

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: GROUP HEALTH COMMUNITY FOUNDATION
Doing business as
Number and street (or P O box if mail is not delivered to street address): 810 3RD AVENUE NO 220
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98104

D Employer identification number: 30-0889914
E Telephone number: (206) 788-8900
G Gross receipts \$ 1,074,032,216

F Name and address of principal officer: NICHOLE MAHER, 810 3RD AVENUE NO 220, SEATTLE, WA 98104

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

J Website: HTTP://GROUPHEALTHFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2015

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION AIMS TO SHAPE AND ACCELERATE EFFORTS TO IMPROVE HEALTH EQUITY AND ADVANCE COMMUNITY ASPIRATIONS FOR A VIBRANT, HEALTHY FUTURE IN WASHINGTON

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations, 3-7b Financial metrics (voting members, employees, volunteers, revenue, taxable income).

Table with 4 columns: Description, Prior Year, Current Year, and End of Year. Rows include: 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (CORY SBARBARO), Date (2019-09-30), Type or print name and title (EXECUTIVE VICE PRESIDENT)

Paid Preparer Use Only: Preparer's name (MOSS ADAMS LLP), Date (2019-09-30), Firm's EIN (91-0189318), Firm's address (999 THIRD AVENUE SUITE 2800, SEATTLE, WA 98104)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE FOUNDATION AIMS TO SHAPE AND ACCELERATE EFFORTS TO IMPROVE HEALTH EQUITY AND ADVANCE COMMUNITY ASPIRATIONS FOR A VIBRANT, HEALTHY FUTURE IN WASHINGTON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 No

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 \$ 1,095,213 including grants of \$ 651,332) (Revenue \$ 70,325,179)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,095,213

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	10		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
8 Sponsoring organizations maintaining donor advised funds.				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
10 Section 501(c)(7) organizations. Enter				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
11 Section 501(c)(12) organizations. Enter				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a	
<p>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</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16	No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply
[] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CARMEN LOH 810 3RD AVENUE SUITE 220 SEATTLE, WA 98104 (206) 788-8900

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 instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE BELL DIRECTOR	2 50 0 10	X						28,500	0	0
(2) JOSEPH BOATENG DIRECTOR	2 50	X						28,500	0	0
(3) DR AMERICA BRACHO PEREZ DIRECTOR	2 00	X						28,578	0	0
(4) MARTHA CHOE DIRECTOR	4 10	X						28,500	0	0
(5) MELVIN BRIAN CLADOOSBY DIRECTOR	1 70	X						28,500	0	0
(6) PORSCHE EVERSON DIRECTOR	2 20	X						28,500	0	0
(7) DR DAVID FLEMING DIRECTOR	3 90	X						28,500	0	0
(8) LEO GREENWALT DIRECTOR	2 50	X						28,500	0	0
(9) LATISHA HILL DIRECTOR	1 60	X						28,500	0	0
(10) SETH KIRBY DIRECTOR	3 10	X						28,500	0	0
(11) JUAN CARLOS OLIVARES DIRECTOR	1 50	X						28,500	0	0
(12) LUZ VEGA-MARQUIS DIRECTOR	3 90	X						28,500	0	0
(13) SUSAN BYINGTON CHAIR	5 50	X		X				37,050	0	0
(14) DR BENJAMIN DANIELSON VICE CHAIR	2 60	X		X				28,500	0	0
(15) JANETTE OLMSTEAD SECRETARY	2 00	X		X				28,500	0	0
(16) PETER VAN OPPEN TREASURER	2 60	X		X				28,500	0	0
(17) NICHOLE MAHER PRESIDENT/CEO	39 00 1 00			X				114,178	0	4,054

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CORY SBARBARO PRESIDENT/CEO (THRU 9/18), SVP	38 00 2 00			X				462,093	0	35,074
(19) CARMEN LOH FINANCE/ADMINISTRATION DIRECTOR	29 00 11 00			X				139,680	0	19,719
(20) CHRISTOPHER HANAK ACTING CIO	38 00 2 00					X		396,941	0	39,658
(21) THERESA TAMURA SENIOR ADVISOR (THRU 7/18)	23 00 17 00					X		112,864	0	19,283
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,690,384	0	117,788

