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EXTENDED TO NOVEMBER 16, 2020 2949322612401

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2019**  
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> GROUP HEALTH FOUNDATION		<b>D Employer identification number</b> 30-0889914
	Doing business as		<b>E Telephone number</b> 206-788-8900
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G Gross receipts \$</b> 1,744,726,702.
	810 3RD AVENUE	220	
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98104		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F Name and address of principal officer</b> NICHOLE MAHER SAME AS C ABOVE		<b>H(c) Group exemption number</b>	
<b>I Tax-exempt status</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J Website:</b> HTTP://GROUPHEALTHFOUNDATION.ORG	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 2015	<b>M State of legal domicile:</b> WA

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities		SEE SCHEDULE O			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
3 Number of voting members of the governing body (Part VI, line 1a)		3	15		
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	15		
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	19		
6 Total number of volunteers (estimate if necessary)		6	0		
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,382.		
7b Net unrelated business taxable income from Form 990-T, line 39		7b	-327.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0.	Current Year	0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,213,247.	382,650,171.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,325,179.	1,717.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	166,538,426.	382,651,888.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	651,332.	17,078,400.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
	15 Salaries, other compensation, and employee benefits (Part IX, column (A), lines 5-10)	2,082,059.	3,930,011.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,679,682.	3,409,757.		
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	5,413,073.	24,418,168.		
19 Revenue less expenses. Subtract line 18 from line 12	161,125,353.	358,233,720.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,682,901,796.	End of Year	2,030,161,574.
	21 Total liabilities (Part X, line 26)	595,292.	16,123,182.		
	22 Net assets or fund balances - Subtract line 21 from line 20	1,682,306,504.	2,014,038,392.		

**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	Date		
	CORY SBARBARO, EXECUTIVE VICE PRESIDENT	NOV. 13, 2020		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	WENDY CAMPOS	WENDY CAMPOS	11/06/20	P00448102
Use Only	Firm's name	Firm's EIN	Phone no.	
	MOSS ADAMS LLP	91-0189318	206-302-6500	
Firm's address		SEATTLE, WA 98104		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED FEB 24 2022  
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Part III Statement of Program Service Accomplishments

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

X

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 AND BEYOND.

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 X

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 X

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 \$ 18,874,066. including grants of \$ 17,078,400. ) (Revenue \$ 1,717. )

IN 2019, THE FOUNDATION BEGAN PROVIDING "COMMUNITY LEARNING GRANTS" TO PLACE- AND IDENTITY-BASED ORGANIZATIONS, TRIBES, AND PROGRAMS MOST IMPACTED BY INEQUITIES IN WASHINGTON. THESE EARLY GRANTS WILL HELP TO SHAPE THE FOUNDATION'S LONG-TERM PLANNING AND STRATEGY FORMATION.

DURING 2019, THE FOUNDATION COMMITTED TO SUPPORTING ORGANIZATIONS WITH:

- 1) REFLECTIVE LEADERSHIP. SUPPORTING ORGANIZATIONS THAT ARE CREATED AND LED BY PEOPLE WHO AN ORGANIZATION SERVES.
2) COMMUNITY-LED ADVOCACY. FUNDING EFFORTS FOCUSED ON TRANSFORMING HARMFUL NARRATIVES, CHALLENGING ASSUMPTIONS ABOUT WHO "DESERVES" TO HAVE A SAY, AND CHANGING LAWS AND POLICIES.

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

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

4d Other program services (Describe on Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,874,066.

00101R

**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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**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		
	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
	13a		
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		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
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		X
	15		
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		X
	16		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. <span style="float: right;">15</span>		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent. <span style="float: right;">15</span>		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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.		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 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 - 206-788-8900  
 810 3RD AVENUE SUITE 220, SEATTLE, WA 98104

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- See instructions for the order in which to list the persons above

