)						

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	•	167,381.	1	23,765.
	2	Savings and temporary cash investments		25,071.	2_	25,139.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		,	4	
	5	Loans and other receivables from any current or	former officer, director,			
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined	educinto PF:		
		under section 4958(f)(1)), and persons described	ın section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	2,789,178.	11	3,092,371.	
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line 1	1		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	I line 33)	2,981,630.	16	3,141,275.
	17	Accounts payable and accrued expenses	1,097.	17	2,473.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	art IV of Schedule D		21	
ç	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%		THE	
abi		controlled entity or family member of any of thes	e persons		22	
J	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		1,097.	26	2,473.
		Organizations that follow FASB ASC 958, chee	ck here 🕨 🔛		ر شرکیرین مراکز کارکر	
Çes	١,	and complete lines 27, 28, 32, and 33.		Transfer with the same of the	Militar Ma	
a	27	Net assets without donor restrictions			_27	
Ba	28	Net assets with donor restrictions	i8. check here ► X	L. d resultation	28	×Baller 1 7 c. Christian Tolling 1 de 2
핕		Organizations that do not follow FASB ASC 95		1750		
띤		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or eq		0.	30	0.
i As	31	Retained earnings, endowment, accumulated inc	ome, or other funds	2,980,533.	31	3,138,802.
Ş	32	Total net assets or fund balances		2,980,533.	32	3,138,802.
	33	Total liabilities and net assets/fund balances		2,981,630.	33	3,141,275.

<u>Form</u>	990 (2019) NORTH THURSTON EDUCATION FOUNDATION	<u>91-1</u>	433235	Page 12
₹ Pa i	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\Box\Box$
		ĺ		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,780.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,224.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-108	,444.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,980	
5	Net unrealized gains (losses) on investments	5	266	<u>,713.</u>
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	3,138	,802.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			()	es No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_ 233	3 4 33
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		مُسْمَعُةً لِدُنْك
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	30× 10 8	
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	*
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho			Si Ju
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		,,
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	90 (2010)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

NORTH THURSTON EDUCATION FOUNDATION

Employer identification number 91-1433235

Pa	rt I	Reason for Public C	Charity Status (All organizations must co	mplete the	s part) Se	e instructions					
The	organi	zation is not a private found	ation because it is (F	or lines 1 through 12, c	heck only o	one box)		1				
1	Ň	A church, convention of chi					()(A)(i).	1/				
2	一	A school described in secti	•				" " / / /	X				
3	一	A hospital or a cooperative		•			i). \	(
4	一	A medical research organiza						the hospital's name.				
•		city, and state		,,	••			,				
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a no	vernmental unit describe	ed in				
3	ш	section 170(b)(1)(A)(iv). (C		logo or anivolony owned	о ороган	oo by a go	TOTAL CARE DOCUMENT					
		A federal, state, or local gov		sental unit described in	coetion 17	MP (4)(4)	(v)					
6 7	X	An organization that normal	-					nublic described in				
′	41		·	mai part or its support ii	om a gove	mineman	unit or nom the general j	public described in				
	$\overline{}$	section 170(b)(1)(A)(vi). (Complete Part II)										
8	믐	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
9	ш	•		,,		-	=	=				
		or university or a non-land-g	rant college of agrict	ulture (see instructions)	Enter the r	name, city	, and state of the college	e or				
		university										
10	ш	An organization that normal	• • • • • • • • • • • • • • • • • • • •	•			•	•				
		activities related to its exem	•	•				_				
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975				
	$\overline{}$	See section 509(a)(2). (Cor	•									
11	\vdash	An organization organized a	·		•							
12	Ш	An organization organized a	-	•	-		· ·					
		more publicly supported org						neck the box in				
	_	lines 12a through 12d that o										
а	L			•		_						
		the supported organization			majority o	tne airea	tors or trustees of the st	pporting				
		organization You must o										
b	<u> </u>	J Type Ⅱ. A supporting org	· ·				-					
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported				
	_	organization(s) You mus	· ·									
С			- · · · · · · · · · · · · · · · · · · ·				•	ed with,				
	_	its supported organization		•								
d			•									
		that is not functionally int						veness				
	_	requirement (see instructi										
е	· L						Type I, Type II, Type III					
		functionally integrated, or		nally integrated supporti	ng organiz	ation						
f		er the number of supported o	J									
g		vide the following information i) Name of supported	about the supporte	d organization(s) (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other				
	,	organization	(11) 2.114	(described on lines 1-10	ın your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No		, , , ,				
					 							