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		1,690,384	0 117,788

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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	(B) Description of services	(C) Compensation
STATE STREET GLOBAL ADVISORS 1 IRON STREET BOSTON, MA 02210	INVESTMENT MANAGEMENT	516,760
MOSS ADAMS LLP 999 3RD AVENUE SUITE 2800 SEATTLE, WA 98104	ACCOUNTING SERVICES	354,963
COLONIAL CONSULTING LLC 750 3RD AVE NEW YORK, NY 10017	INVESTMENT MANAGEMENT	350,000
PHILANTHROPY NW 2101 4TH AVE SUITE 650 SEATTLE, WA 98121	STRATEGIC SUPPORT	218,789
KORN FERRY INTERNATIONAL 1900 AVENUE OF THE STARS STE 2600 LOS ANGELES, CA 90067	HR RECRUITMENT	200,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	9 Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		95,487,134			95,487,134	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶		726,113			726,113
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶					
		9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
11a KFHP TRANSACTION PROCE	900099	70,325,179	70,325,179				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶		70,325,179					
12 Total revenue. See Instructions ▶		166,538,426	70,325,179	0	96,213,247		

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).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	651,332	651,332		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,219,873	166,361	1,053,512	
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.	662,938	65,787	597,151	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	46,389	6,036	40,353	
9 Other employee benefits.	80,547	3,395	77,152	
10 Payroll taxes.	72,312	15,740	56,572	
11 Fees for services (non-employees):				
a Management.				
b Legal.	200,971		200,971	
c Accounting.	243,699		243,699	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,026,917		1,026,917	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	689,492	125,754	563,738	
12 Advertising and promotion.	6,775	3,655	3,120	
13 Office expenses.	27,780		27,780	
14 Information technology.	77,445		77,445	
15 Royalties.				
16 Occupancy.	123,623		123,623	
17 Travel.	59,454	10,681	48,773	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	104,682	46,467	58,215	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	36,080		36,080	
23 Insurance.	46,393		46,393	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a DUES AND SUBSCRIPTIONS	16,731		16,731	
b TAXES & LICENSES	16,356		16,356	
c				
d				
e All other expenses	3,284	5	3,279	
25 Total functional expenses. Add lines 1 through 24e.	5,413,073	1,095,213	4,317,860	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	678,166	1	257,510
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	287,361	4	66,563
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	68,690
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	55,930	9	194,599
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 133,992		
	b Less accumulated depreciation	10b 72,682	92,077	10c 61,310
	11 Investments—publicly traded securities	809,597,316	11	91,810,855
	12 Investments—other securities See Part IV, line 11	942,889,047	12	1,590,430,176
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	14,537	15	12,093
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,753,614,434	16	1,682,901,796	
Liabilities	17 Accounts payable and accrued expenses	560,741	17	595,292
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	5,895	25	0
	26 Total liabilities. Add lines 17 through 25	566,636	26	595,292
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,753,047,798	27	1,682,306,504
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,753,047,798	33	1,682,306,504
	34 Total liabilities and net assets/fund balances	1,753,614,434	34	1,682,901,796

Part 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	166,538,426
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,413,073
3	Revenue less expenses Subtract line 2 from line 1	3	161,125,353
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,753,047,798
5	Net unrealized gains (losses) on investments	5	-231,866,647
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,682,306,504

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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?
 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
- c** 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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 30-0889914

Name: GROUP HEALTH COMMUNITY FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

DURING 2018, THE FOUNDATION BEGAN BUILDING RELATIONSHIPS WITH PLACE- AND IDENTITY-BASED COMMUNITIES MOST IMPACTED BY INEQUITY ACROSS WASHINGTON. THE FOUNDATION CONVENED LEARNING COLLABORATIVES AND ISSUED LESSONS LEARNED GRANTS. THESE EARLY LEARNINGS WILL HELP SHAPE THE FOUNDATION'S PLANNING AND STRATEGY FORMATION.

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number
30-0889914

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors 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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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 furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		92,966	59,357	33,609
e Other		41,026	13,325	27,701
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				61,310

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) COMMINGLED TRUST FUNDS	1,590,430,176	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	1,590,430,176	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, 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			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 30-0889914

Name: GROUP HEALTH COMMUNITY FOUNDATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE 501(C)(4) IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS TAX EXEMPT PURSUANT TO SECTION 501(C)(4) OF THE IRC THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX WITH EXCEPTION TO ANY UNRELATED BUSINESS TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515 THE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND ESTIMABLE THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2018 AND 2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number
30-0889914

