** PUBLIC DISCLOSURE COPY ** 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

heck if oplicable	C Name of organization		D Employer identifie	cation number
Addres	WASHINGTON STATE PARKS FOUNDATION			
Name change	Doing business as		36-44736	79
Initial return TFinal	Number and street (or P.O. box if mail is not delivered to street address)			
/return termin		/44		
ated	City or town, state or province, country, and ZIP or foreign postal code			991,354.
return	SEATTLE, WA 90107			
」tion	Finame and address of principal officer. OCHN FEODERS			
			⊣ ` ′	
		or 52 <i>i</i>	7	
		1		
orm of rt I		L Year	of formation: 2000 N	M State of legal domicile; WA
	<u>-</u>	OLICIT	SUPPORT FOR	R
2	Check this box if the organization discontinued its operations or dispo	sed of more	e than 25% of its net ass	sets.
3	Number of voting members of the governing body (Part VI, line 1a)		3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	9
6	Total number of volunteers (estimate if necessary)		6	21
7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
			Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)			990,732.
9	Program service revenue (Part VIII, line 2g)		0.	0.
10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			622.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			991,354.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			180,677.
14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
				220,781.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	9,125.
b	Total fundraising expenses (Part IX, column (D), line 25)	03.		
				163,293.
				573,876.
19	Revenue less expenses. Subtract line 18 from line 12		•	417,478.
		В		End of Year
20				1,151,615.
21				18,815.
22			715,285.	1,132,800.
•			•	/ knowledge and belief, it is
correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparei	r has any knowledge.	
	Signature of officer		I Date	
-	Type or print name and title			
	Print/Type preparer's name Preparer's signature		Date Check	PTIN
		CPA	L1/07/23 f	
			Firm's FIN 9	1-2011386
			, iiii o Liiv	-
•	SEATTLE, WA 98119		Phone no. 20	6-628-8990
the IF	·		•	X Yes No
	Address change Name change	WASHINGTON STATE PARKS FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1752 NW MARKET ST City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98107 F Name and address of principal officer: JOHN FLOBERG SAME AS C ABOVE ax-exempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) febsite: WWW.WAPARKS.ORG orm of organization: X Corporation Trust Association Other TI Summary 1 Briefly describe the organization's mission or most significant activities: TO S WASHINGTON STATE PARKS. 2 Check this box if the organization discontinued its operations or dispo 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 1b) Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 2g) 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part XI, column (A), line 12) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Total revenue (Part XII, column (A), line 14) 15 Total expenses (Part IX, column (A), line 11) b Total expenses (Part IX, column (A), line 12) Total expenses (Part X, column (A), line 11) b Total assets (Part X, line 26) 20 Net assets or fund balances. Subtract line 18 from line 20 Total assets (Part X, line 26) 21 Net assets or fund balances. Subtract line 21 from line 20 Total assets (Part X, line 26) Signature of officer NATHAN ENGMAN, TREASURER Type or print name and title Print/Type preparer's name JACOB J. DEHNE, Firms address	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/sulter 1752 NW MARKET ST 744	WASHINGTON STATE PARKS FOUNDATION 36-44736 Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Number and street (or P.O. box if mail is not delivered to street address) Profession Type Street