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 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) SUSAN BYINGTON CHAIR	3.80	X		X				37,050.	0.	0.
(2) DR. BENJAMIN DANIELSON VICE CHAIR	2.50	X		X				28,500.	0.	0.
(3) JANETTE OLMSTEAD SECRETARY	2.50	X		X				28,500.	0.	0.
(4) SETH KIRBY TREASURER (FROM 4/19)	2.40 0.10	X		X				28,500.	0.	0.
(5) PETER VAN OPPEN TREASURER (THRU 3/19)	2.60	X		X				28,500.	0.	0.
(6) KATHERINE BELL DIRECTOR	2.30 0.10	X						28,500.	0.	0.
(7) DR. AMERICA BRACHO PEREZ DIRECTOR	1.60	X						28,500.	0.	0.
(8) MARTHA CHOE DIRECTOR	2.10	X						28,500.	0.	0.
(9) MELVIN BRIAN CLADOOSBY DIRECTOR	1.80	X						28,500.	0.	0.
(10) PORSCHE EVERSON DIRECTOR	2.10	X						28,500.	0.	0.
(11) DR. DAVID FLEMING DIRECTOR	1.80	X						28,500.	0.	0.
(12) LEO GREENAWALT DIRECTOR	1.70 0.10	X						28,500.	0.	0.
(13) LATISHA HILL DIRECTOR	2.40	X						28,500.	0.	0.
(14) LUZ VEGA-MARQUIS DIRECTOR	1.60	X						28,500.	0.	0.
(15) JUAN CARLOS OLIVARES DIRECTOR	1.20	X						28,500.	0.	0.
(16) JOSEPH BOATENG DIRECTOR (THRU 1/19)	1.50	X						9,500.	0.	0.
(17) NICHOLE MAHER PRESIDENT/CEO	39.00 1.00			X				530,996.	0.	43,975.

**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 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 EXECUTIVE VICE PRESIDENT	38.00 2.00			X				382,871.	0.	35,667.
(19) CARMEN LOH FINANCE/ADMINISTRATION DIRECTOR	38.00 2.00			X				148,005.	0.	25,015.
(20) MUTHU MUTHIAH CIO	39.00 1.00					X		426,447.	0.	6,194.
(21) CHRISTOPHER HANAK ACTING CIO (THRU 8/19)	38.00 2.00					X		356,625.	0.	36,310.
(22) PENG WANG MANAGING DIRECTOR OF INVESTMENTS	40.00					X		158,471.	0.	1,655.
(23) BRENDA ANIBARRO LEARNING AND EVALUATION DIRECTOR	40.00					X		130,146.	0.	22,274.
(24) WILLA GUBNER ACCOUNTING MANAGER	38.00 2.00					X		120,489.	0.	17,822.
<b>1b Subtotal</b>								2,699,600.	0.	188,912.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,699,600.	0.	188,912.

**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 **▶** 11

	Yes	No
<b>3</b> 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		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> 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 person		X

**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 ST, BOSTON, MA 02210	INVESTMENT MANAGEMENT	673,049.
COLONIAL CONSULTING LLC 750 3RD AVE, NEW YORK, NY 10017	INVESTMENT MANAGEMENT	600,000.
PYRAMID COMMUNICATIONS, INC. 1932 FIRST AVE, SEATTLE, WA 98101	COMMUNICATIONS STRATEGY	103,411.

**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 **▶** 4



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	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	1g \$					
	<b>h Total.</b> Add lines 1a-1f							
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	<b>g Total.</b> Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		232,465,457.		1,382.	232,464,075.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal			
		Less rental expenses	6b					
		Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
		Less cost or other basis and sales expenses	7b					
		Gain or (loss)	7c					
	d	Net gain or (loss)		150,184,714.			150,184,714.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a					
		Less direct expenses	8b					
		Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities See Part IV, line 19	9a						
	Less direct expenses	9b						
	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
	Less cost of goods sold	10b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
	11 a	KFHP TRANSACTION PROCE	900099	919.	919.			
	b	REFUND INCOME	900099	798.	798.			
	c							
	<b>e Total.</b> Add lines 11a-11d				1,717.			
<b>12 Total revenue.</b> See instructions				382,651,888.	1,717.	1,382.	382,648,789.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	17,075,250.	17,075,250.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,150.	3,150.		
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	1,535,109.	296,862.	1,238,247.	
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	1,961,584.	594,428.	1,367,156.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,477.	27,021.	59,456.	
9 Other employee benefits	186,093.	84,137.	101,956.	
10 Payroll taxes	160,748.	56,014.	104,734.	
11 Fees for services (nonemployees)				
a Management				
b Legal	112,670.		112,670.	
c Accounting	51,200.		51,200.	
d Lobbying	550,000.	550,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,309,380.		1,309,380.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	522,385.	44,172.	478,213.	
12 Advertising and promotion	2,196.		2,196.	
13 Office expenses	103,150.	1,660.	101,490.	
14 Information technology	155,121.	236.	154,885.	
15 Royalties				
16 Occupancy	165,513.		165,513.	
17 Travel	122,793.	42,973.	79,820.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	183,789.	69,418.	114,371.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,034.		39,034.	
23 Insurance	48,268.		48,268.	
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 O.)				
a DUES AND SUBSCRIPTIONS	39,086.	27,970.	11,116.	
b TAXES & LICENSES	3,150.		3,150.	
c MISCELLANEOUS	2,022.	775.	1,247.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,418,168.	18,874,066.	5,544,102.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	257,510.	<b>1</b>	1,150,404.
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	66,563.	<b>4</b>	40,923.
	<b>5</b> Loans and other receivables from 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	68,690.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	194,599.	<b>9</b>	146,539.
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 185,030.		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 111,716.	<b>10c</b>	73,314.
	<b>11</b> Investments - publicly traded securities	91,810,855.	<b>11</b>	84,657,687.
	<b>12</b> Investments - other securities See Part IV, line 11	1,590,430,176.	<b>12</b>	1,944,053,336.
	<b>13</b> Investments - program-related See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11	12,093.	<b>15</b>	39,371.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,682,901,796.	<b>16</b>	2,030,161,574.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	595,292.	<b>17</b>	904,055.
	<b>18</b> Grants payable	0.	<b>18</b>	15,219,127.
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	595,292.	<b>26</b>	16,123,182.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	1,682,306,504.	<b>27</b>	2,014,038,392.
	<b>28</b> Net assets with donor restrictions		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	1,682,306,504.	<b>32</b>	2,014,038,392.
<b>33</b> Total liabilities and net assets/fund balances	1,682,901,796.	<b>33</b>	2,030,161,574.	