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 79

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FOUNDATION PROVIDED UNRESTRICTED FUNDS TO ENTITIES CARRYING OUT HEALTH EQUITY WORK IN WASHINGTON DURING 2018 ALL ORGANIZATIONS THAT RECEIVED GRANTS CARRY OUT THEIR WORK IN THE UNITED STATES

Additional Data

Software ID:
Software Version:
EIN: 30-0889914
Name: GROUP HEALTH COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE 808 N 5TH AVE SEQUIM, WA 98382	47-0922046	501(C)(3)	7,500				COMMUNITY LEARNING
ARCORA FOUNDATION 808 N 5TH AVE SEQUIM, WA 98382	91-0621480	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN COUNSELING AND REFERRAL SERVICE 3639 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98108	91-0916176	501(C)(3)	7,500				COMMUNITY LEARNING
BLUE MOUNTAIN ACTION COUNCIL 1520 KELLY PLACE SUITE 140 WALLA WALLA, WA 99362	91-0793597	501(C)(3)	15,000				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYER CHILDRENS CLINIC 1850 BOYER AVE E SEATTLE, WA 98112	91-1316838	501(C)(3)	7,500				COMMUNITY LEARNING
BYRD BARR PLACE 722 18TH AVE SEATTLE, WA 98122	91-0786727	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON 604 S 1ST ST MOUNT VERNON, WA 98273	91-1585652	501(C)(3)	7,500				COMMUNITY LEARNING
CENTER FOR MULTICULTURAL HEALTH 1120 E TERRACE ST SUITE 200 SEATTLE, WA 98122	91-0983698	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO LATINO 1208 S 10TH ST TACOMA, WA 98405	91-1488193	501(C)(3)	7,500				COMMUNITY LEARNING
CHILDREN'S ALLIANCE 718 6TH AVE S SEATTLE, WA 98104	91-0982879	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF WASHINGTON 2611 NE 125TH ST SEATTLE, WA 98125	91-0575955	501(C)(3)	7,500				COMMUNITY LEARNING
CITY OF SEATTLE OFFICE OF SUSTAINABILITY & ENVIRONMENT PO BOX 94729 SEATTLE, WA 98124	91-6001275	GOVERNMENT	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA LEGAL SERVICES 101 YESLER WAY SUITE 300 SEATTLE, WA 98104	91-0974503	501(C)(3)	7,500				COMMUNITY LEARNING
COMMUNITY CAFE COLLABORATIVE 862 EBBETTS DR NW TUMWATER, WA 98125	81-4800922	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COUNCIL PO BOX 2936 WALLA WALLA, WA 99362	35-2327775	501(C)(3)	7,500				COMMUNITY LEARNING
CONFEDERATED TRIBES OF THE CHEHALIS RESERVATION PO BOX 570 OAKVILLE, WA 98568	91-0887144	GOVERNMENT	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUWAMISH RIVER CLEANUP COALITION TECHNICAL ADVISORY GROUP PO BOX 3885 SEATTLE, WA 98124	20-4629856	501(C)(3)	7,500				COMMUNITY LEARNING
EAST AFRICAN COMMUNITY SERVICES 7050 32ND AVE S SEATTLE, WA 98118	91-2138852	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE LA RAZA 2524 16TH AVE S SEATTLE, WA 98144	91-0899927	501(C)(3)	7,500				COMMUNITY LEARNING
GLOBAL TO LOCAL 2800 S 192ND ST SUITE 104 SEATAC, WA 98188	27-3133200	501(C)(3)	15,000				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOT GREEN PO BOX 18794 SEATTLE, WA 98118	91-1656676	501(C)(3)	7,500				COMMUNITY LEARNING
HERITAGE UNIVERSITY 3240 FORT RD TOPPENISH, WA 98948	91-1160585	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INLAND NORTHWEST FARMERS MARKET ASSOCIATION 319 W HASTINGS RD SPOKANE, WA 99218	82-1240181	501(C)(3)	7,500				COMMUNITY LEARNING
INSTITUTE FOR WASHINGTON'S FUTURE 2720 VALENCIA ST BELLINGHAM, WA 98226	91-0931421	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL EXAMINER 409 MAYNARD AVE S SUITE 203 SEATTLE, WA 98104	91-1131892	501(C)(3)	7,500				COMMUNITY LEARNING
JEFFERSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN 615 SHERIDAN ST PORT TOWNSEND, WA 98368	91-6001322	GOVERNMENT	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KEY PENINSULA COMMUNITY COUNCIL PO BOX 13 VAUGHN, WA 98394	37-1491409	501(C)(3)	7,500				COMMUNITY LEARNING