_							-					
					 							
					-							
					 							

Schedule A (Form 990 or 990-EZ) 2019 NORTH THURSTON EDUCATION FOUNDATION 91-1433

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	· ·					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	112,458.	471,313.	245,515.	286,339.	67,446.	1183071.
2	Tax revenues levied for the organ-				I		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	112,458.	471,313.	245,515.	286,339.	67,446.	1183071.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			i in the			
	amount shown on line 11,						
	column (f)						581,738.
6	Public support. Subtract line 5 from line 4			The APPENDED AS TO A ST. AS T.	Minist Control		601,333.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	112,458.	471,313.	245,515.	286,339.	67,446.	1183071.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	101,169.	86,623.	152,272.	144,045.	61,328.	545,437.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	atherent		THE SHAP WE ARE			1728508.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	6,835.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ix year as a section	501(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi						
	Public support percentage for 2019 (I		•	olumn (f))		14	34.79 %
	Public support percentage from 2018					15	30.94 %
16a	33 1/3% support test - 2019. If the				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		•				▶ X
Ь	33 1/3% support test - 2018. If the	-			line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the organ	ization
	meets the "facts-and-circumstances"	_			_		▶∟
b	10% -facts-and-circumstances test	_					
	more, and if the organization meets the		•				,
	organization meets the "facts-and-circ			•			▶
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a	na see instructions	

Scho	edule A (Form 990 or 990 EZ) 2019 N rt III Support Schedule for C	ORTH THUR	STON EDUCA Described in S	ATION FOU. Section 509(a)	NDATION	91-143	3235 Page 3
	(Complete only if you checked					art II If the organiz	ation fails to
	qualify under the tests listed b			A garinzation Tailou	to quality artaor i	art ii ii ii io o ga	7
Sec	tion A. Public Support	\					/
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		•		1	/	ſ
	membership fees received (Do not				1		į
	include any "unusual grants ")					/	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	`	\		/	ľ	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	•					
5	The value of services or facilities				/		
J	furnished by a governmental unit to the organization without charge			/	1		
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received	1					İ
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the		•				
	amount on line 13 for the year						
c	Add lines 7a and 7b	,			जिल्लाको च्या । । । । । । । । । । । । । । । । । । ।	¥ VX.24	
	Public support. (Subtract line 7c from line 6)	*		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019 ·	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	/					
ь	Unrelated business taxable income						
	(less section 511 taxes) from businesses	/					
	acquired after June 30, 1975						
	Add lines 10a and 10b				/		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				`		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectioi	า 501(c)(3้) organız	ation,
	check this box and stop here						
	ction C. Computation of Publi				·		
15	Public support percentage for 2019 (I		-	column (f))		15	%
16						16 \	%
_	ction D. Computation of Inves					1 1	
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
	Investment income percentage from					[18]	_ %
198	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box at						\ ▶□
t	33 1/3% support tests - 2018. If the						and \
	line 18 is not more than 33 1/3%, che					-	\ 【
	Private foundation. If the organization	on did not check a	DOX OIT IME 14, 19	a, OF 130, CHECK I			0 or 990-6Z) 2019
0320	LU VU-EU-10 /				CCII		

(

. . .