**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	382,651,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,418,168.
3	Revenue less expenses Subtract line 2 from line 1	3	358,233,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,682,306,504.
5	Net unrealized gains (losses) on investments	5	-26,501,832.
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	2,014,038,392.

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O	X	
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2019**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization <b>GROUP HEALTH FOUNDATION</b>	Employer identification number <b>30-0889914</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political campaign activity expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
 Yes  No
- 4a Was a correction made?  
 Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

LHA  
932041 11-26-19

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2019

**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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a)		(b)
	Yes	No	Amount
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?			
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?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**  
Open to Public Inspection

Name of the organization **GROUP HEALTH 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education)  Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items

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

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

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

Schedule D (Form 990) 2019



**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 make 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 program
  - 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 on 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 Term 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
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     |    |
| (ii) Related organizations  |     |    |
- b If "Yes" on line 3a(i), 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		144,004.	90,346.	53,658.
e Other		41,026.	21,370.	19,656.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)				73,314.

**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	1,944,053,336.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,944,053,336.	

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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

**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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII )	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII )	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**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

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

**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

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. THE FOUNDATION IS NOT EXEMPT FROM FEDERAL

INCOME TAX RELATED TO UNRELATED BUSINESS 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, 2019 AND 2018.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

GROUP HEALTH 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

1 (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 FOUNDATION 221 NW SECOND AVE, SUITE 300 PORTLAND, OR 97209	91-1854545	501(C)(4)	500,000.	0.			CORE SUPPORT FOR CIVIC HEALTH
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE - 643 S. 150TH ST. - BURIEN, WA 98148	61-1668192	501(C)(3)	464,919.	0.			CORE SUPPORT FOR PACIFIC ISLANDER COMMUNITY ASSOCIATION, GENERAL OPERATING SUPPORT
RAINIER VALLEY CORPS 1225 S. WELLES STREET, SUITE 400 SEATTLE, WA 98144	47-4257834	501(C)(3)	438,310.	0.			CORE SUPPORT FOR MUJER AL VOLANTE, CORE SUPPORT FOR SURGE REPRODUCTIVE JUSTICE
TACOMA SEED PMB #51 OLYMPIA, WA 98506	82-5099194	501(C)(3)	445,370.	0.			CORE SUPPORT FOR CANOE JOURNEY HERBALLISTS, CORE SUPPORT FOR HILLTOP URBAN GARDEN
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD - 2121 SW BORADWAY, SUITE 200 - PORTLAND, OR 97201	93-0718154	501(C)(3)	300,000.	0.			GENERAL OPERATING SUPPORT
DISABILITY RIGHTS WASHINGTON 315 5TH AVE S., SUITE 850 SEATTLE, WA 98104	91-0956784	501(C)(3)	280,616.	0.			PROJECT SUPPORT FOR CENSUS 2020, GENERAL OPERATING SUPPORT

