## DLN: 93493318132550

OMB No. 1545-0047

2019

Department of the Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

Open to Public Inspection

| A Fo                           | or th  | e 2019 c  | alendar vear, or tax vear begin  | ning 01-01-2019 , and ending 12-                                   | 31-2019           |                 |                    |                         |             |   |  |
|--------------------------------|--------|---|--|--|-------------------|-----------------|--------------------|-------------------------|-------------|---|--|
|                                |        | pplicable:  | C Name of organization   | , , , , , , , , , , , , , , , , , , ,                              |                   |                 | D Employ           | er iden                 | tification  | number  |  |
|                                |        | change  | WINDERMERE FOUNDATION  |  | 91-1440894        |                 |                    |                         |             |   |  |
| □ Na                           |        | -   | Daing husiness as  |  |                   |                 | )1-1 <del>4-</del> | 0054                    |             |   |  |
| ☐ Ini                          |        | turn<br>n/terminated  | Doing business as  |  |                   |                 |                    |                         |             |   |  |
|                                |        | n/terminated<br>d return  | Number and street (or P.O. box if m  | ail is not delivered to street address) Room/s                     | suite             |                 | E Telephor         | ne numb                 | er          |   |  |
|                                |        | on pending  | 1151 FAIRVIEW AVÈ N STE 105  |  |                   |                 | (206) 5            | 27-380                  | 01          |   |  |
|                                |        |   | City or town, state or province, cour  | ntry, and ZIP or foreign postal code                               |                   |                 |                    |                         |             |   |  |
|                                |        |   | SEATTLE, WA 98109  |  |                   |                 | <b>G</b> Gross re  | eceipts \$              | 3,028,96    | 50  |  |
|                                |        |   | F Name and address of principa   | l officer:   | H(a)              | Is this         | a group re         | turn fo                 | r           |   |  |
|                                |        |   | CHRISTINE WOOD<br>1151 FAIRVIEW AVE N STE 105  |  |                   |                 | linates?           |                         |             | ] <sub>Yes</sub> ☑ <sub>No</sub>              |  |
|                                |        |   | SEATTLE, WA 98109  |  |                   | Are all include | subordina          | tes                     |             | ]Yes □No                                      |  |
| [ Tax                          | <-exer | mpt status:   | <b>✓</b> 501(c)(3)   | (insert no.) 4947(a)(1) or 527                                     |                   |                 | " attach a         | list. (se               |             |   |  |
| J W                            | ebsit  | te:► N/A  |  |  | H(c)              | Group           | exemption          | numbe                   | er 🟲        | •   |  |
|                                |        |   |  |  |                   |                 |                    |                         |             |   |  |
| <b>K</b> Forn                  | n of o | rganization   | Corporation Trust Asso   | ciation  Other   | <b>L</b> Year o   | f forma         | tion: <b>1</b> 989 | M Stat                  | te of legal | l domicile:                                   |  |
|                                |        |   |  |  |                   |                 |                    | ***                     |             |   |  |
| Pa                             | ırt I  |   | mary   |  |                   |                 |                    |                         |             |   |  |
|                                |        |   | scribe the organization's mission o<br>DERMERE FOUNDATION SUPPORTS   | r most significant activities:<br>5 LOW-INCOME & HOMELESS FAMILIES | WITH FIN          | ANCIA           | L ASSISTA          | NCE FC                  | R CHILE     | OREN'S  |  |
| e<br>C                         |        |   |  | SHELTER OR ASSISTANCE, SCHOOL AS                                   |                   |                 |                    |                         |             |   |  |
| Ě                              | -      |   |  |  |                   |                 |                    |                         |             |   |  |
| E                              | -      |   |  |  |                   |                 |                    |                         |             |   |  |
| õ                              | 2      | Check th  | is box $\blacktriangleright \square$ if the organization dis   | continued its operations or disposed of                            | more than         | ո 25%           | of its net a       | ssets.                  |             |   |  |
| <i>ਹ</i><br>*ਰ                 | 3      | Number  | of voting members of the governin  | ig body (Part VI, line 1a)   |                   |                 |                    | 3                       | 3           | 3   |  |
| 9                              | 4      | Number  | of independent voting members of   | the governing body (Part VI, line 1b)                              |                   |                 |                    | 4                       | ı           | 3   |  |
| <b>E</b>                       | 5      | Total nur   | nber of individuals employed in ca   | lendar year 2019 (Part V, line 2a) .                               |                   |                 |                    | 5                       | 5           | C   |  |
| activities & Governance        | 6      | Total nur   | nber of volunteers (estimate if neo  | cessary)   |                   |                 | •                  | 6                       | 5           | 300   |  |
| •                              |        |   |  | VIII, column (C), line 12  |                   |                 |                    | 7                       | _           | (   |  |
|                                | b      | Net unre  | ated business taxable income fror  | n Form 990-T, line 39  | <u> </u>          |                 | 1                  | 7                       | b           |   |  |
|                                |        |   |  |  |                   | Pric            | r Year             |                         | Curre       | ent Year                                      |  |
| 알                              |        |   | ions and grants (Part VIII, line 1h)   |  |                   |                 | 2,466,             |                         |             | 2,982,550                                     |  |
| Ravenue                        |        | _   |  |  |                   |                 | 0                  |                         |             |   |  |
| Ğ.                             |        |   | ent income (Part VIII, column (A), I   | •  |                   |                 |                    | 398                     |             | 46,410  |  |
|                                |        |   | venue (Part VIII, column (A), lines  |  |                   |                 | -202,<br>2,312,    |                         |             | -185,62 <sup>2</sup><br>2,843,33 <sup>2</sup> |  |
|                                |        |   |  | st equal Part VIII, column (A), line 12)                           |                   |                 | <u> </u>           |                         |             | 2,481,95                                      |  |
|                                |        | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) |  |  |                   |                 |                    |                         |             |   |  |
| ۰.                             |        |   | , ,  | nefits (Part IX, column (A), lines 5–10)                           |                   |                 |                    | 0                       |             |   |  |
| Expenses                       |        |   |  | mn (A), line 11e)  |                   |                 |                    | 0                       |             |   |  |
| 9                              |        |   | raising expenses (Part IX, column (D),   | , ,,   |                   |                 |                    |                         |             |   |  |
| ಹ                              |        |   | penses (Part IX, column (A), lines   |  |                   |                 | 50,                | 572                     |             | 57,22   |  |
|                                |        |   | enses. Add lines 13–17 (must equ   | •  |                   |                 | 2,026,             |                         |             | 2,539,17                                      |  |
|                                | 19     | Revenue   | less expenses. Subtract line 18 fro  | om line 12   |                   |                 | 285,               | 311                     |             | 304,156                                       |  |
| S &                            |        |   |  |  | Begi              | nning o         | of Current Y       | 'ear                    | End         | of Year                                       |  |
| S E                            |        |   |  |  |                   |                 |                    |                         |             |   |  |
| Net Assets or<br>Fund Balances |        |   | ets (Part X, line 16)  |  |                   |                 | 3,118,             |                         |             | 3,422,310                                     |  |
| <u> </u>                       |        |   | ilities (Part X, line 26)  |  |                   |                 |                    | 0                       |             |   |  |
|                                |        |   | s or fund balances. Subtract line 2  | 21 from line 20  |                   |                 | 3,118,             | 154                     |             | 3,422,310                                     |  |
|                                | rt II  |   | ature Block  | ined this return, including accompanyin                            | a schedul         | es and          | statement          | s and                   | to the he   | est of my                                     |  |
| knowl                          | edge   | and belie   |  | . Declaration of preparer (other than of                           |                   |                 |                    |                         |             |   |  |
| any k                          | nowle  | edge.   |  |  |                   |                 |                    |                         |             |   |  |
|                                |        | *****   | *  |  |                   | 2020            | )-11-12            |                         |             |   |  |
| Sign                           |        | Signat  | ure of officer   |  |                   | Date            |                    |                         |             |   |  |
| Here                           |        | MARK  | OSTER TREASURER  |  |                   |                 |                    |                         |             |   |  |
|                                |        |   | r print name and title   |  |                   |                 |                    |                         |             |   |  |
|                                |        | Р   | rint/Type preparer's name  | Preparer's signature   | Date<br>2020-11-1 | 1 Chec          |                    | PTI <b>N</b><br>P004050 | 128         |   |  |
| Paid                           |        | <u> </u>  | to the same property and the same property a |  |                   | self-           | employed           |                         |             |   |  |
| Pre                            |        | #I  | irm's name  SWEENEY CONRAD PS  |  |                   | Firm            | 's EIN ▶ 91        | -130167                 | 2           |   |  |
| Use                            | On     | ıly 🎏   | irm's address ► 10210 NE POINTS DRIV   | /E SUITE 300   |                   | Phor            | ne no. (425)       | 629-199                 | 90          |   |  |
|                                |        |   | KIRKLAND, WA 98033   |  |                   |                 |                    |                         |             |   |  |
| Mav t                          | he IR  | S discuss   | this return with the preparer show   | vn above? (see instructions)                                       |                   | •               |                    |                         | Yes [       |   |  |

| Form       | 990 (2019)                   |   |                                       |   |  | Page <b>2</b>  |
|------------|------------------------------|---|---------------------------------------|---|--|----------------|
| Pá         | ırt III Stat                 | ement of Program S                            | ervice Accomplis                      | hments                                      |  |                |
|            | Checl                        | c if Schedule O contains a                    | response or note to                   | any line in this Part III .                 |  | 🗹              |
| 1          |                              | ibe the organization's mis                    |                                       |   |  |                |
| WHI<br>EMP | CH WAS ESTAI<br>LOYEES AND T | BLISHED IN 1989. CONTR                        | IBUTIONS FROM WİN<br>D THE WINDERMERE | IDERMERE AGENTS, COI<br>FOUNDATION TO DISTI | MMISSION GOES TO THE WINDER MBINED WITH CONTRIBUTIONS FRIBUTE OVER \$2 MILLION DOLLA 4E FAMILES. | ROM WINDERMERE |
| 2          | _                            | nization undertake any si<br>m 990 or 990-EZ? |                                       | vices during the year wh                    | nich were not listed on  | ☐ Yes ☑ No     |
|            | If "Yes," des                |   |                                       |   |  |                |
| 3          | Did the orga                 | nization cease conducting                     | , or make significant                 | changes in how it condu                     | icts, any program  |                |
|            | services? .                  | 🗌 Yes 🗹 No                                    |                                       |   |  |                |
|            | If "Yes," des                |   |                                       |   |  |                |
| 4          | Section 501(                 |   | nizations are required                | to report the amount o                      | largest program services, as mea<br>f grants and allocations to others,                          |                |
|            | (Code:                       | ) (Expenses :                                 | 723,434                               | including grants of \$                      | 723,434 ) (Revenue \$  | }              |
|            | See Additional               | , ( )   |                                       |   | , (  | ,              |
| 4b         | (Code:                       | ) (Expenses :                                 | 926,576                               | including grants of \$                      | 926,576 ) (Revenue \$  | )              |
|            | See Additional               | Data  |                                       |   |  |                |
| 4c         | (Code:                       | ) (Expenses s                                 | 201,160                               | including grants of \$                      | 201,160 ) (Revenue \$  | )              |
|            | See Additional               | Data  |                                       |   |  | <u> </u>       |
|            |                              | al Data Table                                 |                                       |   |  |                |
|            | See Addition                 | di Bata Table                                 |                                       |   |  |                |
| 4d         | Other progra                 | am services (Describe in S                    | ,                                     |   |  |                |
| 4d         |                              | am services (Describe in S                    | ,                                     | \$ 630,7                                    | 84 ) (Revenue \$   | )              |

|     | 990 (2019)  |     |     | Page 3 |
|-----|---|-----|-----|--------|
| Par | tiv Checklist of Required Schedules   |     | Yes | No     |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2   | 1   | Yes |        |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2   | Yes |        |
| 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   |     | No     |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>  | 4   |     | No     |
| 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   |     | No     |
| 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? <i>If "Yes," complete Schedule D</i> ,Part   91  | 6   |     | No     |
| 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   |     | No     |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III  | 8   |     | No     |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | No     |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |     | No     |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.  |     |     |        |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a | Yes |        |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆   | 11b | Yes |        |
|     | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2   | 11c |     | No     |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏  | 11d |     | No     |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | No     |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | No     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a |     | No     |
| 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 |     | No     |
| 13  | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E  | 13  |     | No     |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No     |
| 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 |     | No     |
| 15  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | No     |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | No     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No     |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II  | 18  | Yes |        |

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

19

20a

20b

21

Yes

| orm | 990 (2019)   |     |     | Page 4 |  |
|-----|--|-----|-----|--------|--|
| Par | Checklist of Required Schedules (continued)  |     |     |        |  |
|     |  |     | 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  |     | No     |  |
| 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? <i>If "Yes," complete Schedule J</i>  |     |     |        |  |
| 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 |     | No     |  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |        |  |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |        |  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |        |  |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No     |  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>   | 25b |     | No     |  |
| 26  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family nember of any of these persons? If "Yes," complete Schedule L, Part II  |     |     | No     |  |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 |     |     | No     |  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |     |        |  |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a |     | No     |  |
| b   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b |     | No     |  |
| С   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>   | 28c |     | No     |  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$   | 29  |     | No     |  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No     |  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No     |  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32  |     | No     |  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | No     |  |
| 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  | Yes |        |  |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No     |  |
| 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 $2 \cdot \cdot \cdot$ .  | 35b |     |        |  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No     |  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | No     |  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O  | 38  | Yes |        |  |
| Par |  |     |     |        |  |
|     | Check if Schedule O contains a response or note to any line in this Part V   | . ; |     | ᅳ      |  |
| 4 - | Entouthor number reported in Poy 2 of Form 1006 Enton 0 if not conflictly  |     | Yes | No     |  |
|     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22   |     |     |        |  |
| D   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b   0   | i I |     | i      |  |