KIN ON HEALTH CARE CENTER 4416 S BRANDON ST SEATTLE, WA 98004	91-1620786	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KITSAP COMMUNITY FOUNDATION 345 6TH ST SUITE 300 BREMERTON, WA 98337	94-3205217	501(C)(3)	15,000				COMMUNITY LEARNING
KITITAS COUNTY EARLY LEARNING COALITION PO BOX 112 ELLENSBURG, WA 98926	47-2872180	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASA HOGAR 106 S 6TH ST YAKIMA, WA 98901	94-3070007	501(C)(3)	7,500				COMMUNITY LEARNING
LATINO CENTER FOR HEALTH 1414 NE 42ND ST SUITE 201 SEATTLE, WA 98105	91-6001537	GOVERNMENT	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO COMMUNITY FUND OF WASHINGTON STATE PO BOX 2822 SEATTLE, WA 98111	20-5987399	501(C)(3)	15,000				COMMUNITY LEARNING
LEGAL VOICE 907 PINE ST SUITE 500 SEATTLE, WA 98101	91-1047900	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MT ADAMS SCHOOL DISTRICT PO BOX 578 WHITE SWAN, WA 98952	91-0761272	GOVERNMENT	7,500				COMMUNITY LEARNING
NORTH OLYMPIC PENINSULA RESOURCE CONSERVATION & DEVELOPMENT COUNCIL (DBA NO PO BOX 2526 PORT ANGELES, WA 98362	91-2157738	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST WASHINGTON HUNGER COALITION 986 S MAIN SUITE D COLVILLE, WA 99114	46-3051292	501(C)(3)	7,500				COMMUNITY LEARNING
NORTHWEST ALLIANCE FOR ALTERNATIVE MEDIA & EDUCATION PO BOX 42671 PORTLAND, OR 97242	93-1009519	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST HEALTH LAW ADVOCATES 4759 15TH AVE NE SUITE 305 SEATTLE, WA 98105	91-1961032	501(C)(3)	7,500				COMMUNITY LEARNING
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE SUITE 400 SEATTLE, WA 98104	91-1393082	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLYMPIC PENINSULA HEALTHY COMMUNITY COALITION PO BOX 501 CARLSBORG, WA 98324	81-3318669	501(C)(3)	7,500				COMMUNITY LEARNING
ONEAMERICA 1225 S WELLER ST SUITE 430 SEATTLE, WA 98144	20-0384893	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILANTHROPY NORTHWEST 2101 4TH AVE 650 SEATTLE, WA 98121	91-1110995	501(C)(3)	10,000				EQUITY IN THE INVESTMENT FUNCTION RESEARCH
PUBLIC HEALTH - SEATTLE AND KING COUNTY 401 5TH AVE CHRONIC DISEASE AND INJURY PREVENTION SECTION SUITE 111 SEATTLE, WA 98104	91-6001327	GOVERNMENT	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUGET SOUND SAGE 1032 S JACKSON ST SUITE 203 SEATTLE, WA 98104	20-8974030	501(C)(3)	7,500				COMMUNITY LEARNING
ROOM ONE 315 LINCOLN ST S TWISP, WA 98856	91-1906926	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501(C)(3)	7,500				COMMUNITY LEARNING
SCHOOL'S OUT WASHINGTON 801 23RD AVE S SUITE A SEATTLE, WA 98144	46-0809713	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDRENS HOSPITAL AND RESEARCH FOUNDATION 6901 SAND POINT WAY NE SEATTLE, WA 98115	91-1156519	501(C)(3)	7,500				COMMUNITY LEARNING
SEATTLE COMMUNITY LAW CENTER 1404 E YESLER WAY SUITE 203 SEATTLE, WA 98122	91-1866898	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT COUNTY PUBLIC HEALTH 700 S 2ND ST MOUNT VERNON, WA 98229	91-6001361	GOVERNMENT	7,500				COMMUNITY LEARNING
SOCIAL VENTURE PARTNERS 220 SECOND AVE SOUTH 3RD FLOOR SEATTLE, WA 98104	91-1894424	501(C)(3)	15,000				WA NONPROFIT SECTOR CAPACITY BUILDING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLID GROUND 1501 N 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	7,500				COMMUNITY LEARNING
SOMALI HEALTH BOARD 7050 32ND AVE S SUITE 103 SEATTLE, WA 98118	46-5114580	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST EFFECTIVE DEVELOPMENT 4703 47TH AVE S SEATTLE, WA 98118	91-0947619	501(C)(3)	7,500				COMMUNITY LEARNING
SOUTHWEST WASHINGTON REGIONAL HEALTH ALLIANCE 2404 E MILL PLAIN BLVD PORTLAND, OR 97211	46-2164971	501(C)(3)	7,500				COMMUNITY LEARNING