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

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

▶ 100.  
▶ 7.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

GROUP HEALTH FOUNDATION  
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
NUESTRA CASA 906 E. EDISON AVE SUNNYSIDE, WA 98944	65-1206137	501(C)(3)	244,155.	0.			GENERAL OPERATING SUPPORT
PROGRESO, LATINO PROGRESS 68 S WASHINGTON ST SEATTLE, WA 98104	45-5042646	501(C)(4)	250,000.	0.			CORE SUPPORT FOR WASHINGTON CENSUS ALLIANCE
CHILDREN OF THE SETTING SUN PRODUCTIONS - P.O. BOX 1571 - BELLINGHAM, WA 98227	47-5005550	501(C)(3)	239,655.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN YOUTH AND FAMILY CENTER - 5135 NE COLUMBIA BOULEVARD - PORTLAND, OR 97218 AFRICAN AMERICAN COMMUNITY CULTURAL & EDUCATIONAL SOCIETY ("RACCES") - PO BOX 3126 - PASCO, WA 99302	93-1141536	501(C)(3)	234,280.	0.			CORE SUPPORT FOR NCH' I WANA HOUSING, GENERAL OPERATING SUPPORT
PEOPLE FIRST OF WASHINGTON PO BOX 97156 LAKEWOOD, WA 98497	05-0592107	501(C)(3)	237,685.	0.			GENERAL OPERATING SUPPORT
CASCADIANOW PO BOX 30181 SEATTLE, WA 98113	91-1156962	501(C)(3)	230,616.	0.			GENERAL OPERATING SUPPORT
CENTRAL WA JUSTICE FOR OUR NEIGHBORS - 210 N RUBY STREET, SUITE 5 - ELLENSBURG, WA 98926	47-1954164	501(C)(3)	221,655.	0.			CORE SUPPORT FOR PRIDE OF ELLENSBURG
CIELO PROJECT RADIO RANCH 1601 NORTH STREET SE OLYMPIA, WA 98501	82-5062666	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
PEOPLE FIRST OF WASHINGTON PO BOX 97156 LAKEWOOD, WA 98497	91-1156962	501(C)(3)	230,616.	0.			GENERAL OPERATING SUPPORT
CASCADIANOW PO BOX 30181 SEATTLE, WA 98113	47-1954164	501(C)(3)	221,655.	0.			CORE SUPPORT FOR PRIDE OF ELLENSBURG
CENTRAL WA JUSTICE FOR OUR NEIGHBORS - 210 N RUBY STREET, SUITE 5 - ELLENSBURG, WA 98926	47-1954164	501(C)(3)	221,655.	0.			CORE SUPPORT FOR PRIDE OF ELLENSBURG
CIELO PROJECT RADIO RANCH 1601 NORTH STREET SE OLYMPIA, WA 98501	82-5062666	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
COMMUNITIES FOR THE ADVANCEMENT OF FAMILY EDUCATION - 766 S. MISSION ST. - WENATCHEE, WA 98801	91-1909072	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES OF COLOR COALITION 23931 HWY 99, SUITE 101 EDMONDS, WA 98026	42-1697145	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
DIOCESE OF OLYMPIA PO BOX 1248 WESTPORT, WA 98595	91-0200430	501(C)(3)	221,655.	0.			CORE SUPPORT FOR CHAPLAINS ON THE HARBOR
INSTITUTE FOR WASHINGTON'S FUTURE 2720 VALENCIA ST. BELLINGHAM, WA 98226	91-0931421	501(C)(3)	221,655.	0.			CORE SUPPORT FOR COMMUNITY TO COMMUNITY DEVELOPMENT
KITSAP IMMIGRANT ASSISTANCE CENTER P.O. BOX 1276 BREMERTON, WA 98337	75-3182528	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
LA CASA HOGAR 106 S 6TH STREET YAKIMA, WA 98902	94-3070007	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
LOWER COLUMBIA HISPANIC COUNCIL 1373 DUANE STREET ASTORIA, OR 97103	20-3189709	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
NIMIPIPU PROTECTING THE ENVIRONMENT - 1820 NW ARCADIA DRIVE - PULLMAN, WA 99163	47-3465431	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT CORE SUPPORT FOR SOUTHWEST WASHINGTON COMMUNITIES UNITED FOR CHANGE
THE NOBLE FOUNDATION 304 ACADEMY ST., #394 KELSO, WA 98626	20-4683123	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
YES OF PEND OREILLE COUNTY 316 W 2ND ST NEWPORT, WA 99156	80-0886113	501(C)(3)	221,655.	0.			GENERAL OPERATING SUPPORT
LEAGUE OF UNITED LATIN AMERICAN CITIZENS - PO BOX 3381 - PASCO, WA 99302	47-5462679	501(C)(4)	223,764.	0.			GENERAL OPERATING SUPPORT
MASON COUNTY HOUSING OPTIONS FOR STUDENTS IN TRANSITION - 807 W. PINE ST. - SHELTON, WA 98584	47-5160205	501(C)(3)	219,555.	0.			GENERAL OPERATING SUPPORT
CLARK COUNTY LATINO YOUTH CONFERENCE - 17704 NE 110TH AVE - BATTLE GROUND, WA 98604	46-3764546	501(C)(3)	220,616.	0.			GENERAL OPERATING SUPPORT
COLUMBIA RIVERKEEPER 407 PORTWAY, SUITE 301 HOOD RIVER, OR 97031	91-1583492	501(C)(3)	219,155.	0.			CORE SUPPORT FOR COMUNIDADES
CULTURESEED 37 NESTOR PEAK RD WHITE SALMON, WA 98672	20-3027110	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
FERU TAIALA LEARNING CENTER P.O. BOX 878 KINGSTON, WA 98346	47-2497194	501(C)(3)	220,616.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF THE BLACK LENS 1312 N MONROE STREET, #148 SPOKANE, WA 99201	82-4396555	501(C)(3)	220,616.	0.			GENERAL OPERATING SUPPORT
GOT GREEN PO BOX 18794 SEATTLE, WA 97118	91-1656676	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT



GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
IF YOU COULD SAVE JUST ONE 4420 N CINCINNATI ST SPOKANE, WA 99207	82-4898269	501(C)(3)	222,685.	0.			GENERAL OPERATING SUPPORT
INGERSOLL GENDER CENTER 911 E PIKE STREET, SUITE 221 SEATTLE, WA 98112	91-1262502	501(C)(4)	219,155.	0.			GENERAL OPERATING SUPPORT
LAVENDER RIGHTS PROJECT 2425 6TH AVE. S. SEATTLE, WA 98134	81-0969007	501(C)(3)	219,155.	0.			CORE SUPPORT FOR RECKONING TRADE PROJECT
LITTLE RED SCHOOL HOUSE INC. 14 E CASINO ROAD EVERETT, WA 98208	91-6053563	501(C)(3)	219,155.	0.			CORE SUPPORT FOR MADRES DE CASINO ROAD
MIA MUJERES IN ACTION 1648 E CROWN AVE SPOKANE, WA 99207	83-2464309	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
NATIVE ACTION NETWORK 815 1ST AVENUE, #113 SEATTLE, WA 98104	27-0884032	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
NOT THIS TIME 4547 RAINIER AVE SOUTH, STE 925 SEATTLE, WA 98118	81-2886863	501(C)(3)	223,264.	0.			GENERAL OPERATING SUPPORT
PACIFIC COUNTY IMMIGRANT SUPPORT PO BOX 156 LONG BEACH, WA 98631	82-4313213	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
PHENOMENAL SHE PO BOX 25033 FEDERAL WAY, WA 98093	82-5072798	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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)	219,155.	0.			GENERAL OPERATING SUPPORT
SEX WORKERS OUTREACH PROJECT 12659 14TH PL S SEATTLE, WA 98168	26-2264638	501(C)(3)	223,264.	0.			GENERAL OPERATING SUPPORT
SUNRISE OUTREACH CENTER OF YAKIMA PO BOX 10413 YAKIMA, WA 98909-1413	27-1028426	501(C)(3)	223,264.	0.			GENERAL OPERATING SUPPORT
TIPAWAYT BIRTH JUSTICE CENTER 71 MCKEE RD SELAH, WA 98942	84-2803522	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
UNITYWORKS FOUNDATION 3500 MEADOWCREST LANE YAKIMA, WA 98903	33-1229923	501(C)(3)	222,685.	0.			GENERAL OPERATING SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK ERF - 1806 EAST YESLER WAY - SEATTLE, WA 98122	91-1259403	501(C)(3)	220,616.	0.			CORE SUPPORT FOR FIRELANDS TOGETHER
WHITE CENTER COMMUNITY DEVELOPMENT ASSOCIATION - 605 S.W. 108TH STREET - SEATTLE, WA 98124	72-1526567	501(C)(3)	223,264.	0.			CORE SUPPORT FOR COFA ALLIANCE NATIONAL NETWORK OF WASHINGTON
WHITE SWAN ARTS AND RECREATION COMMITTEE - PO BOX 57 - WHITE SWAN, WA 98952	20-4210099	501(C)(3)	219,155.	0.			GENERAL OPERATING SUPPORT
TACOMA URBAN LEAGUE 2550 S. YAKIMA AVENUE TACOMA, WA 98405	91-0826302	501(C)(3)	161,103.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 98144	91-0916176	501(C)(3)	156,103.	0.			CORE SUPPORT FOR ASIAN PACIFIC ISLANDER COALITION OF SOUTH PUGET SOUND, GENERAL OPERATING
CONFEDERATED LOWER CHINOOK TRIBES AND BANDS - POST OFFICE BOX 368 - BAY CENTER, WA 98527	91-2147630	501(C)(3)	156,103.	0.			GENERAL OPERATING SUPPORT
BEYOND SURVIVAL PO BOX 203 ABERDEEN, WA 98520	91-1913480	501(C)(3)	149,577.	0.			GENERAL OPERATING SUPPORT
COLUMBIA COUNTY PUBLIC HEALTH 270 E MAIN STREET DAYTON, WA 99328	91-6001309	GOVERNMENT	148,603.	0.			GENERAL OPERATING SUPPORT
CONFEDERATED TRIBES OF THE COLVILLE RESERVATION - 21 COLVILLE STREET - NESPELEM, WA 99155	91-0557683	GOVERNMENT	149,577.	0.			GENERAL OPERATING SUPPORT
QUINULT INDIAN NATION 1214 AALIS DRIVE TAHOLAH, WA 98587	91-0760952	GOVERNMENT	148,603.	0.			GENERAL OPERATING SUPPORT
THE SUPPORT CENTER P.O. BOX 3639 OMAK, WA 98841	91-1214300	501(C)(3)	148,603.	0.			GENERAL OPERATING SUPPORT
SUQUAMISH FOUNDATION P.O. BOX 498 SUQUAMISH, WA 98392	03-0574998	501(C)(3)	146,503.	0.			GENERAL OPERATING SUPPORT
AFFILIATED TRIBES OF NORTHWEST INDIANS - 25 WEST MAIN, STE. 434 - SPOKANE, WA 99201	93-0934830	501(C)(3)	147,077.	0.			GENERAL OPERATING SUPPORT