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

Section A.	All	Supporting Organizations
------------	-----	---------------------------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	;		2 33
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	***************************************	7,117, ,7 <u>1</u>	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	J. (1.4.4)	* 3.5
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		in with the	atte.
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			۱, ×۱, ۱
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1-4 XX	300	34,11
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			1115
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	(m), "	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	* #.54
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	;	- " ·	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	- 7 B - 74	,	, ,,,,
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			ž ', j
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	, , ,	1.4	Langer of the state of the stat
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	74, -5		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1	85	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			irg s.
	designated in the organization's organizing document?	5b		L
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		1 . J.	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1 2 2 2		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	7.75		1,1,4
	Part VI.	6	un a	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	(4,2	- 5115	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	ž., 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		<u>** '</u>
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		- ,
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	Timesers and	Hill	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	77 v 24	:- Jei
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ŦIJ,
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		السلتا	الا استنظا
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	P. golondel in	-cz:
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Tales and set of the control of the		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9 b	هار ما سوراز د ا	, =; , "+"
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	3-x 3 -	!!.!-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		1.4	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		* ************************************	تَّداما ـُ
	supporting organizations)? If "Yes," answer 10b below	10a	2,7,6	:
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		* :315	Amazini k
	determine whether the organization had excess business holdings.)	10b		<u> </u>

Sche		43323	5 Pa	age 5
Par	t N Supporting Organizations (continued)	,		
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		45.	1240
	below, the governing body of a supported organization?	11a		-
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations	Ī	-	
		C 7800 T 17 47	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			F.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		- 2-1 x x	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		3 × 1	
	controlled the organization's activities If the organization had more than one supported organization,	, , , , , , , , , , , , , , , , , , ,	ž.Įų	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	2,47.5	TY	<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	~= ye	** ******************************
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		M.	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,, <u>,</u> ,,,,	125
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
		يوناني الكور	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1) vii		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			· · · · · ·
		_1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			N.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		¥Ž	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	way	18481 a. J.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1-3 (
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1.21	Marin Television
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	#07" E + 3	F. 7 . 1/4/19
3	By reason of the relationship described in (2), did the organization's supported organizations have a		in the second	
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ALEKON ON WHITE HARD	Inema Military No.	
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test Answer (a) and (b) below.	13.2.5.	Yes	No % 785 shi
. a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		#72.4 #72.4	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		- Airi	řt.
	that these activities constituted substantially all of its activities	2a	*1~34.7L	Z ***
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		113	M
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement	2b	~5 _{,5-} 5 ,	Complete List
3	Parent of Supported Organizations Answer (a) and (b) below.			rii
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	<u> </u>	<u>ئىتىنى</u>	<u> </u>
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	WATER STREET	W	HIS K LIKHIKI
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

	edule A (Form 990 or 990-EZ) 2019 NORTH THURSTON EDUCATION			1-1433235 Page 6
٠.	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			art \/I\ See instructions All
1	other Type III non-functionally integrated supporting organizations must co	•	• • •	art vi) See instructions. Ai
Sect	ion A - Adjusted Net Income	inploto c	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	7" H.J.		See a see all and the see and the see all and
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		<u></u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	4 T 13 T	A Ship to the second of the se	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	A Secretary Control of the secretary of	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
-	Charles and the second		stad Tupa III augportung organ	numetion (occ

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

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Sche	dule A (Form 990 or 990-EZ) 2019 NORTH THURSTO t V: │ Type III Non-Functionally Integrated 509			1-1433235 Page 7
40.	on D - Distributions	(a)(o) capporting orga	(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity	• • • • • • • • • • • • • • • • • • • •		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u></u>		
6	Other distributions (describe in Part VI) See instructions	· · · · · · · · · · · · · · · · · · ·		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019 (reason-	THE THE PARTY OF T	Appendent approach i've i'velich brutte di	
~	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019	46 46 14 but 3 por \$ 7 - 14 33 64	The state of the s	
	From 2014			
	From 2015	CANADAMINA SANTANIANA MATANIANA MATA	Menager the street of the stre	
	From 2016	**************************************	### (FEEE COMPANY FEEE COMPANY	Washing and the state of the st
	From 2017	\$\frac{1}{2}\frac{1}\frac{1}{2}\f	war I marin and the confidence of the confidence	Sammen Gamphor comunication is authorized
	From 2018			
f		The San San and Land and the San San San San San San San San San San	" The 22 2 3 1 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	Applied to underdistributions of prior years		2 (2 , 2 , 2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3)	
	Applied to 2019 distributable amount	triping and the second of the		PER ALL SOME DE L'ESTATE DE
	Carryover from 2014 not applied (see instructions)	1 7 to 4 14 7 to 8 East 1 25 1		
	Remainder Subtract lines 3g, 3h, and 3i from 3f		The second of th	
4	Distributions for 2019 from Section D,			
•	line 7 \$			
	Applied to underdistributions of prior years	The state of the s	MAG TO (N) -3 -1 - 2 - 2 - 2 - 1 - 11 - 0 1	
	Applied to 2019 distributable amount	THE PRESENTE		
	Remainder Subtract lines 4a and 4b from 4	the following the following of the following of the following the follow		
5	Remaining underdistributions for years prior to 2019, if			
Ŭ	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
-	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c			
8	Breakdown of line 7.			
	Excess from 2015	Constitution of the consti		
	Excess from 2016	8 27 0 000 00 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Excess from 2017	Carrier Commence of the Commen		
	Excess from 2018	annammanaeakommanmandammandammandammandakeentii kakeentii kakeentii kakeentii kakeentii kakeentii kakeentii ka	######################################	NOT PROPERTY OF THE POST OF THE PROPERTY OF TH
	Excess from 2019	X/v/v/v/A/A vo.monanananananananananananananananananana	erillion (orthingerbara materia), menemet, erregiotal in 1000	Approximate Composition of State Sta