**1**c

| Par     | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |     |     |    |
|---------|--|-----|-----|----|
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |     |    |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                      | 2b  |     |    |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | No |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |    |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • | 4a  |     | No |
| Ь       | If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |    |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | No |
| ь       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | No |
| С       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |    |
|         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | No |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b  |     |    |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |
| 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  | Yes |    |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  | Yes |    |
|         | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | No |
|         | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |    |
|         | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | No |
|         | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | No |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     | No |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     | No |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |     | No |
| 9       | Sponsoring organizations maintaining donor advised funds.  |     |     |    |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     | No |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     | No |
| 10      | Section 501(c)(7) organizations. Enter:  |     |     |    |
|         | Initiation fees and capital contributions included on Part VIII, line 12   |     |     |    |
| ь<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  |     |     |    |
| a       | Gross income from members or shareholders  |     |     |    |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |    |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |    |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |     |    |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |    |
| а       | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  | 13a |     |    |
|         | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |     |    |
|         | Enter the amount of reserves on hand   |     |     |    |
|         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | No |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |     |    |
|         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   | 15  |     | No |
| 16      | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  | 16  |     | No |

| Form       | 990 (2019)   |        |           | Page <b>6</b> |
|------------|--|--------|-----------|---------------|
| Par        | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI  |        | onse to i | lines<br>🗸    |
| Se         | ction A. Governing Body and Management   |        |           |               |
|            | Established with a second and of the second and the second of the beautiful and the second of the se |        | Yes       | No            |
| 1 <b>a</b> | Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.   |        |           |               |
| b          | Enter the number of voting members included in line 1a, above, who are independent  1b  3  |        |           |               |
| 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      | Yes       |               |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3      |           | No            |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4      |           | No            |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5      |           | No            |
| 6          | Did the organization have members or stockholders?   | 6      |           | No            |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a     |           | No            |
| 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     |           | No            |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |        |           |               |
| а          | The governing body?  | 8a     | Yes       | 1             |
| b          | Each committee with authority to act on behalf of the governing body?  | 8b     | Yes       |               |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9      |           | No            |
| Se         | ction B. Policies (This Section B requests information about policies not required by the Internal Revenu  | e Code | e.)       |               |
|            |  |        | Yes       | No            |
| 10a        | Did the organization have local chapters, branches, or affiliates?   | 10a    |           | No            |
| 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    | Yes       |               |
| b          | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |        |           |               |
| 12a        | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a    |           | No            |
| b          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b    |           |               |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c    |           |               |
| 13         | Did the organization have a written whistleblower policy?  | 13     |           | No            |
| 14         | Did the organization have a written document retention and destruction policy?   | 14     |           | No            |
| 15         | 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?   |        |           |               |
| а          | The organization's CEO, Executive Director, or top management official   | 15a    |           | No            |
| b          | Other officers or key employees of the organization  | 15b    |           | No            |
|            | 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    |           | No            |
| 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 exempt status with respect to such arrangements?   | 16b    |           |               |
| Se         | ction C. Disclosure  |        |           |               |
| 17         | List the states with which a copy of this Form 990 is required to be filed▶  WA , OR , CA  |        |           |               |
| 18         | Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  |        |           |               |
|            | Own website  Another's website  Upon request  Other (explain in Schedule O)  |        |           |               |
| 19         | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  |        |           |               |
| 20         | State the name, address, and telephone number of the person who possesses the organization's books and records:<br>CHRISTINE WOOD EXECUTIVE DIRECTOR 1151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109 (206) 527-3801  |        |           |               |
|            |  | F      | orm 99    | 0 (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 with or within the organization's tax

• 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, or 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.

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

(F) (B) (C) (D) Name and title Estimated Reportable Average Position (do not check more Reportable hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from related compensation from the any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual to or director Highest compensatemployee organizations MISC) MISC) related Institutional below dotted organizations employee line) trustee Trustee 1.00 (1) JILL WOOD Χ 0 0 PRESIDENT 1.00 (2) MARK OSTER Χ n Х TREASUER 32.00 (3) CHRISTINE WOOD Χ EXECUTIVE DIRECTOR

Part VII

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

Page 8

| -   |   | <del>,</del>                               | , <b>-,</b> .                     |                       | - , -         |                         |                              | 9.     |                                |                                    |  |       |  |                                   |
|-----|---|--|-----------------------------------|-----------------------|---------------|-------------------------|------------------------------|--------|--------------------------------|------------------------------------|--|-------|--|-----------------------------------|
|     | <b>(A)</b><br>Name and title  | (B) Average hours per week (list any hours | than c                            | ne bo                 | ox, u<br>n of | t che<br>inles<br>ficer | eck moss persection and a    | son    | Repo<br>compe<br>from<br>organ | D) ortable ensation m the nization | (E) Reportable compensation from related organizations | ;     | (F)<br>Estima<br>amount o<br>compens<br>from | ated<br>of other<br>sation<br>the |
|     |   | for related organizations below dotted     | Individ<br>or dire                | Institu               | Officer       | Key er                  | Highes<br>emplor             | Former |                                | /1099-<br>ISC)                     | (W-2/1099-<br>MISC)                                    |       | organizati<br>relat<br>organiza              | ed                                |
|     |   | line)                                      | Individual trustee<br>or director | Institutional Trustee |               | Key employee            | Highest compensated employee | 4"     |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  | +     |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  | +     |  |                                   |
| c 1 | Sub-Total   |  |                                   |                       | •             |                         | <b>P</b>                     |        |                                | 0                                  |  | 0     |  | 0                                 |
| 2   | Total number of individuals (including of reportable compensation from the                |  |                                   | e liste               | ed al         | bove                    | e) who                       | rece   | eived mo                       | re than \$1                        | 00,000   |       |  |                                   |
| 3   | Did the organization list any <b>former</b> of  | officer, director                          | or trust                          | ee. ke                | ev ei         | mple                    | ovee. o                      | or hi  | ahest cor                      | npensateo                          | l emplovee on  |       | Yes  | No                                |
|     | line 1a? If "Yes," complete Schedule J  | I for such individ                         | dual .                            | •                     | •             | •                       | • •                          | •      |                                |                                    | • •  | 3     |  | No                                |
| 4   | For any individual listed on line 1a, is organization and related organization individual |  |                                   |                       |               |                         |                              |        |                                |                                    | n the  | 4     |  | No                                |
| 5   | Did any person listed on line 1a receiv<br>services rendered to the organization          |  |                                   |                       |               |                         |                              |        |                                |                                    | ividual for  | 5     |  | No                                |
|     | ection B. Independent Contract  |  |                                   |                       |               | —                       |                              |        |                                |                                    |  | _     |  |                                   |
| 1   | Complete this table for your five higher from the organization. Report comper             | est compensate                             |                                   |                       |               |                         |                              |        |                                |                                    |  | npens | sation                                       |                                   |
|     | Name a  | (A)<br>and business addre                  | ess                               |                       |               |                         |                              |        |                                | Desc                               | (B) cription of services                               |       | (C<br>Compen                                 |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  |       |  |                                   |
|     |   |  |                                   |                       |               |                         |                              |        |                                |                                    |  | -     |  |                                   |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  0

|   |      | (2019)   |               |                            |             |                     |                   |   |                                | Page <b>9</b>  |
|---|------|--|---------------|----------------------------|-------------|---------------------|-------------------|---|--------------------------------|--|
| Part  | VIII | <del></del>                                      |               |                            |             |                     |                   |   |                                |  |
|   |      | Check if Sched                                   | dule          | O contains a               | nespo       | onse or note to any | (A) Total revenue | (B)<br>Related or<br>exempt<br>function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|   | 1a   | Federated campa                                  | igns          |                            | 1a          |                     |                   | revenue                                 |                                | 312 - 314  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | Ŀ    | • Membership dues                                | s .           |                            | 1b          |                     |                   |   |                                |  |
| Gra<br>no   |      | : Fundraising even                               | its .         | . [                        | 1c          | 484,295             |                   |   |                                |  |
| īš, Ā   | ,    | d Related organiza                               | tions         | ;                          | 1d          |                     |                   |   |                                |  |
| ia ii   |      | Government grants                                |               | <u>.</u>                   | 1e          |                     |                   |   |                                |  |
| ns,<br>Sim  | f    | All other contributio                            | ns, g         | ifts, grants,              |             |                     |                   |   |                                |  |
| atio<br>er  |      | and similar amounts<br>above                     | s not         | included                   | 1f          | 2,498,255           |                   |   |                                |  |
| 들   | g    | Noncash contributio                              | ns in         | cluded in                  | 1g          |                     |                   |   |                                |  |
| Contributions, Gifts,<br>and Other Similar A              | ١.   | <b>h Total.</b> Add lines :                      | 1 - 1         | <u>.</u>                   | 19          | •                   |                   |   |                                |  |
| O P   |      | ii Totai. Add iiiles                             | Ia-I          |                            | •           |                     | 2,982,550         |   | 1                              |  |
|   | 2a   |  |               |                            |             | Business Code       |                   |   |                                |  |
|   |      |  |               |                            |             |                     |                   |   |                                |  |
| ren   | b    |  |               |                            |             |                     |                   |   |                                |  |
| æ   |      |  |               |                            |             |                     |                   |   |                                |  |
| vice  | С    |  |               |                            |             |                     |                   |   |                                |  |
| Program Service Revenue                                   | d    |  |               |                            |             |                     |                   |   |                                |  |
| ram   |      |  |               |                            |             |                     |                   |   |                                |  |
| <b>Y</b> og   | е    |  |               |                            |             |                     |                   |   |                                |  |
| <u>.</u>  | f    | All other program                                | serv          | ice revenue.               |             |                     |                   |   |                                |  |
|   | g    | Total. Add lines 2                               | 2a-2          | f                          | . •         |                     |                   |   |                                |  |
|   |      | Investment income                                |               |                            | ends, i     |                     | 73 /93            | 3                                       |                                | 23,783   |
|   |      | imilar amounts)  .<br>Income from invest         |               |                            | ·<br>mpt be | ond proceeds        |                   |   |                                | 25,765   |
|   |      | Royalties  |               |                            |             | •                   | -                 |   |                                |  |
|   |      |  |               | (i) Rea                    | al          | (ii) Personal       |                   |   |                                |  |
|   | 6a   | Gross rents                                      | 6a            |                            |             |                     |                   |   |                                |  |
|   |      | Less: rental                                     |               |                            |             |                     | -                 |   |                                |  |
|   |      | expenses   | 6b            |                            |             |                     | 4                 |   |                                |  |
|   |      | Rental income<br>or (loss)                       | 6c            |                            |             |                     |                   |   |                                |  |
|   | d    | Net rental income                                | or (          | (loss)                     |             |                     |                   |   |                                |  |
|   |      |  |               | (i) Securi                 | ities       | (ii) Other          | 4                 |   |                                |  |
|   | 7a   | Gross amount<br>from sales of                    | 7a            |                            | 22,627      | 7                   |                   |   |                                |  |
|   |      | assets other<br>than inventory                   |               |                            |             |                     |                   |   |                                |  |
|   | b    | Less: cost or other basis and                    | 7b            |                            | 0           |                     |                   |   |                                |  |
|   |      | sales expenses                                   |               |                            |             |                     | 4                 |   |                                |  |
|   | c    | Gain or (loss)                                   | 7с            |                            | 22,627      | 7                   |                   |   |                                |  |
|   | d    | Net gain or (loss)                               | $\overline{}$ |                            |             |                     | 22,627            | 7                                       |                                | 22,627   |
| <u>ə</u>  | 8a   | Gross income from fu<br>(not including \$        |               | ising events<br>484,295 of |             |                     |                   |   |                                |  |
| eun   |      | contributions reported<br>See Part IV, line 18   | d on          | line 1c).                  |             |                     |                   |   |                                |  |
| ev.   |      |  |               |                            | 8a<br>8b    | 185,627             |                   |   |                                |  |
| erl   |      | Less: direct expen<br>Net income or (los         |               |                            |             | <u> </u>            |                   | 7                                       |                                | -185,627   |
| Other Revenue   |      | •  | ,             |                            |             |                     |                   |   |                                |  |
| _   |      | Gross income from<br>See <b>Part</b> IV, line 19 |               |                            | 9a          |                     |                   |   |                                |  |
|   |      | Less: direct expen                               |               |                            | 9b          |                     | $\dashv$          |   |                                |  |
|   |      | Net income or (los                               |               |                            | activiti    | ies                 |                   |   |                                |  |
|   |      |  |               | ı                          |             |                     |                   |   |                                |  |
|   | 10a  | Gross sales of inve<br>returns and allowa        | nto           | ry, less                   | 10a         |                     |                   |   |                                |  |
|   | b    | Less: cost of good                               | s sol         | ld                         | 10b         |                     | 7                 |   |                                |  |
|   | С    | Net income or (los                               |               |                            | invent      | ory <b>&gt;</b>     | _                 |   |                                |  |
|   |      | Miscellaneo                                      | us R          | evenue                     |             | Business Code       | 4                 |   |                                |  |
|   | 11   | a  |               |                            |             |                     |                   |   |                                |  |
|   | b    |  |               |                            |             |                     | +                 |   |                                |  |
|   | D    | •  |               |                            |             |                     |                   |   |                                |  |
|   | c    |  |               |                            |             |                     |                   |   | +                              |  |
|   | ·    |  |               |                            |             |                     |                   |   |                                |  |
|   | d    | All other revenue                                | _             |                            |             |                     | +                 |   | +                              | +  |
|   | -    | Total. Add lines 1                               | _             |                            |             | >                   |                   |   |                                | +  |
|   |      | Total revenue. S                                 |               |                            |             |                     |                   |   |                                | +  |
|   |      |  |               |                            | -           | • •                 | 2,843,333         | 3                                       | 0                              | 0 -139,217<br>Form <b>990</b> (2019)                   |

| Part IX Statement of Functional Expenses   |                    |                       |                      | Page 10         |
|--|--------------------|-----------------------|----------------------|-----------------|
| Section 501(c)(3) and 501(c)(4) organizations must   |                    | =                     | ns must complete col | umn (A).        |
| Check if Schedule O contains a response or note to a  Do not include amounts reported on lines 6b,  7b, 8b, 9b, and 10b of Part VIII.  | (A) Total expenses | (B) Program service   | (C) Management and   | (D) Fundraising |
| Grants and other assistance to domestic organizations and  | 2,481,954          | expenses<br>2,481,954 | general expenses     | expenses        |
| domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See  |                    |                       |                      |                 |
| Part IV, line 22   |                    |                       |                      |                 |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                    |                       |                      |                 |
| <b>4</b> Benefits paid to or for members   |                    |                       |                      |                 |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                    |                       |                      |                 |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 5                  |                       |                      |                 |
| <b>7</b> Other salaries and wages  |                    |                       |                      |                 |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)   |                    |                       |                      |                 |
| 9 Other employee benefits  |                    |                       |                      |                 |
| <b>10</b> Payroll taxes  |                    |                       |                      |                 |
| 11 Fees for services (non-employees):  |                    |                       |                      |                 |
| a Management   |                    |                       |                      |                 |
| <b>b</b> Legal   |                    |                       |                      |                 |
| c Accounting   | 35,507             |                       | 35,507               |                 |
| <b>d</b> Lobbying  |                    |                       |                      |                 |
| e Professional fundraising services. See Part IV, line 17  |                    |                       |                      |                 |
| f Investment management fees   | 4,929              |                       | 4,929                |                 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   |                    |                       |                      |                 |
| <b>12</b> Advertising and promotion  | 1,196              |                       | 1,196                |                 |
| 13 Office expenses   |                    |                       |                      |                 |
| 14 Information technology  |                    |                       |                      |                 |
| 15 Royalties   |                    |                       |                      |                 |
| <b>16</b> Occupancy  |                    |                       |                      |                 |
| 17 Travel  |                    |                       |                      |                 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .  |                    |                       |                      |                 |
| 19 Conferences, conventions, and meetings  |                    |                       |                      |                 |
| <b>20</b> Interest   |                    |                       |                      |                 |
| 21 Payments to affiliates  |                    |                       |                      |                 |
| 22 Depreciation, depletion, and amortization   |                    |                       |                      |                 |
| 23 Insurance   | 5,576              |                       | 5,576                |                 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                    |                       |                      |                 |
| a BANK FEES  | 5,834              |                       | 5,834                |                 |
| b REGISTRATION FEES/STATE  | 2,356              |                       | 2,356                |                 |
| c MISCELLANEOUS EXPENSE  | 942                |                       | 942                  |                 |
| d LICENSES/PERMITS   | 464                |                       | 464                  |                 |
| e All other expenses   | 419                |                       | 419                  |                 |
| 25 Total functional expenses. Add lines 1 through 24e  | 2,539,177          | 2,481,954             | 57,223               | 0               |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                    |                       |                      |                 |
| Check here ► ☐ if following SOP 98-2 (ASC 958-720).  |                    |                       |                      |                 |