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
AFRICATOWN COMMUNITY LAND TRUST 1437 SOUTH JACKSON, SUITE 100 SEATTLE, WA 98144	82-1710458	501(C)(3)	148,457.	0.			GENERAL OPERATING SUPPORT
CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE. STE 5 SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	150,000.	0.			GENERAL OPERATING SUPPORT
CHELAN-DOUGLAS HEALTH DISTRICT 200 VALLEY MALL PARKWAY EAST WENATCHEE, WA 98802	91-1590156	GOVERNMENT	146,103.	0.			GENERAL OPERATING SUPPORT
COLECTIVA LEGAL DEL PUEBLO 201 SW 153RD STREET BURIEN, WA 98166	46-1470709	501(C)(3)	150,000.	0.			CORE SUPPORT FOR WA IMMIGRATION SOLIDARITY NETWORK
COWLITZ INDIAN TRIBE P. O. BOX 2547 LONGVIEW, WA 98632	91-1265477	GOVERNMENT	146,103.	0.			GENERAL OPERATING SUPPORT
DOMESTIC VIOLENCE SERVICES OF BENTON AND FRANKLIN COUNTIES - 3311 W CLEARWATER AVE., STE C140 - KENNEWICK, WA 99336	87-0704852	501(C)(3)	146,103.	0.			GENERAL OPERATING SUPPORT
ERITREAN ASSOCIATION IN GREATER SEATTLE - 1528 VALENTINE PLACE SOUTH - SEATTLE, WA 98144	91-1703201	501(C)(3)	147,077.	0.			GENERAL OPERATING SUPPORT
FAMILY CRISIS NETWORK PO BOX 944 NEWPORT, WA 99156	91-1248443	501(C)(3)	146,103.	0.			GENERAL OPERATING SUPPORT
FORKS ABUSE PROGRAM DBA MARIPOSA HOUSE - PO BOX 1775 - FORKS, WA 98331	91-1198027	501(C)(3)	146,104.	0.			GENERAL OPERATING SUPPORT