Fai	otatement of Frogram Service Accomplishments	7
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	OUR PURPOSE IS TO ENSURE A VIBRANT AND INCLUSIVE WASHINGTON STATE	
	PARKS SYSTEM FOR GENERATIONS TO ENJOY. WE ENGAGE, EXPAND, AND SUSTAIN	_
	A BROAD BASE OF SUPPORTERS WHO GIVE TO, ADVOCATE FOR AND TREASURE OUR	
	STATE PARKS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	ю
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$172,482. including grants of \$67,176.) (Revenue \$	_)
	IMPROVE: PROVIDING GRANTS AND BUILDING CAPACITY TO IMPLEMENT CRITICAL	
	STATE PARKS PROJECTS. IN 2022, THIS PROGRAM FUNDED 22 PARK IMPROVEMENT	
	PROJECT GRANTS ACROSS THE STATE, INITATED WORK TO INSTALL A NEW	
	PLAYGROUND AT IKE KINSWA AND CONTINUED WILDLIFE RESEARCH STUDY OF STATE	
	PARKS IN WESTERN WASHINGTON.	
		_
4b	(Code:) (Expenses \$ 145 , 684 • including grants of \$ 56 , 739 •) (Revenue \$	
	PROGRAM 2: CONNECT: BUILDING AN ENGAGED AND INFORMED STATE PARKS	- '
	COMMUNITY. CRITICAL TO OUR MISSION IS BUILDING A PARKS COMMUNITY AND	_
	CONNECTING PEOPLE TO SHARED EXPERIENCES IN NATURE. WE SUPPORTED	_
	PROGRAMS TO HELP PREPARE FIRST-TIME VISITORS, SUPPORT FOR UNDERSERVED	_
	COMMUNTILES TO ACCESS STATE PARKS AND INCREASED COORDINATION WITH STATE	_
	PARKS TO ALIGN MESSAGES. WE REACHED OUT TO OVER 200,000 PARKS USERS AND	
	OUR OVER 9,000 DONORS WHO ACT ON BEHALF OF OUR MISSION AND GIVE TO,	_
	ADVOCATE FOR AND TREASURE OUR STATE PARKS.	_
		_
		_
		_
		_
40	(Code:) (Expenses \$ 84 , 672including grants of \$ 32 , 977 .) (Revenue \$	<u> </u>
40	WELCOMING FOR ALL: CONNECTING PEOPLE AND CELEBRATING THEIR DIVERSE	_ ′
	TRADITIONS AT STATE PARKS. THE PROGRAM PURPOSE IS TO HELP STATE PARKS	_
	REALIZE ITS MISSION AND VISION THAT PARKS "CONNECT ALL WASHINGTONIANS	_
	TO THEIR DIVERSE NATURAL AND CULTURAL HERITAGE" AND ENSURE PARKS ARE	_
	"CHERISHED DESTINATIONS WITH NATURAL, CULTURAL, RECREATIONAL, ARTISTIC,	_
	AND INTERPRETIVE EXPERIENCES". A MATCH IS PROVIDED TO A GRANT FROM THE	_
	NATIONAL ENDOWMENT FOR THE ARTS - FOLK & TRADITIONAL ARTS PROGRAM THAT	_
	FUNDED PROGRAMS AND CONCERTS AT 12 STATE PARKS, SUPPORTING 15 PARTNER	
	ORGANIZATIONS WHILE PROVIDING OVER 30 PAID OPPORTUNITIES FOR ARTISTS,	_
		_
	MUSICIANS, CRAFTSPEOPLE, AND OTHER CULTURE BEARERS REPRESENTING	_
	WASHINGTON'S DIVERSE HERITAGE. OTHER PROGRAMS ARE DEDICATED TO ADDRESS	
	PARK ACCESS BARRIERS BY TRIPLING THE NUMBERS OF FREE DAY PASSES LOANED	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 61,070 • including grants of \$ 23,785 •) (Revenue \$)	
4e	Total program service expenses 463,908.	

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Form 990 (2022) WASHINGTON STATE PARKS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			ا
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
L	Part VI	11a	21	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		X
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		1
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	· ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	х	
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Form 990 (2022) WASHINGTON STATE PARKS FOUNDATION
Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		1
2 70	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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 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 member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			\ _{3,7}
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		1
38		38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	1 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2022) WASHINGTON STATE PARKS FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	2a	9			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	-			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X
b	If "Yes," enter the name of the foreign country	· · · · /FF				
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Activities the appropriate of production of	•	•	E-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			_5a_ 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			30		
Va	any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributi			- Ou		
~	were not tax deductible?	Ū		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	ed to the payor?	7a		Х
			. ,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a F	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	, , , , , , , , , , , , , , , , , , , ,			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	ا مدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110				
b	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	 1				
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
I4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	10			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent	10			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
3	of officers, directors, trustees, or key employees to a management company or other person?		3		х
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
4					X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 1	5		X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_		37
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				7.7
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
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	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	İ			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
·	on Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14		- [14	X	
			14	21	
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?		45-	Х	
	The organization's CEO, Executive Director, or top management official		15a	X	
a	Other officers or key employees of the organization		15b	Λ	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				37
	taxable entity during the year?		16a		Х
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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed WA, OR				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	1(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply				
	X Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest poli	cy, and	financ	ial	
	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				
	JOHN FLOBERG - 206-486-7275				
	1752 NW MARKET ST, 744, SEATTLE, WA 98107				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Posit) than	one	Reportable	Reportable	Estimated
	hours per	box.	do not check more than one ox, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week		cer an	id a di	recto	r/trus T	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization o
(1) JOHN FLOBERG	40.00									
EXECUTIVE DIRECTOR				X				84,363.	0.	13,227
(2) DAVID AMMONS	4.00									
CHAIR		Х		Х				0.	0.	0 .
(3) STUTI SUREKA	4.00									
VICE CHAIR		Х		Х				0.	0.	0 .
(4) NATHAN ENGMAN	4.00	ا ا		'						
TREASURER	1 00	Х		Х				0.	0.	0 .
(5) MICHAEL WANDERER	4.00								,	•
SECRETARY	1 2 00	Х		Х				0.	0.	0 .
(6) BRANDON MIDDAUGH	2.00	Х						0.	0.	0 .
DIRECTOR (7) ANDREW ELOFSON	2.00	Δ		\vdash				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(8) CAROL SHAW	2.00	22		\vdash				•	•	
DIRECTOR		х						0.	0.	0.
(9) JIM VAN LOBEN SELS	2.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(10) MARK MIDDAUGH	2.00									
DIRECTOR		Х						0.	0.	0 .
(11) RAKESH KUMAR	2.00									
DIRECTOR		Х		_				0.	0.	0 .
		-								
				_						
		-								
		\vdash	\vdash	\vdash						
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		\vdash		\vdash						
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Form **990** (2022)