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 NORTH THURSTON EDUCATION FOUNDATION 91-1433235 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V,
Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
THE FOUNDATION IS FILING IS SHORT YEAR TAX RETURN DUE TO THE
ORGANIZATION ELECTING TO CHANGE TO A FISCAL YEAR ENDING ON JULY 31ST.
THE FISCAL YEAR ALIGNS WITH THE ACADEMIC YEAR OF THE SCHOOLS IN WHICH
THEY SERVE.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NORTH THURSTON EDUCATION FOUNDATION

Employer identification number 91-1433235

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	r Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	ne 6		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line	7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)		
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	a historica	lly important land area
	Protection of natural habitat	Preservation of a	certified	historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	f a co <u>nser</u>	vation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		22	ı
ь	Total acreage restricted by conservation easements		2t	
C	Number of conservation easements on a certified historic str	ucture included in (a)	20	:
ď	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	e	
	listed in the National Register		_20	<u> </u>
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation ea	sements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easeme	ents during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			L Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement	and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statemen	nts that de	scribes the
	organization's accounting for conservation easements	4 A A 18 A A 18 A A A A A A A A A A A A A	0:	
Pai	t III Organizations Maintaining Collections of		ier Simil	iar Assets.
	Complete if the organization answered "Yes" on Form	<u>-</u> -	4 1 - 1	-bb
1a	If the organization elected, as permitted under FASB ASC 95	-		
	of art, historical treasures, or other similar assets held for pul			or public
	service, provide in Part XIII the text of the footnote to its final			aka aa ka af
þ	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of p	bublic service,
	provide the following amounts relating to these items		_	•
	(i) Revenue included on Form 990, Part VIII, line 1			· \$
_	(ii) Assets included in Form 990, Part X		•	* *
2	If the organization received or held works of art, historical tre		gain, provi	de
	the following amounts required to be reported under FASB A	ASC 958 relating to these items		•
	Revenue included on Form 990, Part VIII, line 1			· \$ · \$
Ь	Assets included in Form 990. Part X			· S