Form 990 (2019)

2.214.848

1,207,462

3,422,310

3,422,310

3,422,310

3,422,310

Form 990 (2019)

(B)

End of year

Page **11** 

| Check if Schedule O contains a response or note to any line in this Part IX |  |
|---|--|
|   |  |

| 1 | Cash-non-interest-bearing   | 2,200,078 | 1 | 2,214,8 |
|---|---|-----------|---|---------|
| 2 | Savings and temporary cash investments  |           | 2 |         |
| 3 | Pledges and grants receivable, net  |           | 3 |         |
| 4 | Accounts receivable, net  |           | 4 |         |
| 5 | Loans and other payables to any current or former officer, director, trustee, |           |   |         |

Beginning of year

2.200.078

11

12

13

14

15

16

17 18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

3,118,154

3,118,154

3,118,154

3,118,154

Assets

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

key employee, creator or founder, substantial contributor, or 35% controlled 5 entity or family member of any of these persons . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . 8 Inventories for sale or use . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 12,314 basis. Complete Part VI of Schedule D 0 10c

10b 12,314 b Less: accumulated depreciation 11 Investments—publicly traded securities . 918.076 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 14 Intangible assets .

| Form | 990 (2019)  |        |            |     | Page <b>12</b> |
|------|---|--------|------------|-----|----------------|
| Pa   | Reconcilliation of Net Assets   |        |            |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XI   |        |            |     |                |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |            | 2   | ,843,333       |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2      |            | 2   | ,539,177       |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3      |            |     | 304,156        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |            | 3   | ,118,154       |
| 5    | Net unrealized gains (losses) on investments  | 5      |            |     |                |
| 6    | Donated services and use of facilities  | 6      |            |     |                |
| 7    | Investment expenses   | 7      |            |     |                |
| 8    | Prior period adjustments  | 8      |            |     |                |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  | 9      |            |     | 0              |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10     |            | 3   | ,422,310       |
| Pa   | TXII Financial Statements and Reporting   |        |            |     |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |        |            |     |                |
|      | Accounting method used to prepare the Form 990:   |        | <b>2</b> a | Yes | No<br>No       |
|      | If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  | on a   |            |     |                |
|      | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  |        |            |     |                |
| b    | Were the organization's financial statements audited by an independent accountant?  |        | 2b         |     | No             |
|      | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:   | basis, |            |     |                |
|      | ☐ 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, 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 in Sche  | dule O |            |     |                |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?  | ngle   | 3a         |     | No             |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.           | ired   | 3b         |     |                |

# **Additional Data**

Software ID:

Software Version: EIN: 91-1440894

Name: WINDERMERE FOUNDATION

Form 990 (2019)

101111 330 (2013)

Form 990, Part III, Line 4a:

EMERGENCY FAMILY ASSISTANCE: FINANCIAL SUPPORT FOR LOW INCOME FAMILIES IN EMERGENCY SITUATIONS (I.E. MEDICAL AND UTILITIES). NON-PROFIT AGENCIES RECEIVING WINDERMERE FOUNDATION DOLLARS HAVE FURNISHED EMERGENCY AND TRANSITIONAL HOUSING, HAVE SUBSIDIZED COSTS FOR SERVICES SUCH AS HEALTH CARE, EMPLOYMENT COUNSELING, PLACEMENT AND TRAINING, DAY CARE, SCHOLARSHIPS AND MUCH MORE.

### Form 990, Part III, Line 4b: YOUTH/CHILD PROGRAMS: SERVICES ARE PROVIDED TO CHILDREN AND YOUTH FROM LOW INCOME AND HOMELESS FAMILIES. THE WINDEREMERE KIDS AT THE Y PROGRAM HAS BEEN DESIGNATED MORE THAN \$250,000 TO PROVIDE HUNDREDS OF UNDERPRIVILEGED YOUTH AFTER SCHOOL ENRICHMENT PROGRAMS AND QUALITY

CHILD CARE AT ALREADY SELECTED YMCA SITES ACROSS THE WEST.

Form 990, Part III, Line 4c: EDUCATION/JOB TRAINING & COUNSELING: EDUCATION IS TUTORING OR FINANCIAL PLANNINGJOB TRAINING IS JUST THAT, JOB TRAINING COUNSELING IS PARENTING

CLASSES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

| Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to |  |
|--|--|
| others, the total expenses, and revenue, if any, for each program service reported.  |  |
|  |  |
|  |  |
|  |  |

(Code: ) (Expenses \$ 351,575 including grants of \$ 351,575 ) (Revenue \$

SHELTER RENT ASSISTANCE: SHELTER RENT ASSISTANCE IS MADE AVAILABLE TO HOMELESS FAMILIES.

(Code: ) (Expenses \$ including grants of \$ 152,150 ) (Revenue \$ 152,150

SCHOOL ASSISTANCE

| ı | Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)                                       |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
|   |   |  |  |  |  |  |  |
|   | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. |  |  |  |  |  |  |

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

```
(Code: ) (Expenses $ 127,059 including grants of $ 127,059 ) (Revenue $ )
```

SCHOLARSHIPS

| efile GRAPHIC print - DO NOT |          |                                    | t - DO NOT PROCES  | SS /                         | As Filed Data -   |   |   | DLN: 9                             | 3493318132550                  |
|------------------------------|----------|------------------------------------|--|------------------------------|---|---|---|------------------------------------|--------------------------------|
| SCHEDULE A                   |          |                                    | Dubli  | ic Ch                        | arity Statu   | e and Dul   | hlic Sunn                                       | ort                                | OMB No. 1545-0047              |
| (Form 990 or 990EZ)          |          |                                    | Complete if th   | ne orgai<br>49<br>▶          | nization is a sect<br>47(a)(1) nonexe<br>Attach to Form ! | ion 501(c)(3) e<br>mpt charitable<br>990 or Form 99     | organization or<br>trust.<br>00-EZ.             | a section                          | 2019                           |
|                              |          | f the Treasury                     | ► Go to <u>www</u>   | w.irs.go                     | <i>v∕Form</i> 990 for iı                                  | nstructions and   | I the latest info                               | ormation.                          | Open to Public<br>Inspection   |
| Nam                          | e of th  | <b>he organiza</b><br>E FOUNDATION |  |                              |   |   |   | Employer identific                 | ation number                   |
|                              |          |                                    |  |                              |   |   |   | 91-1440894                         |                                |
|                              | rt I     |                                    | for Public Charity Some private foundation because   |                              |   |   |   | See instructions.                  |                                |
| 1                            | n garnz  |                                    | onvention of churches, o   |                              | •   | •   |   | (A)(i)                             |                                |
| 2                            |          | •                                  | ,  |                              |   |   |   |                                    |                                |
|                              |          |                                    | scribed in section 170(  |                              |   | ,   |   |                                    |                                |
| 3                            |          | ·                                  | or a cooperative hospital  |                              | -   |   |   | -                                  |                                |
| 4                            |          | A medical r<br>name, city,         | esearch organization ope<br>and state:   | erated in                    | n conjunction with  | a hospital descri                                       | ibed in <b>section</b> :                        | 170(b)(1)(A)(iii). E               | nter the hospital's            |
| 5                            |          |                                    | ation operated for the be<br>(iv). (Complete Part II.)   |                              | a college or univer                                       | rsity owned or op                                       | perated by a gov                                | ernmental unit descri              | bed in <b>section 170</b>      |
| 6                            |          | A federal, s                       | tate, or local governmer   | nt or gov                    | vernmental unit de  | scribed in <b>sectio</b>                                | on 170(b)(1)(A                                  | ()(v).                             |                                |
| 7                            | <b>✓</b> |                                    | ation that normally receive (0(b)(1)(A)(vi). (Comp   |                              |   | s support from a  | governmental u                                  | init or from the gener             | al public described in         |
| 8                            |          | A communi                          | ty trust described in <b>sec</b>   | ction 17                     | '0(b)(1)(A)(vi).  | (Complete Part I  | I.)   |                                    |                                |
| 9                            |          |                                    | ural research organizatio<br>ant college of agriculture  |                              |   |   |   |                                    | ege or university or a         |
| 10                           |          | from activit                       | ation that normally receivies related to its exempt income and unrelated been section 509(a)(2).   | t functió<br>ousiness        | ns—subject to cert<br>taxable income (le                  | tain exceptions,  | and (2) no more                                 | than 331/3% of its su              | ipport from gross              |
| 11                           |          |                                    | ation organized and oper   | -                            |   | r public safety. S                                      | See section 509                                 | (a)(4).                            |                                |
| 12                           |          | more public                        | ation organized and oper<br>ly supported organizatio<br>through 12d that descri  | ons desc                     | ribed in section 5  | 09(a)(1) or se  | ction 509(a)(2                                  | ). See <mark>section 509(</mark> a |                                |
| a                            |          | <b>Type I.</b> A so                | supporting organization on<br>n(s) the power to regula<br>Part IV, Sections A and  | operated<br>arly appo        | d, supervised, or co                                      | ontrolled by its s                                      | upported organiz                                | zation(s), typically by            |                                |
| b                            |          | Type II. A<br>manageme             | supporting organization<br>nt of the supporting organization<br>plete Part IV, Sections  | n supervi<br>anization       | n vested in the san                                       |   |   |                                    |                                |
| c                            |          | Type III f                         | unctionally integrated<br>organization(s) (see insti   | I. A supp                    | orting organization                                       |   |   |                                    | ted with, its                  |
| d                            |          | Type III n                         | on-functionally integr<br>integrated. The organize). You must complete   | <b>rated.</b> A<br>zation ge | supporting organi<br>enerally must satis                  | zation operated<br>fy a distribution                    | in connection wi                                | th its supported orgar             |                                |
| е                            |          | Check this                         | box if the organization re<br>or Type III non-function   | eceived                      | a written determir  | ation from the I  |   | pe I, Type II, Type II             | I functionally                 |
| f                            | Enter    |                                    | of supported organization  |                              |   | -   |   | <u> </u>                           |                                |
| g                            | Provi    | de the follow                      | ing information about th   | he suppo                     | orted organization(                                       | s).   |   |                                    |                                |
|                              | (i) N    |                                    | ame of supported organization  (ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization in your governing docum |                              |   | (v) Amount of<br>monetary support<br>(see instructions) | (vi) Amount of other support (see instructions) |                                    |                                |
|                              |          |                                    |  |                              |   | Yes   | No  |                                    |                                |
|                              |          |                                    | I  |                              |   |   |   |                                    |                                |
|                              |          |                                    |  |                              |   |   |   |                                    |                                |
| Tota                         |          |                                    | tion Act Notice, see th  |                              |   | Cat. No. 11285  | <u> </u>  |                                    | <u> </u><br>90 or 990-EZ) 2019 |

| 4           | Total. Add lines 1 through 3  | 1,489,839             | 1,685,826            | 2,011,153           | 1,976,290          | 2,481,954        | 9,645,062 |
|-------------|---|-----------------------|----------------------|---------------------|--------------------|------------------|-----------|
| 5           | The portion of total contributions by                               |                       |                      |                     |                    |                  |           |
|             | each person (other than a governmental unit or publicly             |                       |                      |                     |                    |                  |           |
|             | supported organization) included on                                 |                       |                      |                     |                    |                  | 304,724   |
|             | line 1 that exceeds 2% of the                                       |                       |                      |                     |                    |                  | 33.,,     |
|             | amount shown on line 11, column (f)                                 |                       |                      |                     |                    |                  |           |
| 6           | Public support. Subtract line 5 from                                |                       |                      |                     |                    |                  | 0.240.220 |
|             | line 4.   |                       |                      |                     |                    |                  | 9,340,338 |
| S           | Section B. Total Support  |                       |                      |                     |                    |                  |           |
|             | Calendar year   | (a) 2015              | <b>(b)</b> 2016      | (c) 2017            | (d) 2018           | (e) 2019         | (f) Total |
|             | (or fiscal year beginning in) 🕨                                     | . ,                   | ` ,                  | ` ,                 | . ,                | • ,              |           |
| 7           | Amounts from line 4   | 1,489,839             | 1,685,826            | 2,011,153           | 1,976,290          | 2,481,954        | 9,645,062 |
| 8           | Gross income from interest,   |                       |                      |                     |                    |                  |           |
|             | dividends, payments received on                                     | 15,004                | 19,362               | 16,259              | 21,713             | 46,410           | 118,748   |
|             | securities loans, rents, royalties and income from similar sources. |                       |                      |                     |                    |                  |           |
| 9           | Net income from unrelated business                                  |                       |                      |                     |                    |                  |           |
| _           | activities, whether or not the                                      |                       |                      |                     |                    |                  |           |
|             | business is regularly carried on                                    |                       |                      |                     |                    |                  |           |
| 10          | Other income. Do not include gain                                   |                       |                      |                     |                    |                  |           |
|             | or loss from the sale of capital                                    |                       |                      |                     |                    |                  |           |
|             | assets (Explain in Part VI.).                                       |                       |                      |                     |                    |                  |           |
| 11          | <b>Total support.</b> Add lines 7 through 10                        |                       |                      |                     |                    |                  | 9,763,810 |
| 12          | Gross receipts from related activities,                             | etc. (see instruction | ons)                 |                     |                    | 12               |           |
| 13          | · ·   | •                     | •                    |                     |                    |                  |           |
| 13          | First five years. If the Form 990 is for                            | <del>-</del>          |                      | ·                   |                    | • • • • • •      | <u> </u>  |
|             | check this box and <b>stop here</b>                                 |                       |                      |                     | · · · · · · · · ·  | <u> ▶ L</u>      |           |
| S           | Section C. Computation of Public                                    | c Support Perc        | entage               |                     |                    |                  |           |
| 14          | Public support percentage for 2019 (lin                             | ne 6, column (f) di   | ivided by line 11, o | column (f))         |                    | 14               | 95.660 %  |
| 15          | Public support percentage for 2018 Sc                               | hedule A, Part II, l  | line 14              |                     |                    | 15               | 99.060 %  |
| <b>16</b> a | <b>33 1/3% support test—2019.</b> If the                            | e organization did r  | not check the box    | on line 13, and lin | e 14 is 33 1/3% or | more, check this | box       |
|             | and <b>stop here.</b> The organization quali                        | ifies as a publicly s | supported organiza   | ation               |                    |                  | ▶ ☑       |
|             |   |                       |                      |                     |                    |                  |           |