Name and title Average Pours per Po	ı aı	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st Co		s (continued)				
Complete and other Complet		(A)	(B)		(C)					(D)	(E)	(E)			
Subtotal		Name and title	1	(do					one	· .	•		l		
1b Subtotal Subt				box	, unle	ss per	rson is	s both	n an	· ·			aı		of
Nours for related organizations Nours for related organization Nours for related Nou				—	T an		lecto	T	(66)						
1b Subtotal c Total from continuation sheets to Part VIII, Section A d Total (add lines 1 to and 1c) 2 Total add lines 1 to and 1c) 3 Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such nearn 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE NONE Respect Respec			, ,	recto							•		ı	•	
1b Subtotal c Total from continuation sheets to Part VIII, Section A d Total (add lines 1 b and 1c) 2 Total (add lines 1 b and 1c) 3 Did the organization list any former officer, director, trustee, key employee, or highest compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? // "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? // "Yes," complete Schedule J for such nearon Section B. Independent Contractors 1 Complete this table for you five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE 1 Section B. Description of services Compensation Complete Schedule J for such person Section B. Independent Contractors 1 Complete Instable for you tribe highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization is tax year. (A) None Description of services Compensation			1	or di	99			ated			,	3C/	l		
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation	5														
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation		rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE (B) Description of services Compensation Comp	Sec		•												
(A) Name and business address NONE (B) Description of services (C) Compensation (D) Compensation (E) Compensation (1	Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
Name and business address NONE Description of services Compensation		the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
										(B)			(C)	
2 Total number of independent contractors (including but not limited to those listed above) who received more than		Name and business	address	N	ONE	3				Description of s	ervices	C	ompe	ensatio	n
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	2	Total number of independent contractors (in	ncluding but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				

36-4473679

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lunction revenue	business revenue	sections 512 - 514
s s	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
Ω. E			Fundraising events			1c					
ifts ar A			-			1d					
nig,			Government grants (contri			1e	11,916.				
Sign			All other contributions, gifts,		·						
bet			similar amounts not included			1f	978,816.				
Ē		g	Noncash contributions included in	lines 1a	a-1f	1g \$	2,707.				
Sol		h	Total. Add lines 1a-1f					990,732.			
							Business Code				
a l	2	а									
Program Service Revenue		b									
Sel		С									
am eve		d									
ge		е									
P.		f	All other program service	rever	nue						
	3		Investment income (include								
								622.			622.
	4		Income from investment of								
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
len/		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
her Revenue	8	а	Gross income from fundraising	ng eve	ents (no	ot					
₹			including \$			of					
			contributions reported on	line 1	1c). Se	e					
			Part IV, line 18			8a	ı				
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundr	raising	events					
	9	а	Gross income from gamin	g act	ivities.	See					
			Part IV, line 19			9a	ı				
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamiı	ng acti	vities					
	10	а	Gross sales of inventory, I	ess r	eturns						
			and allowances			10	a				
		b	Less: cost of goods sold			10	о				
		С	Net income or (loss) from	sales	of inve	entory .					
σ							Business Code				
on e	11	а								ļ	
ane		b								ļ	
Miscellaneous Revenue		С								ļ	
Mis			All other revenue								
			Total. Add lines 11a-11d		<u></u>			004 074			500
	12		Total revenue See instruction	ne				991 354.	0.	1 0.	622.