Sche		HURSTON EDU			r Cimil		33235 Page 2
							(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significan	t use of its	
	collection items (check all that apply)						
а	Public exhibition	d		hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co					ose in Part	XIII
5	During the year, did the organization solicit or		•	•	r assets	_	
Des	to be sold to raise funds rather than to be ma						Yes No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or						
	reported an amount on Form 990, Par					•	
1a	Is the organization an agent, trustee, custodis	an or other intermedia	ary for contributions	s or other assets not	included		
_	on Form 990, Part X?						」Yes No
þ	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table				A
	D balance				-		Amount
_	Beginning balance				1c		
d	Additions during the year				<u>1d</u>		
e	Distributions during the year				1e		
f O-	Ending balance Did the organization include an amount on Fo	orm 000 Bort V line (21 for occrow or a	ictodial account liab	<u>1f</u> ⊔th/2		Yes No
	If "Yes," explain the arrangement in Part XIII				-	<u></u>	_ resno
Par							<u> </u>
	Complete	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four years back
1a	Beginning of year balance	2,645,383.	2,771,614.	2,626,133.		190,971.	1,071,425.
b	Contributions		207,500.	, ,		381,334.	1,281,158.
C	Net investment earnings, gains, and losses	310,640.	-153,690.	334,765.	<u> </u>	123,415.	-71,979.
d	Grants or scholarships	,	76,750.	171,750.		61,050.	81,100.
	Other expenditures for facilities			,		•	<u> </u>
•	and programs	12,700.	95,001.				
f	Administrative expenses	11,538.	8,290.	17,534.		8,537.	8,353.
a	End of year balance	2,931,785.	2,645,383.	2,771,614.	2	,626,133.	2,190,971.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as	•		
а	Board designated or quasi-endowment	•	%	•			
ь	Permanent endowment	%	_				
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%					
За	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for t	he organ	ızatıon	
	by						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b
4	Describe in Part XIII the intended uses of the		vment funds	_			
Pai	<u>t Ⅵ </u> Land, Buildings, and Equipm						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a S				
	Description of property	(a) Cost or of	1 , ,		Accumul		(d) Book value
		basis (investm	nent) basis	(other) de	epreciation	on	
1a	Land						
b	Buildings						
	Leasehold improvements				_		
	Equipment						
	Other			<u></u>			
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part)	K. column (B). line 1	0c.) .			0.

Schedule D (Form 990) 2019

(a) U	Complete if the organization answered "Yes" or escription of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
1) Fir	ancial derivatives			
	osely held equity interests			
3) Ot				
(A)	•			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
	VIII Investments - Program Related.		1	
	Complete if the organization answered "Yes" or	n Form 990 Part IV line	e 11c. See Form 990. Part X. line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or er	id-of-vear market value
(4)	(2, 2000) piloti or in control	(- /		· · · • · · · · · · · · · · · · · · · ·
<u>(1)</u>				
(2)				
(3)		···	- 	
(4)				
(5)				
(6)				
(7)				
(8)				,
(8) (9)	· · · · · · ·			
(8) (9) Total.	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line lescription		(b) Book value
(8) (9) Total.	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1)	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1) (2)	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o	_		
(8) (9) Total. Part (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" o	_		(b) Book value
(8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) D	description		
(8) (9) Total. (Part (1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total.	Complete if the organization answered "Yes" o (a) D (Column (b) must equal Form 990. Part X. col. (B) line X Other Liabilities.	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total.	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part 1. (1) (2) (3)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (1) (2) (3) (4) (5)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. Part (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. Part (1) (2) (3) (4)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) Total. (2) (3) (4) (5) (6) (7) (2) (3) (4) (5) (6) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value
(8) (9) [70tal. (2) (3) (4) (5) (7) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (9) [7] (1) (2) (3) (4) (5) (6) (6)	Complete if the organization answered "Yes" o (Column (b) must equal Form 990. Part X. col. (B) line. Complete if the organization answered "Yes" o (a) Description of liability	Description	e 11d See Form 990, Part X, line 15	(b) Book value

Schedule D (Form 990) 2019 NORTH THURSTON EDUCATION		91-1433235 Page 4
Part X Reconciliation of Revenue per Audited Financial Stat		per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	<u> </u>
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	15 y - 15
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		** 4
	4a	7
•	4b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Other (Describe in Part XIII)	40	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta) stements With Evnens	es per Peturn
		es per neturn.
Complete if the organization answered "Yes" on Form 990, Part IV, Iin	ne 12a	
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	20 10 10 10 10 10 10 10 10 10 10 10 10 10
a Donated services and use of facilities	2a	15 Text
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	x 1 3 x
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	A STATE OF THE STA
c Add lines 4a and 4b	(40)	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	0 1	5
Part XIII Supplemental Information.	D.)	
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide ar	ny additional information	
	 	
	" .	··

Employer identification number 91-1433235 OMB No 1545-0047 Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Go to www.irs.gov/Form990 for the latest information. ■ Attach to Form 990 NORTH THURSTON EDUCATION FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990)

Open to Public

ν Χ Schedule I (Form 990) (2019) IEW SKILLS AND CONFIDENCE TO PROVIDE STUDENTS WITH DEMAND FOR AFTER-SCHOOL (h) Purpose of grant or assistance TO MEET THE GROWING ROGRAMMING AND TO PROVIDE SAFETY AND Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, ٥. ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS 5,460. (d) Amount of 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 91-0586473 91-2124629 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization BOYS AND GIRLS CLUB OF LACEY 2102 CARRIAGE DRIVE SW #K or government YMCA POWER SCHOLARS 1105 TRACEY LANE SE OLYMPIA, WA 98502 LACEY, WA 98503 Part I Part II N

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 91-1433235 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2019) NORTH THURSTON EDUCATION FOUNDATION
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed. TO MEET THE GROWING DEMAND FOR AFTER-SCHOOL PROGRAMMING AND TO PROVIDE SAFETY AND SUPPORT DURING BOYS AND GIRLS CLUB OF LACEY (d) Amount of non-cash assistance ٠. 。 。 44,678. 6,428. 90,533. (c) Amount of cash grant 4000 2850 (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: (H) PURPOSE OF GRANT OR ASSISTANCE: COLUMN (H): (a) Type of grant or assistance OUT-OF-SCHOOL HOURS PART II, LINE 1, Schedule I (Form 990) (2019) LEARNING GRANTS STUDENT GRANTS SCHOLARSHIPS 932102 10-26-19 Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORTH THURSTON EDUCATION FOUNDATION

Employer identification number 91-1433235

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING:
GRANTS TO EXTERNAL ORGANIZATIONS SERVING NORTH THURSTON STUDENTS
INCLUDING THE LACEY BOYS AND GIRLS CLUB AFTERSCHOOL ENRICHMENT, LITTLE
RED SCHOOLHOUSE FOR STUDENT INCIDENTALS, LACEY LOVES TO READ FOR
READING PROGRAM, THE BOYS & GIRLS CLUB AND GRUB TOTALING \$9,160
GRANTS TO COMPASSIONATE LUNCHES IN THE AMOUNT OF \$19,126 SERVING FULL
MEALS TO STUDENTS IN NEED.
APPROXIMATELY 700 STUDENTS WERE SERVED BY THESE ORGANIZATIONS.
EXPENSES \$ 32,018. INCLUDING GRANTS OF \$ 28,286. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 6:
VARIOUS MEMBERSHIP CATEGORIES EXIST, BASED ON THE LEVEL OF CONTRIBUTION TO THE ORGANIZATION:
FOUNDATION BENEFACTOR (\$5,000 AND ABOVE), SUPERINTENDENT'S CLUB (\$1,000 -
\$4,999), PRINCIPAL'S CLUB (\$500 - \$999), SUSTAINING (\$250- \$499), SUPPORTING
(\$100 - \$249), MEMBER (\$25-99) AND DONOR (UP TO \$24)
FORM 990, PART VI, SECTION A, LINE 7A:
ANY MEMBER WHO CONTRIBUTES \$25 OR MORE IS ELIGIBLE TO VOTE FOR TRUSTEES AT
THE ANNUAL MEETING. MEMBERSHIP VARIES ANNUALLY. MORE THAN 510 MEMBERS
WERE ELIGIBLE TO VOTE IN 2019.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization NORTH THURSTON EDUCATION FOUNDATION	Employer identification number 91–1433235
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE RETURN IS PROVIDED TO THE BOARD PRESIDENT FO	R SIGNATURE. IN
ADDITION, MEMBERS OF THE BOARD RECEIVE AN ELECTRONIC COPY	TO REVIEW BEFORE
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS INFORMALLY MONITORED AND ENFORCED AT	
BUSINESS MEETINGS AS SITUATIONS ARISE. SUCH SITUATION RAP	ELY OCCUR.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S COMPE	NSATION WAS
DETERMINED BY A COMPARISON WITH THE LOCAL MARKET SETTER FO	R A COMPARABLE
SET OF DATA WITHIN THURSTON COUNTY.	
THE COMPARISON WAS REVIEWED BY THE EXECUTIVE COMMMITTEE AN	TO THE BOARD OF
TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE MADE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS ARE	ALSO SUMMARIZED
IN THE ANNUAL REPORT AND ARE MADE AVAILABLE AT THE ANNUAL	MEETING.