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
GRAYS HARBOR PUBLIC HEALTH AND SOCIAL SERVICES - 2109 SUMNER AVE - ABERDEEN, WA 98520	91-6001320	GOVERNMENT	146,104.	0.			GENERAL OPERATING SUPPORT
HOH INDIAN TRIBE P.O. BOX 2196 FORKS, WA 98133	91-0887990	GOVERNMENT	146,104.	0.			GENERAL OPERATING SUPPORT
KALISPEL INDIAN COMMUNITY OF THE KALISPEL RESERVATION - 1981 N. LECLERC RD. - CUSICK, WA 99119-9682	91-0875018	GOVERNMENT	146,104.	0.			GENERAL OPERATING SUPPORT
LHAQ' TEMISH FOUNDATION 2665 KWINA ROAD BELLINGHAM, WA 98226	91-1836621	501(C)(3)	146,104.	0.			GENERAL OPERATING SUPPORT
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE - P.O. BOX 5676 - EVERETT, WA 98206-5676	20-5572553	501(C)(4)	147,077.	0.			GENERAL OPERATING SUPPORT
SHOALWATER BAY INDIAN TRIBE PO BOX 130 TORELAND, WA 98590	91-0910266	GOVERNMENT	146,104.	0.			GENERAL OPERATING SUPPORT
SOMALI COMMUNITY SERVICES OF SEATTLE - 8810 RENTON AVENUE SOUTH - SEATTLE, WA 98118	91-1746056	501(C)(3)	146,104.	0.			GENERAL OPERATING SUPPORT
THE NATIVE PROJECT 1803 W. MAXWELL AVE. SPOKANE, WA 99201	91-1462366	501(C)(3)	146,104.	0.			GENERAL OPERATING SUPPORT
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVENUE, SUITE 400 SEATTLE, WA 98104	91-1393082	501(C)(3)	102,500.	0.			GENERAL OPERATING SUPPORT

GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 BASIN HEALTH ASSOCIATION (CBHA) - 1515 E COLUMBIA ST - OTHELLO, WA 99344	91-0896701	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
PHILANTHROPY NW 2101 4TH AVE., #650 SEATTLE, WA 98121	91-1110995	501(C)(3)	78,500.	0.			PROJECT SUPPORT FOR CENSUS 2020
DOWNTOWN PASCO DEVELOPMENT AUTHORITY - 110 S. 4TH AVE - PASCO, WA 99301	45-3169348	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ASIA PACIFIC CULTURAL CENTER 4851 S TACOMA WAY TACOMA, WA 98409	91-1854410	501(C)(3)	27,500.	0.			GENERAL OPERATING SUPPORT
API CHAYA PO BOX 14047 SEATTLE, WA 98114	91-1674016	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LATINO COMMUNITY FUND OF WA STATE C/O LATINO COMMUNITY FUND: P.O. BOX SEATTLE, WA 98103	20-5987399	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
POTLATCH FUND 801 2ND AVENUE, SUITE 304 SEATTLE, WA 98104	73-1712905	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
THE MEMORIAL FOUNDATION 2701TIETONDRIVE YAKIMA, WA 98902	91-1022358	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
EDMONDS CENTER FOR THE ARTS 410 4TH ST. N. EDMONDS, WA 98020	74-3089412	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT

GROUP HEALTH FOUNDATION  
 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
NEO PHILANTHROPY ACTION FUND 45 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PARA LOS NINOS DE HIGHLINE 425 SW 144TH ST BURIEN, WA 98166	20-0502368	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE SUITE 200 - SEATTLE, WA 98122	91-0575954	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
MAKAH TRIBAL COUNCIL PO BOX 115 NEAH BAY, WA 98357	91-0492517	GOVERNMENT	12,500.	0.			GENERAL OPERATING SUPPORT
GAMBIAN TALENTS PROMOTION 525 112TH SE #F324 EVERETT, WA 98208	81-5319066	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GAY CITY HEALTH PROJECT 517 E. PIKE ST SEATTLE, WA 98122	91-1685822	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GRANTMAKERS IN HEALTH 1100 CONNETTICUT AVENUE NW, SUITE 12 WASHINGTON, DC 20036	13-3206571	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
KOREAN COMMUNITY SERVICE CENTER 22727 HWY 99 STE 206 EDMONDS, WA 98026	27-1518314	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
LEWIS COUNTY AUTISM COALITION 450 NW PACIFIC AVE CHEHALIS, WA 98532	47-3931045	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
NAMI SOUTHWEST WASHINGTON 2500 MAIN STREET VANCOUVER, WA 98660	91-1065027	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NORTH CENTRAL WASHINGTON ECONOMIC DEVELOPMENT DISTRICT - PO BOX 4107 - WENATCHEE, WA 98807	20-4998283	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
OPEN ARMS PERINATAL SERVICES 2524 16TH AVE S, SUITE 207 SEATTLE, WA 98144	91-1868021	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PIZZA KLATCH 312 4TH AVENUE E. OLYMPIA, WA 98501	45-5534793	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PMA EDUCATION FUND DBA PEOPLE'S MEMORIAL ASSOCIATION - 1801 12TH AVE STE A - SEATTLE, WA 98122	68-0621888	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TEAMCHILD 1225 S WELLS ST #420 SEATTLE, WA 98144	91-1930194	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WAKENYA WANORTH 17716 BOTHELL EVERETT HWY, UNIT A1 BOTHELL, WA 98012	83-1932611		10,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON HEALTHCARE ACCESS ALLIANCE - PO BOX 14506 - SEATTLE, WA 98114	26-2096781	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
YOUNG WOMEN EMPOWERED 2524 16TH AVE. SOUTH, SUITE #301 SEATTLE, WA 98144	47-2230647	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)



GROUP HEALTH FOUNDATION  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
PIERCE COUNTY AIDS FOUNDATION (PCAF) - 3009 S 40TH ST - TACOMA, WA 98409	91-1385245	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
MULTI-SERVICE CENTER PO BOX 23699 FEDERL WAY, WA 98093	23-7120815	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT

**Part III** **GROUP HEALTH FOUNDATION**  
**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed

(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 required in Part I, line 2, Part III, column (b), and any other additional information

**PART I, LINE 2:**

THE FOUNDATION PROVIDED UNRESTRICTED FUNDS TO ENTITIES CARRYING OUT HEALTH EQUITY WORK IN WASHINGTON DURING 2019. ALL ORGANIZATIONS THAT RECEIVED GRANTS CARRY OUT THEIR WORK IN THE UNITED STATES.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN COUNSELING AND REFERRAL SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: CORE SUPPORT FOR ASIAN PACIFIC ISLANDER COALITION OF SOUTH PUGET SOUND, GENERAL OPERATING SUPPORT

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2019**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

GROUP HEALTH FOUNDATION

Employer identification number

30-0889914

**Part I Questions Regarding Compensation**

**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

- |  |  |
|--|--|
| <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 (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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

- |   |   |
|---|---|
| <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 |

**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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III

**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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2019



Part III Supplemental Information

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

PART I, LINE 4A:

CHRISTOPHER HANAK, \$85,000.

PART I, LINE 8:

THE FOUNDATION PAID \$97,500 IN INCENTIVE COMPENSATION TO THE PRESIDENT/CEO,

\$250,000 IN INCENTIVE COMPENSATION TO THE CHIEF INVESTMENT OFFICER, AND

\$90,000 IN INCENTIVE COMPENSATION TO THE MANAGING DIRECTOR OF INVESTMENTS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

GROUP HEALTH FOUNDATION

Employer identification number

30-0889914

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

3) GEOGRAPHIC EQUITY. SUPPORTING GROUPS THAT MAY HAVE BEEN OVERLOOKED

BECAUSE OF WHERE THEY ARE LOCATED OR OUTDATED IDEAS ABOUT WHERE

INNOVATION AND LEADERSHIP COMES FROM IN WASHINGTON.

4) DIRECT RELATIONSHIPS. PRIORITIZING FUNDING FOR ORGANIZATIONS AND

LEADERS WITH COMMUNITY CONSTITUENCIES, EVEN AS WE RECOGNIZE THE

IMPORTANT ROLES THAT COLLABORATIONS, HUBS, PROVIDERS OF TECHNICAL

ASSISTANCE, AND "BACKBONE" ORGANIZATIONS OFTEN PLAY.

5) ADVANCING THE FOUNDATION'S LEARNING. FINDING OPPORTUNITIES THAT

ENABLE US TO GET SMARTER AND BETTER AT OUR EARLY WORK IN THE COMING

YEARS.

DURING 2019, THE FOUNDATION ALSO STARTED FUNDING EVENT SPONSORSHIPS TO

SUPPORT COMMUNITY AND CULTURALLY SPECIFIC GATHERINGS, MEETINGS,

CONFERENCES, AND FUNDRAISERS.

FORM 990, PART VI, SECTION A, LINE 4:

NAME OF ENTITY CHANGED FROM GROUP HEALTH COMMUNITY FOUNDATION TO GROUP

HEALTH FOUNDATION.

Name of the organization GROUP HEALTH FOUNDATION	Employer identification number 30-0889914
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FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED, AND REVISED AS NEEDED, BY MANAGEMENT AND THE  
 AUDIT AND RISK MANAGEMENT COMMITTEE. THE FINAL DRAFT OF THE 990 IS SHARED  
 WITH THE FULL BOARD.

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.

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 EXECUTIVE LEADERSHIP TEAM 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.

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









**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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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) GHF COMMUNITY FUND	O	69,991	COST
(2) GHF COMMUNITY FUND	Q	96,099	FAIR MARKET VALUE
(3)			
(4)			
(5)			
(6)			