36-4473679

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must complications. Check if Schedule O contains a respons.			ipiete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	lotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	180,677.	180,677.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,362.	72,997.	5,387.	5,978.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	89,460.	77,408.	5,713.	6,339.
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	18,857.	15,142. 11,180.	1,282.	2,433.
9	Other employee benefits	13,923.	11,180.	947.	2,433. 1,796. 983.
10	Payroll taxes	14,179.	12,075.	1,121.	983.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	12,030.		12,030.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	9,125.			9,125.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	44 644	40.000		
	column (A), amount, list line 11g expenses on Sch 0.)	11,644.	10,900.	744.	1 (1 1
12	Advertising and promotion	13,035.	11,421.	14.506	1,614. 27,872.
13	Office expenses	54,817.	12,419.	14,526.	27,872.
14	Information technology	3,196.	1,764.	1,432.	
15	Royalties	16 200	12 160	1 115	0 115
16	Occupancy	16,399.	13,169.	1,115.	2,115.
17	Travel	1,728.	805.	923.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	710	200	201	
19	Conferences, conventions, and meetings	719.	328.	391.	
20	Interest				
21	Payments to affiliates	1 240	156.	1 020	55.
22	Depreciation, depletion, and amortization	1,240.	1,372.	1,029.	220.
23	Other expanses Itamiza expanses not severed	1,003.	1,314.	2/1.	220.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) LICENSES AND FEES	41,027.	37,288.	2,966.	773.
a h	IN-KIND GOODS	2,707.	2,707.	2,500.	113.
D	DEVELOPMENT EXPENSES	2,160.	2,100.	60.	
c d	PAYROLL PROCESSING	728.	2,1000	728.	
	All other expenses	720•		720•	
е 25	Total functional expenses. Add lines 1 through 24e	573,876.	463,908.	50,665.	59,303.
<u>25</u> 26	Joint costs. Complete this line only if the organization	373,070	100,000	30,003.	35,303.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				J.	F 000 (2222)

Form 990 (2022)
Part X Balance Sheet

ı aı	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			649,194.	1	903,849.
	2	Savings and temporary cash investments			11,598.	2	200,622.
	3	Pledges and grants receivable, net			53,589.	3	40,891.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,209.	9	1,590.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	9,280.			
	b	Less: accumulated depreciation	4,360.	10c	3,120.		
	11	Investments - publicly traded securities		11	1,543.		
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	E01 0E0	15	1 151 615		
	16	Total assets. Add lines 1 through 15 (must e	721,950.	16	1,151,615.		
	17	Accounts payable and accrued expenses	6,665.	17	17,544.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	1,271.
	21	Escrow or custodial account liability. Complet				21	1,2/1.
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul				00	
<u>E</u>	00	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unrun Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	23	parties, and other liabilities not included on lir					
		of Schedule D		·		25	
	26	Total liabilities. Add lines 17 through 25			6,665.	26	18,815.
	20	Organizations that follow FASB ASC 958, c	heck her	e X	0,0001	20	20,020
es		and complete lines 27, 28, 32, and 33.	neok nei	,			
ğ	27				663,086.	27	616,500.
3alć	28	Net assets with donor restrictions	52,199.	28	516,300.		
둳		Organizations that do not follow FASB ASC	•		•		
Ξ		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current fund	ds			29	
;ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			715,285.	32	1,132,800.
	33	Total liabilities and net assets/fund balances			721,950.	33	1,151,615.

Form **990** (2022)

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>76.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71		<u>85.</u>
5	Net unrealized gains (losses) on investments	5			37 .
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,13	2,8	00.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

WASHINGTON STATE PARKS FOUNDATION

Employer identification number

	WASHINGTON STATE PARKS FOUNDATION 3						6-4473679		
Pai	τl	Reason for Public (Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in secti							
3		A hospital or a cooperative		·		(b)(1)(A)(ii	ii).		
4		A medical research organization					•	(iii). Enter	the hospital's name,
-		city, and state:	•				· · · · · · · · ·	,	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		,		, 5			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v)		
	X	An organization that norma	-					e neneral r	oublic described in
•		section 170(b)(1)(A)(vi). (C	•	That part of its support if	om a gove	mmontai		ic goriorar i	danie desembed in
8		A community trust describe		1VAVvi) (Complete Par	+ II \				
9		An agricultural research org				ed in coni	inction with a	land-arant	college
5		or university or a non-land-g				-		-	-
		university:	grant conege or agnot	altare (see instructions).	Litter tile i	iarric, city	, and state of	ine conege	, 01
10		An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	ne membereh	in fees and	d aross receipts from
.0		activities related to its exem							
		income and unrelated busin		·					-
		See section 509(a)(2). (Con		(1000 000tion of 1 tax) inc	iii badiiicc	oco doqui	rea by the org	arnzation c	ator danc do, 1070.
11		An organization organized a		vely to test for public sat	fety See	section 50)9(a)(4)		
12		An organization organized a						rry out the	nurnoses of one or
		more publicly supported or	· ·	•	•			-	• •
		lines 12a through 12d that	•						
а		Type I. A supporting orga	* *					-	aivina
_		the supported organization	•		•	-			
		organization. You must o		• • • •					
b		Type II. A supporting org			ion with its	s supporte	ed organization	n(s), by hay	vina
-		control or management o	•				-	• • •	-
		organization(s). You mus			po.co.			,	55,155
С		☐ Type III functionally inte			in connect	ion with. a	and functional	lv integrate	ed with.
		its supported organization						, 3	,
d		Type III non-functionally		·	•	-	•	ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	-	•	•		•		
е		Check this box if the orga	•	-				I, Type III	
		functionally integrated, or					, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Ente	er the number of supported o							
g	Prov	vide the following information	about the supported	d organization(s).					•
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Total	ı						ı		Ī

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	377,476.	343,866.	506,244.	654,386.	990,732.	2872704.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities						_		
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	377,476.	343,866.	506,244.	654,386.	990,732.	2872704.		
5	The portion of total contributions						_		
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						434,894.		
6	Public support. Subtract line 5 from line 4.						2437810.		
	Section B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	377,476.	343,866.	506,244.	654,386.	990,732.	2872704.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	3,043.	1,120.	78.	77.	622.	4,940.		
9	Net income from unrelated business						_		
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2877644.		
12	Gross receipts from related activities,	etc. (see instructio	ns)			12			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)			
	organization, check this box and stop	here							
Sec	tion C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, o	olumn (f))		14	84.72 %		
	Public support percentage from 2021					15	99.75 %		
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box			
	stop here. The organization qualifies		•						
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	s box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact			=	•	VI how the organiz	ation		
	meets the facts-and-circumstances te	-							
b	10% -facts-and-circumstances test						10% or		
	more, and if the organization meets the				-				
	organization meets the facts-and-circu		-	-	• •				
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	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						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b		

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person wh	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
		mber of a person described on line 11a above?	11b		
	•	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
		pe I Supporting Organizations			
				Yes	No
1	Did the gove	erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more suppo	rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	•	perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		anization operate for the benefit of any supported organization other than the supported			
		n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sect	ion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority 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 Part VI how control			
		nent of the supporting organization was vested in the same persons that controlled or managed			
	the supporte	ed organization(s).	1		
Sect	ion D. All	Type III Supporting Organizations			
				Yes	No
1	Did the orga	nization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization	a's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a co	ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization	a's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization	n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organiza	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason o	f the relationship described on line 2, above, did the organization's supported organizations have a			
	significant v	oice in the organization's investment policies and in directing the use of the organization's			
	income or a	ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported o	rganizations played in this regard.	3		
Sect	ion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the b	ox next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		rganization satisfied the Activities Test. Complete line 2 below.			
b		rganization is the parent of each of its supported organizations. Complete line 3 below.			
С		rganization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	l' I	
2		st. Answer lines 2a and 2b below.		Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of			
		ed organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		orted organizations and explain how these activities directly furthered their exempt purposes,			
	•	anization was responsive to those supported organizations, and how the organization determined			
		ctivities constituted substantially all of its activities.	2a		
		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in	01-		
		ies but for the organization's involvement.	2b		
		upported Organizations. Answer lines 3a and 3b below.			
	_	anization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		anization exercise a substantial degree of direction over the policies, programs, and activities of each	٥L		
	บา แจ ธนุมุทุง	rted organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	unization (see

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	20 11/00/2 Tage /
Secti	on D - Distributions		, , , , , , , , , , , , , , , , , , , ,	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Т	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
<u>d</u>	From 2020			
<u> e </u>	From 2021			
f_	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>_i</u>	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2022

e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Emp

WASHINGTON STATE PARKS FOUNDATION

Employer identification number

36-4473679

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

WASHINGTON STATE PARKS FOUNDATION

36-4473679

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$450,000. 	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WASHINGTON STATE PARKS FOUNDATION

36-4473679

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization Employer identification number

VASHI	NGTON STATE PARKS FOUND				36-4473679			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				at total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of	\$1,000 or less for th	e year. (Enter this info. or	nce.) \$			
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	1					
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
Parti								
			-	-				
Į								
		(e) Trans	fer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee			
(a) No. from	(h) Down and side	(-) 11 ((-I) D	atation of house side to hold			
Part I	(b) Purpose of gift	(c) Use of	giπ	(a) Desc	ription of how gift is held			
ŀ	(e) Transfer of gift							
		iei oi giit						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor to transferee			
		-1						
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
raiti								
	(e) Transfer of gift							
	Transferse's name address a	ad 71D . 4	D	alatianahin of tuar				
F	Transferee's name, address, a	IU ZIP + 4		elationship of trai	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	qift	(d) Desc	ription of how gift is held			
Part I	(77-17-17-17-17-17-17-17-17-17-17-17-17-1	(,, =						
		-	_	-				
Ţ		(e) Trans	fer of gift					
,	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee			
			I					

SCHEDULE C

(Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

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

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

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

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

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

		1(c)(4), (5), or (6) organizat	ions: Complete Part III.		Т			
Nan	ne of organ				E	Employ	yer identification number	∍r
_		WASHING	TON STATE PARKS I	OUNDATION			36-4473679	
Pa	art I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	orga	anization.	
2	Political c	ampaign activity expendit	ation's direct and indirect politica ures gn activities					
Pa	art I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).			
1	Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$_		
			incurred by organization manage					
			n 4955 tax, did it file Form 4720 f					lo
4a	Was a cor	rection made?					Yes N	lo
	If "Yes," c	lescribe in Part IV.						
Pa	art I-C	Complete if the org	anization is exempt unde	er section 501(c), e	except section 50)1(c)(3).	
1	Enter the	amount directly expended	l by the filing organization for sec	tion 527 exempt function	on activities	\$_		
2		0 0	ization's funds contributed to oth	· ·				
						. \$_		
3			. Add lines 1 and 2. Enter here ar	,				
								_
4			1120-POL for this year?					lo
5			nployer identification number (EIN tion listed, enter the amount paid					
			omptly and directly delivered to a				<u>-</u>	
		•	additional space is needed, provi		•		99	
	•	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		(e) Amount of political	
					filing organization funds. If none, enter		contributions received an promptly and directly	
							delivered to a separate political organization.	
							If none, enter -0	
						+		_

			STATE PARKS			473679 Page 2
Part II-A Complete if the org	anizatio	n is exer	npt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
A Check if the filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
expenses, and shar	e of exces	s lobbying (expenditures).			
B Check if the filing organiza	tion check	ed box A a	nd "limited control" pro	visions apply.	-	
Limi	ts on Lobi	oying Expe	nditures		(a) Filing	(b) Affiliated group
			ınts paid or incurred.)		organization's totals	totals
1a Total lobbying expenditures to influ	ience publ	ic opinion (grassroots lobbying)		0.	
b Total lobbying expenditures to influ					9,701.	
c Total lobbying expenditures (add li		d 1b)			9,701.	
d Other exempt purpose expenditure					564,175.	
e Total exempt purpose expenditure	•				573,876.	
f Lobbying nontaxable amount. Ente	er the amo	unt from the	e following table in both	n columns.	111,081.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			27,770.	
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0			0.	
i Subtract line 1f from line 1c. If zero	or less, e	nter -0			0.	
j If there is an amount other than ze	ro on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under	• •		
(Some organizations the				•	of the five columns be	low.
			ate instructions for lir			
	Lobi	oying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year						
(or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
					444 004	444 004
2a Lobbying nontaxable amount					111,081.	111,081.
b Lobbying ceiling amount						166 600
(150% of line 2a, column(e))						166,622.
					0 501	0 504
c Total lobbying expenditures					9,701.	9,701.
					00.000	00.000
d Grassroots nontaxable amount					27,770.	27,770.
e Grassroots ceiling amount						41 655
(150% of line 2d, column (e))						41,655.
f Grassroots lobbying expenditures			<u> </u>		<u> </u>	

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 WASHINGTON STATE PARKS FOUNDATION 36-44736 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.			T	(b)		
	Yes	No)	Amo	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state, or						
local legislation, including any attempt to influence public opinion on a legislative matter						
or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
c Media advertisements?						
d Mailings to members, legislators, or the public?	l l					
e Publications, or published or broadcast statements?						
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i Other activities?						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b If "Yes," enter the amount of any tax incurred under section 4912						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?art III-A Complete if the organization is exempt under section 501(c)(4), section						
	on 501(c)(5), or	sec	tion		
art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			I	Yes	N	
501(c)(6).		Г	1	Yes	N	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	N	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	he prior year	7 5), or	2 3 Sec	tion		
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	he prior year on 501(c)("No" OR	? (5), or (b) Pa	2 3 sec art II	tion		
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	he prior year on 501(c)("No" OR	? (5), or (b) Pa	2 3 Sec	tion		
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	he prior year on 501(c)("No" OR	? (5), or (b) Pa	2 3 sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	he prior year on 501(c)("No" OR	(b) Pa	2 3 sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	he prior year on 501(c)(I "No" OR	5), or (b) Pa	2 3 sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political carryover from last year	he prior year on 501(c)(I "No" OR	7 (b) Pa	sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	he prior year on 501(c)(' "No" OR	5), or (b) Pa	sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	he prior year on 501(c)("No" OR	5), or (b) Pa	sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense is a substantially all (90% or more) and political expenditures (do not include amount on line 3, what portion of the expense of the properties of the prope	he prior year on 501(c)("No" OR tical	5), or (b) Pa	sec art II	tion		
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exdoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	he prior year on 501(c)(I "No" OR tical cess political	5), or (b) Pa	2 3 sec art II 1 2a 2b 2c 3	tion	3, is	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expense of the section of the expense of the section of the expense of the section of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3, what portion of the expense of the amount on line 3.	he prior year on 501(c)(I "No" OR tical cess political	5), or (b) Pa	sec art II	tion		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

WASHINGTON STATE PARKS FOUNDATION

Employer identification number 36-4473679

Pai	TI Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		1 1
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		ionic that goodhood the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in for	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(m) 4		•
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her S	imilar Ass	ets _{(contin}	ued)					
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that mak	e signi	ficant use of i	ts						
	collection items (check all that apply):												
а	Public exhibition	d	Loan or ex	change program									
b	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	exempt	purpose in P	art XIII.						
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or other sim	nilar ass	sets							
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?			Yes	☐ No					
Pai	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the organizati	on answered "Yes'	on Fo	rm 990, Part	IV, line 9, or						
	reported an amount on Form 990, Par	t X, line 21.											
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contributior	ns or other assets r	not incl	uded							
	on Form 990, Part X?						Yes	X No					
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:												
	Amount												
С	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or o	custodial account li	ability?		X Yes	No					
b	If "Yes," explain the arrangement in Part XIII.							X					
Pai	rt V Endowment Funds. Complete it	the organization an	swered "Yes" on F	orm 990, Part IV, li									
		(a) Current year	(b) Prior year	(c) Two years bad	k (d)	Three years ba	ick (e) Four	years back					
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:									
а	Board designated or quasi-endowment		_%										
b	Permanent endowment	%											
С	Term endowment	%											
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.											
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered fo	r the		_						
	organization by:							Yes No					
	(i) Unrelated organizations						3a(i)						
	(ii) Related organizations												
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on Schedule R?				3b						
4	Describe in Part XIII the intended uses of the		wment funds.										
Pai	rt VI Land, Buildings, and Equipm												
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11a.	See Form 990, Par	t X, line	÷ 10.							
	Description of property	(a) Cost or o basis (investr		st or other (o s (other)	•	mulated ciation	(d) Book	value					
1a	Land												
b													
С	Leasehold improvements												
d		I											
е	Other			9,280.		6,160.	3	3,120.					
Tota	II. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. column (B). line	10c.)				3,120.					

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 WASHINGTON	STATE PARKS F	'OUNDATION	36-4473679 Page 3
Part VII Investments - Other Securities.		001,01111011	30 11/00/3 rage -
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 B+ N/ E	44 - O Farm 000 Bart V Far 44	2
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cos	st or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11t. See Form 990, Part X,	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
V/I			1

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

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

(8) (9)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	per Return.	·g-
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	2c		
d	, , , , , , , , , , , , , , , , , , , ,	2d		
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1		
a	, , , , , , , , , , , , , , , , , , , ,			
b			4.	
	Add lines 4a and 4b			
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XII Reconciliation of Expenses per Audited Financial	Statements With Expense		
. u	Complete if the organization answered "Yes" on Form 990, Part IV		o por motarin	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a		2a		
	Prior year adjustments			
c				
d				
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. lin	ne 18.)	5	
Pa	rt XIII Supplemental Information.			
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		V, line 4; Part X, line 2; Part	t XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	le any additional information.		
וגם	RT IV, LINE 2B:			
FAI	NI IV, DINE ZD:			
FT9	SCAL SPONSORSHIP FOR GROUPS DEDICATED	TO WA STATE PARKS	: BROOKS	
	JOHN DI GROOMBRILL TON GROOTE DEDIGREED	10 WII DIIIII IIIIII	, Brooks	
MEI	MORIAL, COLUMBIA HILLS, GOLDENDALE OBS	SERVATORY, MANCHES	TER AND MARYH	ILL.
		,	·	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, 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 www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