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

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SPOKANE ALLIANCE 1526 E 11TH AVE SPOKANE, WA 99202	91-1937810	501(C)(3)	7,500				COMMUNITY LEARNING
SPOKANE NEIGHBORHOOD ACTION PARTNERS (SNAP) 3102 W FT GEORGE WRIGHT DR SPOKANE, WA 99224	91-1311127	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENT HEALTH OPTIONS (DBA THE HEALTH CENTER) PO BOX 1075 534 S 3RD AVE WALLA WALLA, WA 99362	27-0401462	501(C)(3)	7,500				COMMUNITY LEARNING
TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3629 S D STREET MS 1001 TACOMA, WA 98418	91-1488160	GOVERNMENT	7,500				COMMUNITY LEARNING

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

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TENANTS UNION OF WASHINGTON STATE 5425 RAINIER AVE S SUITE B SEATTLE, WA 98118	91-0967863	501(C)(3)	7,500				COMMUNITY LEARNING
THE ARC OF KING COUNTY 233 6TH AVE N SEATTLE, WA 98109	91-0594684	501(C)(3)	7,500				COMMUNITY LEARNING

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

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THE COMMUNITY FOUNDATION OF SNOHOMISH COUNTY 2823 ROCKEFELLER AVE EVERETT, WA 98201	94-3188703	501(C)(3)	7,500				COMMUNITY LEARNING
THE MEMORIAL FOUNDATION 2701 TIETON DR YAKIMA, WA 98902	91-1022358	501(C)(3)	7,500				COMMUNITY LEARNING

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

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THE TRUST FOR PUBLIC LAND 901 5TH AVE SUITE 1520 SEATTLE, WA 98164	23-7222333	501(C)(3)	7,500				COMMUNITY LEARNING
THRIVE WASHINGTON 2815 2ND AVE SUITE 210 SEATTLE, WA 98121	20-4829769	501(C)(3)	7,500				COMMUNITY LEARNING

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

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THURSTON ECONOMIC DEVELOPMENT COUNCIL CENTER FOR BUSINESS AND INNOVATION 4220 6TH AVE SE LACEY, WA 98503	91-1561600	501(C)(3)	7,500				COMMUNITY LEARNING
UNITED GENERAL DISTRICT 304 2241 HOSPITAL DR SEDROWOOLLEY, WA 98284	81-0622393	GOVERNMENT	7,500				COMMUNITY LEARNING

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

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UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE (UTOPIA) PO BOX 68206 SEATTLE, WA 98168	61-1668192	501(C)(3)	7,500				COMMUNITY LEARNING
UNITY CARE NW 1616 CORNWALL AVE SUITE 205 BELLINGHAM, WA 98225	91-2168190	501(C)(3)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON INFORMATION SCHOOL 4333 BROOKLYN AVE NE BOX 359472 SEATTLE, WA 98195	91-6001537	GOVERNMENT	7,500				COMMUNITY LEARNING
VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO 525 W 2ND AVE SPOKANE, WA 99201	91-0577131	501(C)(3)	7,500				COMMUNITY LEARNING

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

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WASHINGTON STATE UNIVERSITY FOUNDATION C/O OFFICE OF FOUNDATION RELATIONS TOWN CENTRE 255 E MAIN ST PULLMAN, WA 99164	91-1075542	501(C)(3)	7,500				COMMUNITY LEARNING
WHATCOM ALLIANCE FOR HEALTHCARE ACCESS (DBA WHATCOM ALLIANCE FOR HEALTH ADV 800 E CHESTNUT ST LOWER LEVEL SUITE 2 BELLINGHAM, WA 98225	81-0677295	501(C)(3)	7,500				COMMUNITY LEARNING