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

| Р         | art III Support Schedule for  |                    |                       |                       |                      |                      |                     |
|-----------|---|--------------------|-----------------------|-----------------------|----------------------|----------------------|---------------------|
|           | (Complete only if you cl  |                    |                       |                       |                      |                      | er Part II. If      |
| S         | the organization fails to ection A. Public Support                            | quality under      | the tests listed i    | pelow, please co      | ompiete Part II.)    |                      |                     |
| 30        | Calendar year   | ( ) 2015           | (1) 2016              | ( ) 2247              | (1) 2010             | ( ) 2010             | (O.T.)              |
|           | (or fiscal year beginning in) ▶   | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 1         | Gifts, grants, contributions, and   |                    |                       |                       |                      |                      |                     |
|           | membership fees received. (Do not 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 are                                       |                    |                       |                       |                      |                      |                     |
|           | not an unrelated trade or business  |                    |                       |                       |                      |                      |                     |
| 4         | under section 513  Tax revenues levied for the                                |                    |                       |                       |                      |                      |                     |
| •         | organization's benefit and either paid  |                    |                       |                       |                      |                      |                     |
| _         | to or expended on its behalf  |                    |                       |                       |                      |                      |                     |
| 5         | The value of services or facilities furnished by a governmental unit to       |                    |                       |                       |                      |                      |                     |
|           | the organization without charge   |                    |                       |                       |                      |                      |                     |
| 6         | Total. Add lines 1 through 5  |                    |                       |                       |                      |                      |                     |
| 7a        | Amounts included on lines 1, 2, and   |                    |                       |                       |                      |                      |                     |
| <b>L</b>  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3     |                    |                       |                       |                      |                      |                     |
| D         | received 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   |                    |                       |                       |                      |                      |                     |
| 8         | Public support. (Subtract line 7c   |                    |                       |                       |                      |                      |                     |
|           | from line 6.)   |                    |                       |                       |                      |                      |                     |
| Se        | ection B. Total Support   |                    | 1                     | <del></del>           |                      |                      | Г                   |
|           | Calendar year<br>(or fiscal year beginning in) ▶                              | (a) 2015           | <b>(b)</b> 2016       | (c) 2017              | (d) 2018             | (e) 2019             | (f) Total           |
| 9         | Amounts from line 6   |                    |                       |                       |                      |                      |                     |
| 10a       | Gross income from interest,   |                    |                       |                       |                      |                      |                     |
|           | dividends, payments received on   |                    |                       |                       |                      |                      |                     |
|           | securities loans, rents, royalties and income from similar sources.           |                    |                       |                       |                      |                      |                     |
| b         | Unrelated business taxable income   |                    |                       |                       |                      |                      |                     |
|           | (less section 511 taxes) from   |                    |                       |                       |                      |                      |                     |
|           | businesses acquired after June 30, 1975.                                      |                    |                       |                       |                      |                      |                     |
| С         | Add lines 10a and 10b.  |                    |                       |                       |                      |                      |                     |
| 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  |                    |                       |                       |                      |                      |                     |
| 12        | (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,                |                    |                       |                       |                      |                      |                     |
| 13        | 11, and 12.).   |                    |                       |                       |                      |                      |                     |
| 14        | First five years. If the Form 990 is for                                      | the organization   | n's first, second, th | nird, fourth, or fift | h tax year as a sec  | tion 501(c)(3) o     | ganization <u>,</u> |
|           | check this box and <b>stop here</b>   |                    |                       |                       |                      |                      | ▶ ⊔                 |
|           | ection C. Computation of Public S   |                    |                       | ! (6))                |                      | 1 1                  |                     |
| 15        | Public support percentage for 2019 (lin                                       |                    | •                     |                       |                      | 15                   |                     |
| 16        | Public support percentage from 2018 S   | -                  | <u> </u>              |                       |                      | 16                   |                     |
|           | ection D. Computation of Investr<br>Investment income percentage for 201      |                    |                       | line 13 column (f     | :))                  | 17                   |                     |
| 17<br>10  | Investment income percentage for 201  | -                  |                       | -                     |                      | 17                   |                     |
| 18<br>10- | 331/3% support tests—2019. If the   |                    | •                     |                       |                      | 18   33 1/3% and lin | e 17 is not         |
|           | more than 33 1/3%, check this box and s                                       |                    |                       |                       |                      |                      |                     |
|           | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2018. If the |                    |                       |                       |                      |                      |                     |
| ט         | not more than 33 1/3%, check this box   | -                  |                       |                       | •                    |                      | _                   |
| 20        | Private foundation. If the organization                                       | -                  | -                     |                       |                      |                      |                     |
|           | Frivate foundation. If the organization                                       | ni ulu not check a | a DOX ON UNE 14, I    | .a, or iad, check     | , unis pox and see I | HSGRUCHONS           | . 📂 📖               |

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

```
Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

|    | edule A (101111 550 01 550 E2) 2015  |        |         | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued)   |        |         |       |
| _  |  |        | Yes     | No    |
|    | 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) below, the governing body of a supported organization?  |        |         |       |
|    |  | 11a    |         |       |
|    | A family member of a person described in (a) above?  | 11b    |         |       |
|    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .  | 11c    |         |       |
| S  | ection B. Type I Supporting Organizations  |        |         |       |
|    |  |        | Yes     | No    |
| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1      |         |       |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that   | -      |         |       |
| 2  | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting   | 2      |         |       |
|    | organization.  |        |         |       |
| S  | ection C. Type II Supporting Organizations   |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of  |        |         |       |
|    | each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the   | 1      |         |       |
|    | supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |         |       |
| S  | ection D. All Type III Supporting Organizations  |        |         |       |
| _  |  |        | Yes     | No    |
| 1  | le organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing  |        |         |       |
|    | documents in effect on the date of notification, to the extent not previously provided?  | 1      |         |       |
| 2  | Vere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization naintained a close and continuous working relationship with the supported organization(s).  |        |         |       |
| _  |  | 2      |         |       |
| 3  | By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3      |         |       |
| S  | ection 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 instruct  | ions): |         |       |
|    | The organization satisfied the Activities Test. Complete line 2 below.   |        |         |       |
|    | b  |        |         |       |
| •  | The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see  | instru | ctions) |       |
| 2  | Activities Test. Answer (a) and (b) below.   | ſ      | Yes     | No    |
| •  | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.   | 2a     |         |       |
| ı  | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's  |        |         |       |
|    | involvement.   | 2b     |         |       |
| 3  | Parent of Supported Organizations. Answer (a) and (b) below.   |        |         |       |
| •  | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |         |       |
|    | <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.  | 3h     |         |       |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O  |            |                | . Part VIV. See               |  |  |  |
|---|--|------------|----------------|-------------------------------|--|--|--|
|   | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Piinstructions. All other Type III non-functionally integrated supporting organizations must complete Sections A ti |            |                |                               |  |  |  |
|   | Section A - Adjusted Net Income  |            | (A) Prior Year | (B) Current Yea<br>(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          |                |                               |  |  |  |
|   | Section B - Minimum Asset Amount   |            | (A) Prior Year | (B) Current Yea<br>(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):  | 1          |                |                               |  |  |  |
| а | Average monthly value of securities  | 1a         |                |                               |  |  |  |
| b | Average monthly cash balances  | <b>1</b> b |                |                               |  |  |  |
| C | Fair market value of other non-exempt-use assets   | 1c         |                |                               |  |  |  |
| d | Total (add lines 1a, 1b, and 1c)   | 1d         |                |                               |  |  |  |
| e | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |            |                |                               |  |  |  |
| 2 | Acquisition indebtedness applicable to non-exempt use assets   | 2          |                |                               |  |  |  |
| 3 | Subtract line 2 from line 1d   | 3          |                |                               |  |  |  |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | 4          |                |                               |  |  |  |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5          |                |                               |  |  |  |
| 6 | Multiply line 5 by .035  | 6          |                |                               |  |  |  |
| 7 | Recoveries of prior-year distributions   | 7          |                |                               |  |  |  |
| 8 | Minimum Asset Amount (add line 7 to line 6)  | 8          |                |                               |  |  |  |
|   | Section C - Distributable Amount   |            |                | Current Year                  |  |  |  |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1          |                |                               |  |  |  |
| 2 | Enter 85% of line 1  | 2          |                |                               |  |  |  |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3          |                |                               |  |  |  |
| 4 | Enter greater of line 2 or line 3  | 4          |                |                               |  |  |  |
| 5 | Income tax imposed in prior year   | 5          |                |                               |  |  |  |
| 6 | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | 6          |                |                               |  |  |  |

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations   |  |
| 4 | Amounts paid to acquire exempt-use assets   |  |
| 5 | Qualified set-aside amounts (prior IRS approval required)   |  |
| 6 | Other distributions (describe in <b>Part VI</b> ). See instructions   |  |
| 7 | Total annual distributions. Add lines 1 through 6.  |  |
|   |   |  |

| 5  | Qualified set-aside amounts (prior IRS approval require   |                                 |                            |                        |
|----|---|---------------------------------|----------------------------|------------------------|
| 6  | Other distributions (describe in <b>Part VI</b> ). See instruction                                      |                                 |                            |                        |
| 7  | Total annual distributions. Add lines 1 through 6.  |                                 |                            |                        |
| 8  | Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions | nich the organization is respon | sive (provide              |                        |
| 9  | Distributable amount for 2019 from Section C, line 6  |                                 |                            |                        |
| 10 | Line 8 amount divided by Line 9 amount  |                                 |                            |                        |
|    | Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions     | (ii)<br>Underdistributions | (iii)<br>Distributable |

| outer distributions (describe in Fair 42). See instructions   |  |   |  |  |  |
|---|--|---|--|--|--|
| 7 Total annual distributions. Add lines 1 through 6.  |  |   |  |  |  |
| Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |  |   |  |  |  |
| Distributable amount for 2019 from Section C, line 6  |  |   |  |  |  |
| 10 Line 8 amount divided by Line 9 amount   |  |   |  |  |  |
|   |  |   |  |  |  |
| (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |  |  |  |
|   | Underdistributions                     | Distributable                             |  |  |  |
|   |  |   |  |  |  |

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

## **Additional Data**

# Software ID:

Software Version: EIN: 91-1440894

Name: WINDERMERE FOUNDATION

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).

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

DLN: 93493318132550

OMB No. 1545-0047

# **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.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

1 2

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** WINDERMERE FOUNDATION 91-1440894 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . .

| 5          | Did the organization inform all donors and donor advisors in writing that the assets held in donor accordantiation's property, subject to the organization's exclusive legal control?  |          | funds are th   |                  | Yes        | □ No |
|------------|--|----------|----------------|------------------|------------|------|
| 6          | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?  |          |                |                  | Yes        | □ No |
| Pa         | <b>Conservation Easements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   |          |                |                  |            |      |
| 1          | Purpose(s) of conservation easements held by the organization (check all that apply).  |          |                |                  |            |      |
| -          | Preservation of land for public use (e.g., recreation or education)  Preservation of land for public use (e.g., recreation or education)   | hictor   | ically impor   | tant land a      |            |      |
|            |  |          | •              |                  | lea        |      |
|            | ☐ Protection of natural habitat ☐ Preservation of a  | certifie | a nistoric st  | ructure          |            |      |
|            | ☐ Preservation of open space   |          |                |                  |            |      |
| 2          | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fo easement on the last day of the tax year.  | rm of a  |                | on<br>the End of | f tha      | Voor |
| а          | Total number of conservation easements   | 2a       | neiu at        | the Life of      | the        | Teal |
| b          | Total acreage restricted by conservation easements   | 2b       |                |                  |            |      |
| c          | Number of conservation easements on a certified historic structure included in (a)   | 2c       |                |                  |            |      |
| d          | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   | 2d       |                |                  |            |      |
| 3          | Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶  | the or   | ganization d   | luring the       |            |      |
| 4          | Number of states where property subject to conservation easement is located <b>&gt;</b>  |          | _              |                  |            |      |
| 5          | Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?  | of viola | ations,<br>[   | ☐ Yes            | □r         | No   |
| 6          | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing o   | onserv   | ation easem    | ents during      | g the      | year |
| 7          | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser  | vation   | easements      | during the       | year       |      |
| 8          | Does each conservation easement reported on line $2(d)$ above satisfy the requirements of section 1 and section $170(h)(4)(B)(ii)$ ?   | .70(h)(  | 4)(B)(i)<br>[  | ☐ Yes            | □ <b>r</b> | No   |
| 9          | In Part XIII, describe how the organization reports conservation easements in its revenue and expe-<br>balance sheet, and include, if applicable, the text of the footnote to the organization's financial stat<br>the organization's accounting for conservation easements.   |          |                |                  |            |      |
| Par        | <b>t III</b> Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  | ner Si   | milar Ass      | ets.             |            |      |
| <b>1</b> a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st art, historical treasures, or other similar assets held for public exhibition, education, or research in provide, in Part XIII, the text of the footnote to its financial statements that describes these items. |          |                |                  | orks (     | of   |
| b          | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:   |          |                |                  |            |      |
| (          | (i) Revenue included on Form 990, Part VIII, line 1  |          | <b>&gt;</b> \$ |                  |            |      |
| (i         | ii)Assets included in Form 990, Part X   |          | . • \$         |                  |            |      |
| 2          | If the organization received or held works of art, historical treasures, or other similar assets for fina following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  | ancial g | ain, provide   | the              |            |      |
| а          | Revenue included on Form 990, Part VIII, line 1  |          | . ▶\$          |                  |            |      |
| b          | Assets included in Form 990. Part X  |          |                |                  |            |      |

| Par        | ŧΠ    | i i           | Organizations M                                      | aintaining Col                          | lections o   | of Art, I   | Histori    | cal Tı     | reası   | ıres, oı  | r Other      | Similar A    | ssets (co   | ontinued)         |          |
|------------|-------|---------------|--|---|--------------|-------------|------------|------------|---------|-----------|--------------|--------------|-------------|-------------------|----------|
| 3          |       |               | the organization's acq<br>(check all that apply):    |   | n, and other | records     | , check a  | any of     | the fo  | llowing t | hat are a    | significant  | use of its  | collection        |          |
| а          |       |               | Public exhibition                                    |   |              |             | d          |            | Loan    | or excha  | ange prog    | ırams        |             |                   |          |
| b          |       |               | Scholarly research                                   |   |              |             | е          |            | Othe    | r         |              |              |             |                   |          |
| C          |       |               | Preservation for future                              | e generations                           |              |             |            |            |         |           |              |              |             |                   |          |
| 4          |       | ovid<br>art X | e a description of the III.                          | organization's col                      | lections and | explain     | how the    | ey furth   | her the | e organiz | zation's ex  | kempt purp   | ose in      |                   |          |
| 5          |       |               | the year, did the org<br>to be sold to raise fu      |   |              |             |            |            |         |           |              |              | ☐ Yes       | r                 | No       |
| Pa         | rt I  | V             | Escrow and Cust<br>Complete if the or<br>X, line 21. |   |              | " on Fo     | rm 990     | , Part     | IV, li  | ne 9, o   | r reporte    | ed an amo    | unt on Fo   | orm 990,          | Part     |
| 1a         |       |               | organization an agent<br>ed on Form 990, Part        |   |              |             |            |            |         |           |              |              | ☐ Yes       | r                 | No       |
| b          | If    | "Yes          | s," explain the arrange                              | ement in Part XIII                      | and comple   | ete the fo  | ollowina   | table:     |         |           |              | ,            | Amount      |                   | _        |
| c          |       |               | ning balance   |   |              |             | _          |            |         |           | 1c           |              |             |                   | _        |
| d          |       | -             | ons during the year .                                |   |              |             |            |            |         |           | 1d           |              |             |                   |          |
| е          |       |               | outions during the year                              |   |              |             |            |            |         |           | 1e           |              |             |                   |          |
| f          |       |               | p balance  |   |              |             |            |            |         |           | 1f           |              |             |                   | _        |
| 2a         |       | _             | e organization include                               |   |              |             |            |            |         | '         | ccount lia   | ability?     | □ vos       |                   | —<br>No. |
| za<br>b    |       |               | s," explain the arrange                              |   |              |             |            |            |         |           |              |              |             |                   | NO       |
|            | art V | _             | Endowment Fun  |   | . Check here | e ii tile e | хріапац    | On nas     | been    | provided  | u III Part , | VIII         | . 🖳         |                   |          |
| - (        | шС    | ~             | Complete if the or                                   |   | ered "Yes    | " on Fo     | rm 990     | . Part     | IV. li  | ne 10.    |              |              |             |                   |          |
|            |       |               | <u>'</u>   | <u> </u>                                | (a) Currer   |             |            | rior yea   |         |           | ears back    | (d) Three ye | ears back ( | <b>e)</b> Four ye | ars back |
| <b>1</b> a | Beg   | jinni         | ng of year balance .                                 |   |              |             |            |            |         |           |              |              |             |                   |          |
| b          | Cor   | ntrib         | utions   |   |              |             |            |            |         |           |              |              |             |                   |          |
| c          | Net   | : inve        | estment earnings, gair                               | ns, and losses                          |              |             |            |            |         |           |              |              |             |                   |          |
| d          | Gra   | nts           | or scholarships     .     .                          |   |              |             |            |            |         |           |              |              |             |                   |          |
| е          |       |               | xpenditures for faciliti<br>grams                    | es                                      |              |             |            |            |         |           |              |              |             |                   |          |
| f          | Adr   | ninis         | strative expenses .                                  |   |              |             |            |            |         |           |              |              |             |                   |          |
| g          | Enc   | of y          | /ear balance   |   |              |             |            |            |         |           |              |              |             |                   | _        |
| 2<br>a     |       |               | e the estimated perce<br>designated or quasi-e       | ndowment >                              | •            |             | e (line 1g | g, colu    | mn (a   | )) held a | s:           |              |             |                   | _        |
| a<br>L     |       |               | nent endowment >                                     | *************************************** |              |             |            |            |         |           |              |              |             |                   |          |
| U          |       |               | prarily restricted endo                              |   |              |             |            |            |         |           |              |              |             |                   |          |
| С          |       |               | ercentages on lines 2a                               | *************************************** |              | 7%          |            |            |         |           |              |              |             |                   |          |
| 3a         | Ar    | e th          | ere endowment funds<br>zation by:                    |   |              |             | tion that  | t are h    | eld an  | d admini  | istered fo   | r the        |             | Yes               | No       |
|            |       | -             | related organizations                                |   |              |             |            |            |         |           |              |              | 3a          |                   | <u> </u> |
| b          |       |               | lated organizations .s" on 3a(ii), are the re        |   |              |             |            | <br>dule R | ?.      |           |              |              | 3a(         |                   |          |
| 4          |       |               | be in Part XIII the inte                             |   |              |             |            |            |         |           |              |              |             |                   |          |
| Pa         | rt V  | _             | Land, Buildings,                                     |   |              |             |            |            |         |           |              |              |             |                   |          |
|            |       |               | Complete if the or                                   | ganization answ                         | ered "Yes    |             |            |            |         |           | . See Fo     | rm 990, Pa   |             |                   |          |
|            | De    | scrip         | otion of property                                    | (a) Cost or oth<br>(investme            |              | (b) Cost    | t or other | basis (d   | other)  | (c) Acc   | umulated o   | lepreciation | (d          | ) Book val        | ne       |
| <b>1</b> a | Lan   | ıd .          |  |   |              |             |            |            |         |           |              |              |             |                   |          |
|            |       |               | ıs   |   |              |             |            |            |         |           |              |              |             |                   |          |
|            |       |               | old improvements                                     |   |              |             |            |            |         |           |              |              |             |                   |          |
|            |       |               | ent  |   |              |             |            |            |         |           |              |              |             |                   |          |
|            |       |               |  |   |              |             |            |            | 12,314  |           |              | 12,314       |             |                   | 0        |
|            |       |               | ines 1a through 1e. (C                               | L<br>Column (d) must e                  | aual Form 9  | 990. Pari   | t X. colu  |            |         |           |              | <b>&gt;</b>  |             |                   |          |

| Part VII        | Investments—Other Securities. Complete if the organization answered "Yes" on Fo  | rm 990 Part IV li     | ne 11h   | See Form 990 I                  | Dart V line    | 12                         |
|-----------------|--|-----------------------|----------|---------------------------------|----------------|----------------------------|
|                 | (a) Description of security or category (including name of security)   | (b) Book value        | ile IID  | (c) Metho                       | d of valuation | on:                        |
| (1) Financia    | , <u> </u>   |                       |          | Cost or end-of                  | year marke     | t value                    |
| (3) Other _     | held equity interests  |                       |          |                                 |                |                            |
| (A) EXCHAN      | GE TRADED & CLOSED END FUNDS #3145   | 267,711               |          |                                 | С              |                            |
| (B) MUTUAL      | FUNDS #3145  | 721,317               |          |                                 | С              |                            |
| (C) MUTUAL      | FUNDS #8145  | 218,434               |          |                                 | С              |                            |
| (E)             |  |                       |          |                                 |                |                            |
| (F)             |  |                       |          |                                 |                |                            |
| (G)             |  |                       |          |                                 |                |                            |
| (H)             |  |                       |          |                                 |                |                            |
|                 | The second Secon | 4 207 462             |          |                                 |                |                            |
| Part VIII       | n (b) must equal Form 990, Part X, col. (B) line 12.)  Investments—Program Related.  | 1,207,462             |          |                                 |                |                            |
|                 | Complete if the organization answered 'Yes' on Fo  (a) Description of investment   | rm 990, Part IV, lii  | ne 11c   | See Form 990,<br>(b) Book value | 1              | e 13.<br>nod of valuation: |
|                 | (a) passiplier of investment   |                       |          | (b) book value                  |                | nd-of-year market<br>value |
| (1)             |  |                       |          |                                 |                |                            |
| (2)             |  |                       |          |                                 |                |                            |
| (3)             |  |                       |          |                                 |                |                            |
| (4)             |  |                       |          |                                 |                |                            |
| (5)             |  |                       |          |                                 |                |                            |
| (6)             |  |                       |          |                                 |                |                            |
| (7)             |  |                       |          |                                 |                |                            |
| (8)             |  |                       |          |                                 |                |                            |
| (9)             |  |                       |          |                                 |                |                            |
| Total. (Colum   | n (b) must equal Form 990, Part X, col.(B) line 13.)   |                       | <b>•</b> |                                 |                |                            |
| Part IX         | Other Assets.  Complete if the organization answered 'Yes' on For  | m 990. Part IV. lin   | e 11d.   | See Form 990. Par               | t X. line 15.  |                            |
| (4)             | (a) Description  | , ,                   |          | ,                               |                | <b>b)</b> Book value       |
| (1)             |  |                       |          |                                 |                |                            |
| (2)             |  |                       |          |                                 |                |                            |
| (3)             |  |                       |          |                                 |                |                            |
| (4)             |  |                       |          |                                 |                |                            |
| (5)<br>————     |  |                       |          |                                 |                |                            |
| (6)             |  |                       |          |                                 |                |                            |
| (7)             |  |                       |          |                                 |                |                            |
| (8)             |  |                       |          |                                 |                |                            |
| (9)             |  |                       |          |                                 |                |                            |
| Part X          | mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  |                       |          |                                 | <b>•</b>       |                            |
| 1.              | Complete if the organization answered 'Yes' on For  (a) Description  |                       | e 11e    | or 11f.See Form                 | 990, Part 1    | X, line 25. (b) Book value |
|                 | income taxes   | r or nasmey           |          |                                 |                | (B) Book value             |
| (2)             |  |                       |          |                                 |                |                            |
| (3)             |  |                       |          |                                 |                |                            |
| (4)             |  |                       |          |                                 |                |                            |
| (5)             |  |                       |          |                                 |                |                            |
| (6)             |  |                       |          |                                 |                |                            |
| (7)             |  |                       |          |                                 |                |                            |
| (8)             |  |                       |          |                                 |                |                            |
| (9)             |  |                       |          |                                 |                |                            |
|                 | n (b) must equal Form 990, Part X, col.(B) line 25.)   |                       |          | •                               |                |                            |
| 2. Liability fo | or uncertain tax positions. In Part XIII, provide the text of t  |                       | -        | on's financial state            |                | · —                        |
| organization    | 's liability for uncertain tax positions under FIN 48 (ASC 74  | 0). Check here if the | text of  | the footnote has be             | en provided    | in Part XIII 🔲             |

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Page 4

1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b

Other (Describe in Part XIII.) 2d 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4

2c

Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.) 4b b Add lines **4a** and **4b** . . . . . . . . . . . . . 4c

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

Part XIII Supplemental Information

Schedule D (Form 990) 2019

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Schedule D (Form 990) 2019  Part XIII Supplemental Infor | Page <b>5</b> |                            |
|--|---------------|----------------------------|
| Return Reference   | Explanation   |                            |
|  |               | Schedule D (Form 990) 2019 |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318132550 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization WINDERMERE FOUNDATION 91-1440894 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

|                 | dule G (Form 990 or 990-EZ) 2019  rt II Fundraising Events. Comple                                      |                             |  |                         |  |  |  |  |  |  |
|-----------------|---|-----------------------------|--|-------------------------|--|--|--|--|--|--|
|                 | than \$15,000 of fundraising e<br>gross receipts greater than \$5                                       |                             | gross income on Form                                 | n 990-EZ, lines 1 and 6 | b. List events with                            |  |  |  |  |  |
|                 |   | (a)Event #1                 | (b) Event #2   | (c)Other events         | (d) Total events<br>(add col. (a) through      |  |  |  |  |  |
|                 |   | (event type)                | GOLF TOURNAMENT<br>(event type)                      | (total number)          | col. <b>(c)</b> )                              |  |  |  |  |  |
| Revenue         |   |                             |  |                         |  |  |  |  |  |  |
|                 | 1 Gross receipts  | 242,729                     | 73,816   | 167,750                 | 484,295  |  |  |  |  |  |
|                 | 2 Less: Contributions   | 242,729                     | 73,816   | 167,750                 | 484,295  |  |  |  |  |  |
|                 | 4 Cash prizes   | -3,827                      | 661  | 13,632                  | 10,466   |  |  |  |  |  |
| Direct Expenses | 6 Rent/facility costs   | 9,104                       | 10,811   | 75,974                  | 95,889   |  |  |  |  |  |
| kbei            | <b>7</b> Food and beverages   | 15,946                      | 5,103  | 21,574                  | 42,623   |  |  |  |  |  |
| ញ<br>ក          | 8 Entertainment   | 2,800                       |  | 6,650                   | 9,450  |  |  |  |  |  |
| )ire            | 9 Other direct expenses   | 21,465                      |  | 5,734                   | 27,199   |  |  |  |  |  |
| _               | <b>10</b> Direct expense summary. Add lines 4 t   | hrough 9 in column (d)      |  | •                       | 185,627  |  |  |  |  |  |
|                 | 11 Net income summary. Subtract line 10   | from line 3, column (d)     |  | •                       | -185,627                                       |  |  |  |  |  |
| Par             | <b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.                                    | anization answered "Ye      | es" on Form 990, Part I                              | V, line 19, or reported | •  |  |  |  |  |  |
| Revenue         |   | (a) Bingo                   | <b>(b)</b> Pull tabs/Instant bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col.(a) through col.(c)) |  |  |  |  |  |
| Re              | 1 Gross revenue   |                             |  |                         |  |  |  |  |  |  |
| ses             | 2 Cash prizes   |                             |  |                         |  |  |  |  |  |  |
| xbei            | 3 Noncash prizes  |                             |  |                         |  |  |  |  |  |  |
| Direct Expense  | 4 Rent/facility costs   |                             |  |                         |  |  |  |  |  |  |
| ā               | 5 Other direct expenses   |                             |  |                         |  |  |  |  |  |  |
|                 |   | ☐ Yes%                      | ☐ Yes %  | ☐ Yes %                 |  |  |  |  |  |  |
|                 | <b>6</b> Volunteer labor  | ☐ No                        | ☐ No   | ☐ No                    |  |  |  |  |  |  |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d)   |                             |  |                         |  |  |  |  |  |  |
|                 | 8 Net gaming income summary. Subtract   | t line 7 from line 1, colum | n (d)  | •                       |  |  |  |  |  |  |
| 9<br>a<br>b     | Enter the state(s) in which the organizati Is the organization licensed to conduct ga If "No," explain: | aming activities in each of | these states?  |                         | ☐ Yes ☐ No                                     |  |  |  |  |  |
|                 |   |                             |  |                         |  |  |  |  |  |  |
| 10a<br>b        | Were any of the organization's gaming lic   | enses revoked, suspende     | d or terminated during the                           |                         | Yes No   |  |  |  |  |  |
| D               |   |                             |  |                         |  |  |  |  |  |  |

| Sche | dule G (Form 990 or 990-EZ) 20                                    | 19   |   |          |         | F   | age <b>3</b> |  |  |  |  |  |
|------|---|--|---|----------|---------|-----|--------------|--|--|--|--|--|
| 11   | Does the organization conduct                                     | gaming activities with nonmembers  | 5?  |          | Yes     | Пио |              |  |  |  |  |  |
| 12   | Is the organization a grantor, be formed to administer charitable |  | member of a partnership or other entity   |          | Yes     |     |              |  |  |  |  |  |
| 13   | Indicate the percentage of gam                                    | ing activity conducted in:   |   |          |         |     |              |  |  |  |  |  |
| а    | The organization's facility .                                     |  |   | 13a      |         |     | %            |  |  |  |  |  |
| b    | An outside facility   |  |   | 13b      |         |     | %            |  |  |  |  |  |
| 14   | Enter the name and address of                                     | the person who prepares the organ  | nization's gaming/special events books and  | records: |         |     |              |  |  |  |  |  |
|      | Name •  |  |   |          |         |     |              |  |  |  |  |  |
|      | Address >   |  |   |          |         |     |              |  |  |  |  |  |
| 15a  |   |  | m the organization receives gaming  |          | · 🗆 Yes | Пио |              |  |  |  |  |  |
| b    | If "Yes," enter the amount of g                                   | aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$ | anization ▶ \$ and  | the      |         |     |              |  |  |  |  |  |
| c    | If "Yes," enter name and addre                                    | ss of the third party:   |   |          |         |     |              |  |  |  |  |  |
|      | Name •  |  |   |          |         |     |              |  |  |  |  |  |
|      | Address ►   |  |   |          |         |     |              |  |  |  |  |  |
|      |   |  |   |          |         |     |              |  |  |  |  |  |
| 16   | Gaming manager information:                                       |  |   |          |         |     |              |  |  |  |  |  |
|      | Name 🟲  |  |   |          |         |     |              |  |  |  |  |  |
|      | Gaming manager compensation ▶ \$                                  |  |   |          |         |     |              |  |  |  |  |  |
|      | Description of services provided                                  | <b>d</b> ▶   |   |          |         |     |              |  |  |  |  |  |
|      | ☐ Director/officer  | ☐ Employee   | ☐ Independent contractor  |          |         |     |              |  |  |  |  |  |
| 17   | Mandatory distributions:  |  |   |          |         |     |              |  |  |  |  |  |
| а    | •   |  | stributions from the gaming proceeds to   |          | □Yes    | Пио |              |  |  |  |  |  |
| b    | Enter the amount of distributio                                   | ns required under state law distribu   | ited to other exempt organizations or spen  | Ī        | □ 1es   |     |              |  |  |  |  |  |
|      |   | pt activities during the tax year 🕨  | •   |          |         |     |              |  |  |  |  |  |
| Pai  |   |  | ions required by Part I, line 2b, colum<br>licable. Also provide any additional inf |          |         |     | s.           |  |  |  |  |  |
|      | Return Reference  |  | Explanation   |          |         |     |              |  |  |  |  |  |

efile GRAPHIC print - DO NOT PROCESS As Filed Data 
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

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

Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493318132550

2019

Open to Public Inspection

| Internal Revenue Service                           |                       |   |                             |  |   |                                       |                                    |
|--|-----------------------|---|-----------------------------|--|---|---------------------------------------|------------------------------------|
| Name of the organization WINDERMERE FOUNDATION     |                       |   |                             |  |   | Employer identific                    | cation number                      |
| Part I General Inform                              | ation on Grants       | and Assistance  |                             |  |   | 91-1440894                            |                                    |
| Does the organization mai                          |                       |   | the grants or assistance,   | the grantees' eligibility                | for the grants or assistant                                 | <br>ce, and                           |                                    |
| the selection criteria used                        | to award the grants   | or assistance?  |                             |  |   |                                       | ☑ Yes 🗆 No                         |
| 2 Describe in Part IV the org                      |                       |   |                             |  |   | " F 000 P+ T/ line                    | 21 fan anu naoiniant               |
| Part II Grants and Other that received more        | than \$5,000. Part II | i <b>estic Organizations a</b><br>can be duplicated if ad | ditional space is needed.   | ents. Complete if the o                  | rganization answered "Yes                                   | on Form 990, Part IV, line            | 21, for any recipient              |
| (a) Name and address of organization or government | (b) EIN               | (c) IRC section<br>(if applicable)                        | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| (1) See Additional Data                            |                       |   |                             |  |   |                                       |                                    |
| (2)  |                       |   |                             |  |   |                                       |                                    |
| (3)  |                       |   |                             |  |   |                                       |                                    |
| (4)  |                       |   |                             |  |   |                                       |                                    |
| (5)  |                       |   |                             |  |   |                                       |                                    |
| (6)  |                       |   |                             |  |   |                                       |                                    |
| (7)  |                       |   |                             |  |   |                                       |                                    |
| (8)  |                       |   |                             |  |   |                                       |                                    |
| (9)  |                       |   |                             |  |   |                                       |                                    |
| (10)   |                       |   |                             |  |   |                                       |                                    |
| (11)   |                       |   |                             |  |   |                                       |                                    |
| (12)   |                       |   |                             |  |   |                                       |                                    |
| 2 Enter total number of sect                       |                       |   |                             |  |   |                                       | 119                                |
| 3 Enter total number of other                      |                       |   | · · · · · ·                 | Cat. No. 5005                            |   |                                       | nedule I (Form 990) 2019           |
| TOT PAPELMOIN REGUCCION ACT NOTE                   | .e, see me msmucho    | nis ioi Fullii 330.                                       |                             | Cat. No. 3003                            | <b>7</b> F  | 3CF                                   | icuuic 1 (FUIIII 990) 2019         |

| Schedule I (Form 990) 2019  Part III  Grants and Other Assistance Part III can be duplicated if addi |                          | . Complete if the orga | nization answered "Yes" | on Forn | n 990, Part IV, line 22.                         | Page <b>2</b>                         |
|--|--------------------------|------------------------|-------------------------|---------|--|---------------------------------------|
| (a) Type of grant or assistance  | (b) Number of recipients | (c) Amount             |                         |         | (e) Method of valuation<br>FMV, appraisal, other | (f) Description of noncash assistance |
| (1)  |                          |                        |                         |         |  |                                       |
| (2)  |                          |                        |                         |         |  |                                       |
| (3)  |                          |                        |                         |         |  |                                       |
| (4)  |                          |                        |                         |         |  |                                       |
| (5)  |                          |                        |                         |         |  |                                       |
| (6)  |                          |                        |                         |         |  |                                       |
| (7)  |                          |                        |                         |         |  |                                       |

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

**Return Reference** 

# **Additional Data**

AMARA

WAY S

5907 MARTIN LUTHER KING JR

SEATTLE, WA 981182625

|  |                  | Software ID                   | 1                           |  |   |   |                                       |  |  |
|--|------------------|-------------------------------|-----------------------------|--|---|---|---------------------------------------|--|--|
|  |                  | Software Version              | 1                           |  |   |   |                                       |  |  |
|  | EIN              | 91-1440894                    | 91-1440894                  |  |   |   |                                       |  |  |
|  | : WINDERMERE FOU | WINDERMERE FOUNDATION         |                             |  |   |   |                                       |  |  |
|  |                  |                               |                             |  |   |   |                                       |  |  |
|  |                  |                               |                             |  |   |   |                                       |  |  |
|  |                  |                               |                             |  |   |   |                                       |  |  |
| Form 990, Schedule I, Part                         | II, Grants and   | Other Assistance to           | Domestic Organiza           | tions and Domest                         | ic Governments.   |   |                                       |  |  |
| (a) Name and address of organization or government | (b) EIN          | (c) IRC section if applicable | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |  |  |

6,500

6,500

501(3)

EMERGENCY

ASSISTANCE

BABIES/YOUTH/CHILD

# or government ACRES OF DIAMONDS 91-1684691 501(3) 26326 NE KENNEDY DR DUVALL, WA 980198430

91-0577487

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-3393329 501(3) 5.000 IEDUCATION/JOB AMERICAN FOUNDATION OF SUICIDE PREVENTION TRAINING & COUNSELING 120 WALL STREET - 29TH

FLOOR NEW YORK, NY 100054015 501(3) 25,000 ANGEL FLIGHT WEST 95-3956297 3161 DONALD DOUGLAS LOOP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEMERGENCY LASSISTANCE SANTA MONICA, CA 904053210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ARMS AROUND BAINBRIDGE 26-2180591 501(3) 5.000 **IEMERGENCY** PO BOX 4538 LASSISTANCE BABIES/YOUTH/CHILD

ROLLINGBAY, WA 980610538

ASSISTANCE LEAGUE OF 91-1723025 501(3) 17,500

EASTSIDE 16541 REDMOND WAY PMB 291C

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REDMOND, WA 98052

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 51-0170717 501(3) 5.000 IEDUCATION/JOB ASSOCIATED RECREATION COUNCIL TRAINING &

40.140

COUNSELING

SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

## 8061 DENSMORE AVE N SEATTLE, WA 981034436 ATTAIN HOUSING

125 STATE ST S KIRKLAND, WA 98033 91-1481848

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BACKPACK MEALS (PART OF 91-6013536 501(3) 12,000 LEMERGENCY THE SEATTLE FOUNDATION) LASSISTANCE 1200 FIFTH AVENUE SUITE 1300

SEATTLE, WA 981013151 501(3) 6,000 BAINBRIDGE HIGH SCHOOL 91-2155208 SCHOLARSHIP PROGRAM (BAINBRIDGE COMMUNITY FOUNDATION 149 FINCH PL SW STE 4

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SCHOLARSHIPS BAINBRIDGE ISLAND, WA 98110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) BALLARD FOOD BANK 91-1428805 501(3) 12,317 **IEMERGENCY** 

SEATTLE, WA 98107

| 5130 LEARY AVE NW<br>SEATTLE, WA 98107  |            |        |       |  | ASSISTANCE              |
|---|------------|--------|-------|--|-------------------------|
| BALLARD SENIOR CENTER<br>(SENIOR SERVICES<br>NORTHWEST SENIOR<br>ACTIVITY CENTER)<br>5429 32ND AVE NW | 91-1156588 | 501(3) | 5,493 |  | EMERGENCY<br>ASSISTANCE |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-0819265 501(3) 7.500l SCHOLARSHIPS BELLEVUE COLLEGE 3000 LANDERHOLM CIR SE

EMERGENCY ASSISTANCE

42.300

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

BELLEVUE, WA 98007

BELLEVUE LIFESPRING

PO BOX 53203 BELLEVUE, WA 98015 91-0658551

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) BIG BROTHERS BIG SISTERS 91-1877376 501(3) 7.600 BABIES/YOUTH/CHILD

| OF ISLAND COUNTY<br>913 E WHIDBEY AVE<br>OAK HARBOR, WA 98277 |            | ,      | ,     |  | , .                |
|---|------------|--------|-------|--|--------------------|
| BIG BROTHERS BIG SISTERS                                      | 91-0673185 | 501(3) | 5,728 |  | BABIES/YOUTH/CHILD |

OF PUGET SOUND 1600 S GRAHAM ST SEATTLE, WA 981082821

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 26-1620304 501(3) 5.000 LEMERGENCY BLESSINGS UNDER THE BRIDGE ASSISTANCE

| 7503 E SPRAGUE AVE<br>SPOKANE VALLEY, WA<br>992122932 |            |        |       |  |                    |
|---|------------|--------|-------|--|--------------------|
| BOYS & GIRLS CLUB OF<br>BALLARD (BOYS AND GIRLS       | 91-0532600 | 501(3) | 9,027 |  | BABIES/YOUTH/CHILD |

CLUBS OF KING COUNTY) 603 STEWART ST STE 300 SEATTLE, WA 981011289

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 91-0776451 501(3) 7.500 BABIES/YOUTH/CHILD BOYS & GIRLS CLUB OF BELLEVUE 209 100TH AVE NE

209 100TH AVE NE
BELLEVUE, WA 98004

BOYS & GIRLS CLUB OF 95-3507225 501(3) 10,000

CATHEDRAL CITY 32141 WHISPERING PALMS TRL
CATHEDRAL CITY, CA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

922343969

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) **BOYS & GIRLS CLUB OF** 13-5562976 501(3) 25.000 BABIES/YOUTH/CHILD AMERICA (HEADQUARTERS) 1275 PEACHTREE STREET NE ATLANTA, GA 303093506

**BOYS & GIRLS CLUBS OF** 94-1525614 501(3) 6.940 BABIES/YOUTH/CHILD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONTRA COSTA 1301 ALHAMBRA AVE MARTINEZ, CA 94553

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 81-1378327 501(3) 25.000 BROOKSEE FOUNDATION BABIES/YOUTH/CHILD 254 S 700 W

PLEASANT GROVE, UT 84062 CANCER LIFELINE PATIENT 91-6182951 501(3) 6.000 LEMERGENCY ASSISTANCE FUND LASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6522 FREMONT AVE N SEATTLE, WA 98103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 27-1682190 501(3) 6.000 SHELTER CAPITOL HILL HOUSING 1620 12TH AVE STE 205

ISCHOLARSHIPS

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

CASCADIA COLLEGE

18345 CAMPUS WAY NE BOTHELL, WA 98011 91-1986593

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CHELAN DISTRICT 7 47-2102870 501/31 ള നനവ TEMERGENCY

| FIREFIGHTERS ASSOCIATION<br>PO BOX 1317<br>CHELAN, WA 98816 | 1,7 22020,0 | 302(0) | 0,000   |  | ASSISTANCE         |
|---|-------------|--------|---------|--|--------------------|
| CHILDREN'S JUSTICE CENTER                                   | 45-4946456  | 501(3) | 160,000 |  | BABIES/YOUTH/CHILD |

PO BOX 877

KELSO, WA 986260077

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

| EVERETT, WA 98208                   | 44 1060700 | 501/2) | F.000 |  | COUNSELING                  |
|-------------------------------------|------------|--------|-------|--|-----------------------------|
| CHILDSTRIVE<br>14 E CASINO RD STE A | 91-6053563 | 501(3) | 8,500 |  | EDUCATION/JOB<br>TRAINING & |
| CHILD CEDIVE                        | 04 6053563 | F04(2) | 0.500 |  | EDUCATION (10B              |

COUNSELING

COLLEGE POSSIBLE 41-1968/98 501(3) 5.0001 TEDUCATION/JOB 755 PRIOR AVE N STE 210 ITRAINING &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAINT PAUL, MN 55104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-2036088 501(3) 25.000 SCHOLARSHIPS COLLEGE SUCCESS FOUNDATION

LASSISTANCE

FOUNDATION
1605 NW SAMMAMISH RD 200
ISSAQUAH, WA 98027

COMMUNITY ACTION 93-0554941 501(3) 5,000 EMERGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1001 SW BASELINE ST

HILLSBORO, OR 97123

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

LASSISTANCE

| COMPASS HEALTH           | 91-1180810 | 501(3) | 5,000 |  | EDUCATION/JOB |
|--------------------------|------------|--------|-------|--|---------------|
| 4526 FEDERAL AVE BLDG 4E |            |        |       |  | TRAINING &    |
| EVERETT, WA 982032132    |            |        |       |  | COUNSELING    |
|                          |            |        |       |  |               |

501(3) 9.358 COMPASS HOUSING ALLIANCE 91-0578229 LEMERGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

210 ALASKAN WAY S SEATTLE, WA 981042510

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-0786145 501(3) 5.000 SHELTER CROSSROADS SAFEHOUSE PO BOX 993

EMERGENCY ASSISTANCE

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

FORT COLLINS, CO 80525

EASTSIDE ACADEMY

1717 BELLEVUE WAY NE BELLEVUE, WA 98004 60-2157596

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-1617032 501(3) 25.000 EASTSIDE BABY CORNER **IEMERGENCY** PO BOX 712 LASSISTANCE ISSAOUAH, WA 98027 FAMILY PROMISE OF NORTH 14-1971894 501(3) 5.0001 LEMERGENCY LASSISTANCE

IDAHO 501 E WALLACE AVE

COEUR DALENE, ID 83814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 26-0457477 501(3) 15.000l **IEMERGENCY** FEEDING SAN DIEGO 9455 WAPLES ST STE 135 LASSISTANCE SAN DIEGO, CA 92121

BABIES/YOUTH/CHILD

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

FIRST JUDICIAL DISTRICT
CASA PROGRAM
816 E SHERMAN AVE STE 6
COEUR DALENE, ID

838144921

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FOUNDATION FOR EDMONDS 91-1296816 501(3) 5.000 SCHOOL ASSISTANCE SCHOOL DISTRICT

PO BOX 390 LYNNWOOD. WA 980460390 FRIENDS OF JANE ADDAMS 47-1029355 501(3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98165

ISCHOOL ASSISTANCE MUSIC PO BOX 27497

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JUTH/CHILD

| FRIENDS OF YOUTH<br>13116 NE 132ND ST<br>KIRKLAND, WA 980342306 | 91-0672501 | 501(3) | 6,000  |  | BABIES/YOUTH/CHILD |
|---|------------|--------|--------|--|--------------------|
| GEORGE POCOCK ROWING  | 91-1276445 | 501(3) | 25,000 |  | BABIES/YOUTH/CHILD |

SEATTLE, WA 98102

FOUNDATION 3320 FUHRMAN AVE E

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government GIRLS BUILD 81-1411091 501(3) 5.000 IEDUCATION/JOB PO BOX 11893 TRAINING &

PORTLAND, OR 97211 COUNSELING

GREATER METRO PARKS 91-1482669 501(3) 31,350

BABIES/YOUTH/CHILD

FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4702 S 19TH ST TACOMA, WA 98405

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GREEN LAKE ELEMENTARY PTA 91-1442923 501(3) 5.200 ISCHOOL ASSISTANCE

| 2400 N 65TH ST<br>SEATTLE, WA 981035412     |            | , ,    | ·     |  |         |
|---|------------|--------|-------|--|---------|
| HABITAT FOR HUMANITY OF<br>SNOHOMISH COUNTY | 91-1528130 | 501(3) | 5,000 |  | SHELTER |

16929 HIGHWAY 99 STE 100 LYNNWOOD, WA 980373102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HELPLINE PROJECT BACKPACK 91-0902503 501(3) 5.000 BABIES/YOUTH/CHILD 282 KNECHTEL WAY NE

| BAINBRIDGE ISLAND, WA<br>98110   |            |        |       |  |                         |
|----------------------------------|------------|--------|-------|--|-------------------------|
| HOPE CREEK CHARITABLE FOUNDATION | 60-3150014 | 501(3) | 6,020 |  | EMERGENCY<br>ASSISTANCE |

4326 148TH ST SE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MILL CREEK, WA 980120000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

COUNSELING

| HOUSING HOPE<br>5830 EVERGREEN WAY<br>EVERETT, WA 98203 | 94-3060709 | 501(3) | 30,120 |  | SHELTER    |
|---|------------|--------|--------|--|------------|
| HUMAN COLUTIONS   | 02 0077166 | E01/2) | F 000  |  | EDUCATION/ |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PORTLAND, OR 97236

|EDUCATION/JOB HUMAN SOLUTIONS 93-09//166 501(3) 5.0001 12350 SE POWELL BLVD ITRAINING &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LIMBLE DESIGN 27-0410099 E01(3) 6 0001 CHELTED

| 3235 16TH AVE SW   | 27-0410000 | 301(3) | 0,000 |  | STILLTER           |
|--------------------|------------|--------|-------|--|--------------------|
| SEATTLE, WA 98134  |            |        |       |  |                    |
| IMAGINE CHILDREN'S | 94-3153591 | 501(3) | 5,000 |  | BABIES/YOUTH/CHILD |

MUSEUM 1502 WALL ST

EVERETT, WA 98201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 94-3110312 501(3) 5.000 IMAGINE HOUSING BABIES/YOUTH/CHILD 10604 NE 38TH PLACE

KIRKLAND, WA 980337933 ISSAOUAH FOOD AND 91-1245499 501(3) 5.0001 CLOTHING BANK

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEMERGENCY LASSISTANCE 179 1ST AVENUE SE ISSAOUAH, WA 98027

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| JOHN ROGERS PTA<br>4030 NE 109TH ST<br>SEATTLE, WA 98125 | 91-1154646 | 501(3) | 7,130 |  | SCHOOL ASSISTANCE  |
|--|------------|--------|-------|--|--------------------|
| EVERGREEN CHILDREN'S                                     | 91-1450148 | 501(3) | 5.500 |  | BABIES/YOUTH/CHILD |

ASSOCIATION DBA KIDS CO 2208 NW MARKET ST STE 510

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) KINDERING 91-0816827 501(3) 5.000 IEDUCATION/JOB 16120 NE 8TH STREET TRAINING & COUNSELING BELLEVUE, WA 98008

KOOTENAI HEALTH 82-0380784 501(3) 8,100 EMERGENCY ASSISTANCE COEUR DALENE, ID

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

838146051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LAKEWOOD CENTER FOR THE 93-0700108 501(3) 5,000 IEDUCATION/JOB ADTO TDATNITHE O

| 368 S STATE<br>LAKE OSWEGO, OR 97034 |            |        |       |  | COUNSELING        |
|--------------------------------------|------------|--------|-------|--|-------------------|
| LAURELHURST ELEMENTARY               | 91-1093520 | 501(3) | 6,500 |  | SCHOOL ASSISTANCE |

SCHOOL 4530 46TH AVE NE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LIFEWIRE 91-1190193 501(3) 22.000 **IEMERGENCY** 

| PO BOX 6398<br>BELLEVUE, WA 98008 |            | ,      | ·     |  | ASSISTANCI |
|-----------------------------------|------------|--------|-------|--|------------|
| LOW INCOME HOUSING                | 94-3155150 | 501(3) | 6,112 |  | SHELTER    |

SEATTLE, WA 981211311

INSTITUTE 2407 1ST AVE SUITE 200

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-1642388 501(3) 8.072 **IEMERGENCY** LYNNWOOD FOOD BANK 5320 176TH ST SW LASSISTANCE LYNNWOOD, WA 98037

EMERGENCY ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

MAMMA'S HANDS

PO BOX 40464 BELLEVUE, WA 98015 91-1535909

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-2087950 501(3) 123.300 MARY'S PLACE **IEMERGENCY** 1830 9TH AVE

5.0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

SEATTLE, WA 981011321

MARYSVILLE COMMUNITY
FOOD BANK
PO BOX 917

MARYSVILLE, WA 98270

91-1347507

ASSISTANCE

EMERGENCY
ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 91-0577129 501(3) 5.850 **IEMERGENCY** MAUD'S HOUSEVOLUNTEERS OF AMERICA WESTERN WA LASSISTANCE

2802 BROADWAY EVERETT, WA 98201 MEDICAL TEAMS 93-0878944 501(3) 5.000 **IEMERGENCY** INTERNATIONAL LASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

14150 SW MILTON CT PORTLAND, OR 97224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government H/CHILD

LASSISTANCE

| MOCKINGBIRD SOCIETY<br>2100 24TH AVENUE SOUTH<br>SEATTLE, WA 981444637 | 91-2051340 | 501(3) | 5,000  |  | BABIES/YOUTH/0 |
|--|------------|--------|--------|--|----------------|
| MULTI-COMMUNITIES (MIC)  | 60-2286833 | 501(3) | 11,750 |  | EMERGENCY      |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4742 42ND AVE SW 264

SEATTLE, WA 98116

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NEW AVENUES FOR YOUTH 93-0910213 501(3) 98.800 BABIES/YOUTH/CHILD 812 SW 10TH AVE PORTLAND, OR 97205 PANTRY PACKS - LAKE 55-0891792 501(3) 7.500l **IEMERGENCY** 

LASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PANTRY PACKS - LAKE WASHINGTON SCHOOLS FOUNDATION PO BOX 83

REDMOND, WA 98073

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 74-2486211 501(3) 5.000 LARIMER COUNTY PARTNERS IBABIES/YOUTH/CHILD INC PARTNERS MENTORING YOUTH 530 S COLLEGE AVE STE 1