WASHINGTO	N STATE P	ARKS FOUNDAT	TION				36-4473679
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records criteria used to award the grants or assistant.	stance?				-		on X Yes
2 Describe in Part IV the organization's pro					:t:	/ 000 Dark	IV line Of for one
Part II Grants and Other Assistance to recipient that received more than \$\frac{1}{2}\$					anization answered "Y	res" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE PARKS AND RECREATION COMMISSION - 1111 ISRAEL ROAD SW - OLYMPIA, WA 98504	91-6011009	115	126,549.	0.			ARTS IN THE PARKS CULTURAL PROGRAMS AND SUPPORT FOR STATE PARK IMPROVEMENT PROJECTS
UNIVERSITY OF WASHINGTON, BOTHELL 18115 CAMPUS WAY NE BOTHELL, WA 98011	91-6001537		29,000.	0.			RESEARCH SUPPORT TO IMPROVE WILDLIFE HABITAT MANAGEMENT. SUPPORT A GRADUATE STUDENT TO
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	-					1	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
GRANTS ARE PAID WITH INVOICES AND 1	RECEIPT B	ACKUP AND	PROGRESS I	S DOCUMENTED	
VIA RECEIVING REPORTS AND PHOTOS.	row progr	AM EXPENSE	ES ARE PAID	IN ADVANCE	
- TO MATCH FEDERAL GRANT RECEIVED	FOR ARTS	PROGRAMS A	AND AS DEPO	SIT FOR	
PLAYGROUND EQUIPMENT.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	<u> </u>				
WASHINGTON STATE PARKS AND RECREAT		CCTON			

Part IV Supplemental Information
(H) PURPOSE OF GRANT OR ASSISTANCE: ARTS IN THE PARKS CULTURAL PROGRAMS
AND SUPPORT FOR STATE PARK IMPROVEMENT PROJECTS (I.E. TRAIL RESTORATION
AND SIGNAGE, FACILITY IMPROVEMENTS, ENVIRONMENTAL RESTORATION AND SPORT
PROGRAMS).
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF WASHINGTON, BOTHELL
(H) PURPOSE OF GRANT OR ASSISTANCE: RESEARCH SUPPORT TO IMPROVE WILDLIFE
HABITAT MANAGEMENT. SUPPORT A GRADUATE STUDENT TO CONDUCT FIELD RESEARCH
TO IMPROVE WILDLIFE HABITAT MANAGEMENT.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WASHINGTON STATE PARKS FOUNDATION

Employer identification number 36-4473679

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: BY LIBRARIES TO UNDERSERVED FAMILIES. WE CONTINUED ENGAGEMENT WITH 50 DIVERSE VISITORS TO SECURE FEEDBACK TO REDESIGN PARKS FACILITIES TO MAKE THEM MORE WELCOMING FOR FIRST-TIME VISITORS.. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER SERVICES INCLUDE ORGANIZATIONAL CAPACITY BUILDING FOR FRIENDS OF STATE PARKS AND ADVOCACY WORK WITH PARTNERS AND THE PUBLIC. EXPENSES \$ 61,070. INCLUDING GRANTS OF \$ 23,785. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: BRANDON MIDDAUGH, DIRECTOR, AND MARK MIDDAUGH, DIRECTOR, ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE TREASURER PRIOR TO FILING AND A COPY IS PROVIDED TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE MONITORED AND ENFORCED WHEN DRAFTING MEETING AGENDA. ANY TOPICS WITH POTENTIAL CONFLICT OF INTEREST ARE HIGHLIGHTED FOR ADVANCE DISCUSSION WITH MEMBER(S) WHO HAVE A POTENIAL CONFLICT. SECONDLY, AT TIME OF BOARD MEETING THE MEMBER WITH A POTENIAL CONFLICT IS TO RECLUSE SELF FROM TOPIC AND VOTING ACTIONS.

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

A COMMITTEE OF BOARD MEMBERS LED BY THE BOARD CHAIR USED DATA FROM REGIONAL

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization WASHINGTON STATE PARKS FOUNDATION	Employer identification number 36–4473679
NONPROFIT SURVEY TO SET COMPENSATION. IN ADDITON, DATA FRO	M US BUREAU OF
LABOR STATISTICS FOR SEATTLE-TACOMA-BELLEVUE METRO AREA AR	E INCLUDED IN
DATA SETS FOR COLA. DECISIONS ARE MADE WHEN BOARD MEMBERS	MEET IN ADVANCE
OF A FORMAL BOARD MEETING. NOTES WERE RECORDED BY THE SEC	RETARY AND
RESULTS COMMUNICATED BY THE BOARD CHAIR TO STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE AND EQUIPMENT	04/30/18	SL	7.00	:	16	9,280.				9,280.	4,920.		1,240.	6,160.
	* TOTAL 990 PAGE 10 DEPR						9,280.				9,280.	4,920.		1,240.	6,160.