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

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WHATCOM FAMILY & COMMUNITY NETWORK (WFCN) 1231 N GARDEN ST SUITE 210 BELLINGHAM, WA 98225	91-1631944	501(C)(3)	7,500				COMMUNITY LEARNING
WIN WIN ACTION 1402 3RD AVE SUITE 201 SEATTLE, WA 98101	26-3921408	501(C)(4)	7,500				COMMUNITY LEARNING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA NEIGHBORHOOD HEALTH SERVICES 503 S 43RD ST YAKIMA, WA 98901	91-0928817	501(C)(3)	15,000				COMMUNITY LEARNING
YAKIMA VALLEY COMMUNITY FOUNDATION 111 UNIVERSITY PARKWAY SUITE 102 YAKIMA, WA 98902	20-0697012	501(C)(3)	7,500				COMMUNITY LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA VALLEY FARM WORKERS CLINIC 510 WEST FIRST AVENUE PO BOX 190 TOPPENISH, WA 98901	91-1019392	501(C)(3)	7,500				COMMUNITY LEARNING

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number
30-0889914

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	Yes								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	Yes								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	No								

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CORY SBARBARO PRESIDENT/CEO (THRU 9/18), SVP	(i)	440,643	0	21,450	27,500	7,574	497,167	0
	(ii)	0	0	0	0	0	0	0
2 CARMEN LOH FINANCE/ADMINISTRATION DIRECTOR	(i)	139,680	0	0	9,548	10,171	159,399	0
	(ii)	0	0	0	0	0	0	0
3 CHRISTOPHER HANAK ACTING CIO	(i)	381,394	0	15,547	27,500	12,158	436,599	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4A	THERESA TAMURA, \$15,000

Return Reference	Explanation
PART I, LINE 8	THE FOUNDATION PAID \$32,500 IN INCENTIVE COMPENSATION TO THE PRESIDENT/CEO



Schedule J (Form 990) 2018

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number

30-0889914

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) NICHOLE MAHER	PRESIDENT/CEO	INCENTIVE COMPENSATION WITH REPAYMENT STIPULATION		X	91,554	68,690		No	Yes		Yes	
Total						▶ \$	68,690					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number

30-0889914

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE AUDIT AND RISK MANAGEMENT COMMITTEE PRIOR TO SENDING A FULL COPY OF THE 990 TO THE FULL BOARD FOR REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL CONFLICTS OF INTEREST ARE DOCUMENTED AND SUMMARIZED UPON REVIEW OF THE CONFLICTS OF INTEREST, LEADERSHIP DETERMINES WHETHER BOARD OR STAFF WILL BE EXCLUDED FROM DECISION MAKING TO PRECLUDE A CONFLICT OF INTEREST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE FOUNDATION'S COMPENSATION POLICY AND IS RESPONSIBLE FOR SETTING THE PRESIDENT/CEO'S SALARY AND THE CIO'S SALARY THE PRESIDENT/CEO IMPLEMENTS THE BOARD'S POLICIES AND OVERSEES THE ADMINISTRATION OF THE HUMAN RESOURCES PROGRAM FOR ALL OTHER STAFF POSITIONS THE FOUNDATION OBTAINS MARKET DATA THROUGH THIRD-PARTY SURVEYS AND OTHER INDEPENDENT SOURCES THAT PROVIDE RELEVANT NATIONAL AND REGIONAL AGGREGATED DATA TO ENSURE THE CONTINUED COMPETITIVENESS AND EQUITY OF THE FOUNDATION'S COMPENSATION AND BENEFITS PROGRAM, THE FOUNDATION CONDUCTS PERIODIC, COMPREHENSIVE REVIEWS OF THE PROGRAM - THROUGH THE FOUNDATION'S STARTUP PHASE, REVIEWS OF THIS POLICY ARE CONDUCTED ON AN ANNUAL BASIS OR MORE OFTEN IF NECESSARY - SUBSEQUENT REVIEWS ARE CONDUCTED EVERY THREE YEARS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MADE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE THE CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	STRATEGY PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 125,314 MANAGEMENT AND GENERAL EXPENSES 232,408 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 357,722 HUMAN RESOURCES PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 231,913 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 231,913 COMMUNICATION AND ADMINISTRATIVE PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 440 MANAGEMENT AND GENERAL EXPENSES 99,417 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 99,857

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number

30-0889914

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GROUP HEALTH FOUNDATION 810 3RD AVENUE SUITE 220 SEATTLE, WA 98104 91-1246278	IMPROVE THE HEALTH OF WASHINGTON COMMUNITIES	WA	501(C)(3)	LINE 7	GROUP HEALTH COMMUNITY FOUNDATION	Yes	

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GROUP HEALTH FOUNDATION	Q	182,083	FAIR MARKET VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation