### EXTENDED TO MAY 15, 2020

Return of Organization Exempt From Income Tax

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Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the Treasury Inspection Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning JUL 1. 2018 and ending JUN 30, D Employer identification number C Name of organization Check if applicable Address change SEATTLE PACIFIC FOUNDATION Name change 91-1068276 Doing business as Initial Number and street (or P 0, box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 206-281-2810 3307 THIRD AVENUE WEST termin-ated 776,064. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SEATTLE, WA 98119 H(a) Is this a group return Applica-tion pending Yes X No F Name and address of principal officer CRAIG KISPERT for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? If "No," attach a list (see instructions) Tax-exempt status X = 501(c)(3) 501(c) ( ) ◀ (insert no ) J Website: ► HTTP: //ADVANCE.SPU.EDU/SPFOUNDATION H(c) Group exemption number ▶ K Form of organization: X Corporation Association Year of formation: 1979 M State of legal domicile WA Trust Part I Summary Briefly describe the organization's mission or most significant activities TO SUPPORT GOALS AND ACTIVITIES Activities & Governance OF SEATTLE PACIFIC UNIVERSITY AND OTHER EDUCATIONAL, RELIGIOUS, Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 13 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (8) Fine 7a 28,898. 7b 990 T, line 38 Net unrelated business taxable income from Form JUN 01 2020 **Current Year** Prior Year <u>2,0</u>00. 0. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 70 GDEN О. 131,105. 21,252. 10 726,110, <u>754,812.</u> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 859,215. 776,064. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 140,630. 84,642. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 369,668. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 546,603. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 120,180. 147,231. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 601,541. 807,413. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 51,802. 174,523. Revenue less expenses Subtract line 18 from line 12 Assets or Balances End of Year Beginning of Current Year 149,356,618. 154,140,478. Total assets (Part X, line 16) 20 144,178,797 148,527,168. 21 Total liabilities (Part X, line 26) Net/ 5,177,821. 5,613,310. 22 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under true, of true, Under penalties of perjury 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 M CRAIG KISHERT, VICE CHAIR Here Type or print name and title Date PTIN Preparer s signature Print/Type preparer's name 5-12-2020 P00339213 self-employed Paid T.M. FRIEDRICHSEN Firm's name AMICUS LAW GROUP, 91-2147434 Firm's EIN Preparer PC Firm's address 1325 FOURTH AVE., Use Only SEATTLE, WA 98101-2509 Phone no. 206 - 624 - 9410 X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

Form **990** (2018)

Form	990	(2018)	

Form 990 (2018) · SEATTLE PACIFIC FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
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?			l
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			_
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		_	
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			ĺ
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 16º If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1 1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.	}	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	.	- 1	
	domestic government on Part IV, column (A), line 12 if "Vos." complete Schedule I, Parts I and II	_ 24	Y	

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Form 990 (2018) · SEATTLE PACIFIC FOUNDATION

Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			- T
	complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_^_
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)	28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
<u> </u>	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V			لل
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 0			
-	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	_1c _	X .	
832004	1 12-31-18	Form	<b>990</b> (	(2018)

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 4 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3h 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 4a b If "Yes." enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6h were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 7d | d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9h b Section 501(c)(7) organizations. Enter 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O Form 990 (2018)

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
	de la company de		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13		103	110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	_15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)	£		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	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			
	BRIAN FICKEN - 206-281-2106 3307 THIRD AVENUE WEST, SEATTLE, WA 98119-1997			

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

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

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

Check this box if neither the organization n	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check more than or box, unless person is both officer and a director/truste				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONALD W MORTENSON DIRECTOR	9.00	x						42,590.	233,987.	29,923.
(2) CRAIG F KORTHASE	3.00									
SECRETARY		X		X				0.	0.	0.
(3) MARK L CEDERBORG	3.00									
CHAIR		X		X		L		0.	0.	0.
(4) GALEN C SMITH	3.00								•	•
DIRECTOR	2 22	X	ļ			-		0.	0.	0.
(5) MICHAEL D. MCKEE	3.00									0
DIRECTOR	3 00	X						0.	0.	0.
(6) BRIAN D PEARSON	3.00	x						0.	0.	0.
DIRECTOR	3.00	^			-	ļ <u>-</u>		0.	U.	<u>U •</u>
(7) DENNIS M WEIBLING	3.00	X						0.	0.	0.
DIRECTOR (8) GORDON WERKEMA	3.00	-				<u> </u>		•		
DIRECTOR	3100	x				l .		0.	0.	0.
(9) GORDON A NYGARD	3.00									
DIRECTOR	2 00	X				-		0.	0.	0.
(10) NANCY L CAHILL DIRECTOR	3.00	x						0.	0.	0.
(11) DARYL J. MILLER	3.00									
VOTING EX-OFFICIO		X						0.	0.	0.
(12) CRAIG KISPERT	5.00									
VICE CHAIR	45.00	X		X				0.	<u> 252,269.</u>	84,065.
(13) TIM PORTER	3.00									
DIRECTOR		Х						0.	0.	0.
(14) BRIAN FICKEN	40.00									•
TREASURER				X				0.	0.	0.
						<u></u>				
	1				ш					