FORT COLLINS, CO 80524 PAWS 501(3) 19,560 91-0952064 4688 LYNNWOOD CTR RD STE 110

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEMERGENCY ASSISTANCE BAINBRIDGE ISLAND, WA 98110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 26-4675556 501(3) 5.000 PEACOCK FAMILY SERVICES BABIES/YOUTH/CHILD 305 MADISON AVE N STE C

BABIES/YOUTH/CHILD

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

305 MADISON AVE N STE BAINBRIDGE ISLAND, WA 98110

338 NW 6TH AVE PORTLAND, OR 97209 93-1327944

PFAR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DIKE DI ACE MARKET 27-2992712 501/31 25 nonl BABIES/YOUTH/CHILD

|                        | _,,        | \-/      | ,     |  |          |
|------------------------|------------|----------|-------|--|----------|
| FOUNDATION             |            |          |       |  | 1        |
| 85 PIKE STREET 500     |            |          |       |  |          |
| SEATTLE, WA 98101      |            |          |       |  |          |
| PLYMOUTH HOUSING GROUP | 91-1122621 | 501(3)   | 7,000 |  | SHELTER  |
| PLIMOUTH HOUSING GROUP | 91-1122021 | ] 501(3) | /,000 |  | JOHELIEK |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 981212321

2113 3RD AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 93-1256066 501(3) 5.000 IEDUCATION/JOB PORTLAND TENNIS & EDUCATION TRAINING & COUNSELING

BABIES/YOUTH/CHILD

5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

4840 SW WESTERN AVE STE 100 BEAVERTON, OR 97005

4816 SE 92ND AVE PORTLAND, OR 97266

PORTLAND YOUTHBUILDERS

94-3123483

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 501(3) 5.000 OUEEN ANNE HELPLINE 91-1187354 **IEMERGENCY** LASSISTANCE

311 W MCGRAW ST SEATTLE, WA 981192666 RAINIER FOOTHILLS 91-1192604 501(3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LEMERGENCY WELLNESS FOUNDATION LASSISTANCE 1675 COLE ST ENUMCLAW, WA 98022

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government REBUILDING TOGETHER 94-3132936 501/31 E 0001 I EMERGENCY

| PORTLAND<br>5000 N WILLAMETTE BLVD<br>PORTLAND, OR 97203 | 34 3132330 | 301(3) | 3,000 |  | ASSISTANCE    |
|--|------------|--------|-------|--|---------------|
| PURILAND, OR 9/203                                       |            |        |       |  |               |
| DEFLICEE ADTICANI INITIATIVE                             | 82-0061407 | 501(3) | 5.400 |  | EDUCATION/10B |

COUNSELING

KELOGEE AKTISAN INITIATIVE 02-0901407 DOTION 5,400 I EDUCA I I UN/JUD 4616 25TH AVE NE UNIT 428 TRAINING &

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

BABIES/YOUTH/CHILD

| ROSE HAVEN             | 20-5922682 | 501(3) | 5,000 |  | EMERGENCY  |
|------------------------|------------|--------|-------|--|------------|
| PO BOX 11620           |            |        |       |  | ASSISTANCE |
| PORTLAND, OR 972110620 |            |        |       |  |            |

10.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

ROYAL FAMILY KIDS

24205 SE ISSA-FALL CITY RD ISSAQUAH, WA 98029

60-2363700

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

| RYTHER<br>2400 NE 95TH ST<br>SEATTLE, WA 98115 | 91-0564983 | 501(3) | 5,500 |  | BABIES/YOUTH/CHILD          |
|--|------------|--------|-------|--|-----------------------------|
| SAFE CROSSINGS<br>FOUNDATION                   | 75-2992774 | 501(3) | 5,000 |  | EDUCATION/JOB<br>TRAINING & |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98101

1402 3RD AVE STE 1322 ICOUNSELING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 27-3673859 501(3) 5.000 SCHOOL ASSISTANCE SAND POINT PTSA 6208 60TH AVE NE

SEATTLE, WA 98115

SATURDAY ACADEMY 93-0401259 501(3) 5,000

(UNIVERSITY OF PORTLAND) TRAINING & COUNSELING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BI VD

PORTLAND, OR 97203

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 91-1156519 501(3) 75,000 SHELTER SEATTLE CHILDREN'S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| SEATTLE, WA 971455005 SEATTLE CHILDREN'S SOCIAL | 91-0564748 | 501(3) | 33,292 |  | EMERGENCY |
|---|------------|--------|--------|--|-----------|
| PO BOX 5371                                     |            |        |        |  |           |
| FOUNDATION                                      |            |        |        |  |           |
| HOSPITAL & RESEARCH                             |            |        |        |  |           |

LASSISTANCE

WORK DEPARTMENT 4800 SAND POINT WAY NE

SEATTLE, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

| SEATTLE EDUCATION ACCESS<br>6920 ROOSEVELT WAY NE 355<br>SEATTLE, WA 98115 | 04-3602577 | 501(3) | 6,000  |  | EDUCATION/JOB<br>TRAINING &<br>COUNSELING |
|--|------------|--------|--------|--|---|
| SHELTER KIDS INC   | 87-0498680 | 501(3) | 21,000 |  | BABIES/YOUTH/CHILD                        |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

177 W PRICE AVENUE SALT LAKE CITY, UT 84115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

LASSISTANCE

| SOUTH SOUND YMCA<br>2102 CARRIAGE ST SW STE K<br>OLYMPIA, WA 98502 | 91-0586473 | 501(3) | 8,000 |  | BABIES/YOUTH/CHILD |
|--|------------|--------|-------|--|--------------------|
| THE ARC OF KING COUNTY   | 91-0594684 | 501(3) | 5,000 |  | EMERGENCY          |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

233 6TH AVE N SEATTLE, WA 98109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-2792375 501(3) 5.000 THE CE SHOP FOUNDATION **IEMERGENCY** 5670 GREENWOOD PLAZA LASSISTANCE

BLVD STE 420
GREENWOOD VLG, CO 80111

THE OPPORTUNITY COUNCIL 91-0787820 501(3) 9,154

SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1111 CORNWALL AVE BELLINGHAM, WA 982255039

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 91-6001537 501(3) 5.000 IEDUCATION/JOB THE UW OFFICE OF MINORITY AFFAIRS AND DIVERSITY TRAINING &

5.000

COUNSELING

SCHOOL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(3)

| PO BOX 355852      |            |
|--------------------|------------|
| SEATTLE, WA 98195  |            |
| TOLEDO HIGH SCHOOL | 91-1341373 |

PO BOX 820 TOLEDO, WA 98591

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government /YOUTH/CHILD

| TURNING ROINT  | 20 5110202 | F04(2) | 0.730 |  | EMEDGEN  |
|--|------------|--------|-------|--|----------|
| TREEHOUSE<br>2100 24TH AVENUE SOUTH<br>SEATTLE, WA 981444637 | 91-1425676 | 501(3) | 5,500 |  | BABIES/Y |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TURNING POINT

SHORELINE, WA 981335751

**IEMERGENCY** 20-5118203 501(3) 9.7201 LASSISTANCE 1315 N 160TH ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(3) 5.000 UNION GOSPEL MISSION 91-0613587 **IEMERGENCY** 

1224 E TRENT AVE
SPOKANE, WA 99202

UNIVERSITY FAMILY YMCA 91-0482710 501(3) 12,500

(YMCA OF GREATER SEATTLE)

BABIES/YOUTH/CHILD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5003 12TH AVE NE SEATTLE, WA 98105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government UNIVERSITY OF WASHINGTON 91-6001537 501(3) 6,483 SCHOLARSHIPS

| PO BOX 355852<br>SEATTLE, WA 98195                      |            |        |        |  |              |
|---|------------|--------|--------|--|--------------|
| UNIVERSITY OF WASHINGTON<br>FOUNDATION<br>PO BOX 355852 | 91-6001537 | 501(3) | 21,000 |  | SCHOLARSHIPS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98195

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 91-6001537 501(3) 10,000 UNIVERSITY OF WASHINGTON I BABIES/YOUTH/CHILD

| LICO NORTHWEST                               | 01 0572116 | E01/3) | 10,000 |  | EMEDGENCY |
|--|------------|--------|--------|--|-----------|
| ROWING<br>PO BOX 355852<br>SEATTLE, WA 98195 |            |        |        |  |           |

USO NORTHWEST 91-05/3116 501(3) 10,000 TEMERGENCY 17801 INTERNATIONAL BLVD LASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATAC, WA 98158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 13-1692595 501(3) 8.500 VOLUNTEERS OF AMERICA **IEMERGENCY** 1230 BROADWAY LASSISTANCE EVERETT, WA 98201 91-6001108 501(3) 7.000 SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON STATE UNIVERSITY PO BOX 641024

PULLMAN, WA 991641024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) WHIDBEYHEALTH 91-1147024 501(3) 5,250 **IEMERGENCY** 

LASSISTANCE

| FOUNDATION (WHIDBEY      |  |  |  | ASSISTANCE |
|--------------------------|--|--|--|------------|
| ISLAND HOSPITAL          |  |  |  |            |
| FOUNDATION)              |  |  |  |            |
| PO BOX 641               |  |  |  |            |
| COUPEVILLE, WA 982390641 |  |  |  |            |
|                          |  |  |  |            |

501(3) 6.850 WILLIAM TEMPLE HOUSE 93-0559964 LEMERGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2023 NW HOYT ST

PORTLAND, OR 972091211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 91-0482710 501(3) 16.434 YMCA CAMPING & OUTDOOR BABIES/YOUTH/CHILD

BABIES/YOUTH/CHILD

LEADERSHIP 909 FOURTH AVENUE SEATTLE, WA 98104

6.000

YMCA OF GREATER SEATTLE

5003 12TH AVE NE SEATTLE, WA 98105 501(3)

91-0482710

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government YMCA OF SNOHOMISH 91-0565561 E01/21 10 0001 IBABIES/YOUTH/CHILD

| Trick of Shorionish   | 31-0303301 | 301(3) | 10,000 |  |   |
|-----------------------|------------|--------|--------|--|---|
| COUNTY                |            |        |        |  | ĺ |
| 2720 ROCKEFELLER AVE  |            |        |        |  | ĺ |
| EVERETT, WA 982013523 |            |        |        |  | ĺ |
|                       |            |        |        |  |   |

501(3) YOUTH FASTSIDE SERVICES 91-0849093 7.500l BABIES/YOUTH/CHILD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

999 164TH AVENUE NE BELLEVUE, WA 98008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

YOUTHCARE 91-0917079 501(3) 38,900 BABIES/YOUTH/CHILD 2500 NE 54TH ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98105

| efile GRAPH                                       | IC print - DO NOT PROCESS  | DLN: 93493318132550                        |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| (Form 990 or<br>EZ)                               | Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on |  |  |  |  |  |  |
| Namel Setherofg<br>WINDERMERE FOU<br>990 Schedule | NDATION  | mployer identification number<br>1-1440894 |  |  |  |  |  |
| Return<br>Reference                               | Explanation  |  |  |  |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2     | CHRISTINE WOOD AND JILL WOOD HAVE A FAMILY RELATIONSHIP.   |  |  |  |  |  |  |

Return Explanation
Reference

990 Schedule O, Supplemental Information

| FORM 990,  | AFTER PREPARATION OF THE RETURN BY OUR OUTSIDE CPAS, THE SECRETARY/TREASURER REVIEWS THE R |
|------------|--|
| PART VI,   | ETURN AND PRESENTS IT TO THE OFFICERS FOR THEIR REVIEW. THE RETURN IS DISTRIBUTED TO THE B |
| SECTION B, | OARD PRIOR TO FILING WITH THE IRS.   |
| LINE 11B   |  |

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, STATEMENTS WOULD BE PROVIDED.

SECTION C, LINE 19

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318132550 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** WINDERMERE FOUNDATION 91-1440894 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

| (a)<br>Name, address, and EIN of<br>related organization   | (a) Name, address, and EIN of related organization |                              | (c) Legal domicile (state or foreign country)         | (d)<br>Direct<br>controlling<br>entity | (e) Predomir income(rel unrelate excluded tax und sections 5 514) | nant Sha<br>lated, total<br>ed,<br>from<br>ler<br>512- | f)<br>re of<br>income |  | (h)<br>Disproprtionate<br>allocations? |                                   | Code V-UB:<br>amount in be<br>20 of<br>Schedule K-<br>(Form 1065 | managing<br>partner?            |      |                                   |                             |
|--|--|------------------------------|---|--|---|--|-----------------------|--|--|-----------------------------------|--|---------------------------------|------|-----------------------------------|-----------------------------|
|  |  |                              |   |  | 52.,  |  |                       |  | Yes                                    | No                                |  | Yes                             | No   |                                   |                             |
|  |  |                              |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
|  |  |                              |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
|  |  |                              |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
|  |  |                              |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
|  |  |                              |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
| Part IV Identification of Related Organi   | zations Taxable as a (                             | Corporation                  | or Trus   | t. Complete                            | e if the or   | ganizatio  | n ans                 | wered "Ye                              | s" on f                                | orm 9                             | 990, Part I  | V, lin                          | e 34 |                                   |                             |
| because it had one or more related   | organizations treated as                           | c a corporatio               |   |  |   |  |                       |  |  |                                   |  |                                 |      |                                   |                             |
| (a) Name, address, and EIN of related organization   | (b) Primary activity                               | (<br>Le<br>dor<br>(state d   | (c)<br>egal<br>nicile<br>or foreign                   | Direct                                 | (d)<br>controlling<br>entity                                      | (e) Type of ent (C corp, S coor trust)                 | ity s                 | <b>(f)</b><br>Share of total<br>income |  | (g)<br>e of end<br>year<br>assets | -of- Perc  | ( <b>h)</b><br>entage<br>ership | [(   | (i)<br>ection<br>13) cor<br>entil | ntrolle<br>ty?              |
| related organization   | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | ity s                 | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor                           | ntrolle<br>ty?<br><b>No</b> |
| related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1151 FAIRVIEW AVE N STE 105  SEATTLE, WA 98109   | (b)  | Le<br>dor<br>(state o<br>cou | (c)<br>egal<br>nicile<br>or foreign                   | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co                    | orp,                  | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?              |
| related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109  | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | ity S                 | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?<br><b>No</b> |
| related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1.151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109   | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | orp,                  | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?<br><b>No</b> |
| related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1.151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109   | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | ity sorp,             | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?<br><b>No</b> |
| (a) Name, address, and EIN of related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109 91-1218831 | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | ity s                 | <b>(f)</b><br>Share of total<br>income |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?<br><b>No</b> |
| related organization  (1)WINDERMERE REAL ESTATE SERVICES COMPANY  1151 FAIRVIEW AVE N STE 105 SEATTLE, WA 98109  | <b>(b)</b><br>Primary activity                     | Le<br>dor<br>(state o<br>cou | ( <b>c)</b><br>egal<br>micile<br>or foreign<br>intry) | Direct                                 | (d)<br>controlling<br>entity                                      | (e)<br>Type of ent<br>(C corp, S co<br>or trust)       | ity s                 | (f)<br>Share of total<br>income        |  | e of end<br>year                  | -of- Perc  | entage                          | [(   | 13) cor<br>entil                  | ntrolle<br>ty?<br><b>No</b> |

| Schedule R (Form 990) 2019   |  |            | Pag      | ge <b>3</b> |
|--|--|------------|----------|-------------|
| Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b,                              | or 36.                                 |            |          |             |
| Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |  | ,          | Yes      | No          |
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?        |  |            |          |             |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |  | 1a         |          | No          |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |  | <b>1</b> b |          | No          |
| ${f c}$ Gift, grant, or capital contribution from related organization(s)  |  | 1c         |          | No          |
| d Loans or loan guarantees to or for related organization(s)   |  | 1d         |          | No          |
| e Loans or loan guarantees by related organization(s)  |  | 1e         |          | No          |
| f Dividends from related organization(s)   |  | 1f         |          | No          |
| g Sale of assets to related organization(s)  |  | 1g         |          | No          |
| h Purchase of assets from related organization(s)  |  | 1h         |          | No          |
| i Exchange of assets with related organization(s)  |  | 1i         |          | No          |
| j Lease of facilities, equipment, or other assets to related organization(s)   |  | 1j         |          | No          |
| k Lease of facilities, equipment, or other assets from related organization(s)   |  | 1k         |          | No          |
| I Performance of services or membership or fundraising solicitations for related organization(s)   |  | 11         |          | No          |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |  | 1m         |          | No          |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |  | 1n         |          | No          |
| o Sharing of paid employees with related organization(s)   |  | 10         | Yes      |             |
| p Reimbursement paid to related organization(s) for expenses   |  | <b>1</b> p |          | No          |
| q Reimbursement paid by related organization(s) for expenses   |  | <b>1</b> q |          | No          |
| r Other transfer of cash or property to related organization(s)  |  | 1r         | $\dashv$ | No          |
| s Other transfer of cash or property from related organization(s)  |  | 1s         |          | No          |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans | saction thresholds.                    |            |          |             |
| (a) Name of related organization  (b) Transaction Amount involved type (a-s)   | <b>(d)</b><br>Method of determining an | mount inv  | olved    |             |
| 1)WINDERMERE REAL ESTATE SERVICES COMPANY O  |  |            |          |             |
|  |  |            |          |             |
|  |  |            | _        |             |

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| <b>(a)</b><br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | Ar  | (e)<br>re all partners<br>section<br>501(c)(3)<br>rganizations? | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtiona<br>allocations? | ate<br>? | (i)<br>Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) | <b>(j)</b><br>General (<br>managin<br>partner | or<br>g<br>? | <b>(k)</b><br>Percentage<br>ownership |
|--|--------------------------------|---|--|-----|---|------------------------------------|--|--------------------------------------|----------|---|---|--------------|---------------------------------------|
|  |                                |   | 514)   | Yes | No  |                                    |  | Yes                                  | No       |   | Yes   | No           |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   |  |     |   |                                    |  |                                      |          |   |   |              |                                       |
|  |                                |   | 1  |     |   | ı                                  |  |                                      |          | Schedul   | e R (Forn                                     | 990          | 0) 2019                               |

| Schedule R (Fo | rm 990) 2019             |  | Page <b>5</b> |  |  |  |  |  |  |
|----------------|--------------------------|--|---------------|--|--|--|--|--|--|
| Part VII       | Supplemental Info        | pplemental Information   |               |  |  |  |  |  |  |
|                | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). |               |  |  |  |  |  |  |
| Retu           | ırn Reference            | Explanation  |               |  |  |  |  |  |  |
|                |                          |  |               |  |  |  |  |  |  |