Form 990 (2018)

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/			ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			((	C)			(D)	(E)			(F)	
	Name and title	Average	(40		Pos				Reportable	Reportable	•	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	on	ar	of	
		week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	d		other	
		(list any	r director						the	organization		com	pensa	ation
		hours for	or dire	۱			휼		organization	(W-2/1099-MI	SC)	fı	om th	e
		related	皇	ruste			E SE		(W-2/1099-MISC)			_	anızat	
		organizations	altre	Institutional trustee		Key employee	Highest compensated employee						d relat	
		below	Individual	te te	Officer	em	E Se St	Former				orga	anızatı	ions
		line)	트	Ĕ	툴	Š.	돌	횬			-			
	· · · · · · · · · · · · · · · · · · ·	-												
				<u> </u>	T	$\vdash$								
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		-		-	$\vdash$		$\vdash$							
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					L		L_							
				ļ										
			i											
1h	Sub-total					<u> </u>	<u> </u>	_	42,590.	486,2	56.	11	3,9	88.
		II Costion A							0.	100/2	0.		<u> </u>	0.
	Total from continuation sheets to Part V	ii, Section A							42,590.	486,2		11	3,9	
	Total (add lines 1b and 1c)			1		<u> </u>			<del></del>				<u>,,,</u>	00.
2	Total number of individuals (including but r	iot ilmitea to tr	iose	IISTE	ea ai	DOVE	e) wr	10 re	eceived more than \$100	,000 or reportab	ie			_
	compensation from the organization								<del></del>				V	ا ا
											Г		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	or i	highest compensated ei	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d oth	her compensation from	the organization	1			
	and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e <i>J f</i>	for such individual			4	<u>X</u>	
5	Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	;			
	rendered to the organization? If "Yes," com								-			5		X
Sec	tion B. Independent Contractors								<del>-</del> -		•			
1	Complete this table for your five highest co	mnensated inc	dene	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
•	the organization Report compensation for											21,011		
		the Calendar y	cai	enui	ng v	VILIT	O1 VV	101111		,cai			·	
	<b>(A)</b> Name and business	address	BT/	\\TT	7				( <b>B)</b> Description of s	ervices	C	Omoe	ハ nsatio	n
	Traine and basiness		14(	INC	<u> </u>			<del></del>	3000	3, 1,1000				
								_			_			
								$\Box$				_		
								$\dashv$						
	The substitute of the substitu					A.I			labarah da bara	Ale		_		
2	Total number of independent contractors (i	-	ot lu	mite	d to		_	sted	above) who received m	ore tnan				
	\$100,000 of compensation from the organi	zation >				(	<u>)                                    </u>						<u> </u>	

SEATTLE PACIFIC FOUNDATION 91-1068276 Page 9 Form 990 (2018) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated (A) Total revenue business exempt function revenue revenue 10 S S 

Ζź	па	rederated campaigns	1a	_				
ara ou	b	Membership dues	1b					
S, (	c	Fundraising events	1c					
ar's	d	Related organizations	1d					
S,E	е	Government grants (contributi	ons) 1e					
<u> </u>	f	All other contributions, gifts, grant						
Per Per		similar amounts not included above	1 1					
Contributions, Gifts, Grant and Other Similar Amount	q	Noncash contributions included in lines						
SE	b h	Total. Add lines 1a-1f						
<u></u>	-"	Total. Add midd fa fi		Business Code				-
a)	, ,			Business Code				
<u>Ş</u>	2 a							
e je	b							
Program Service Revenue	C		_					
ar Re	d							
Š	e							
ш	f	All other program service reve	nue			<del></del>		
		Total. Add lines 2a-2f		<b>&gt;</b>				
	3	Investment income (including	dıvıdends, ınter		45 650			17 670
		other similar amounts)		<b>•</b>	17,679.			17,679.
	4	Income from investment of tax	exempt bond (	proceeds -				<del>                                     </del>
ļ	5	Royalties	r <del>-</del>	<b>&gt;</b>				
			(i) Real	(ıı) Personal				
	6 a	Gross rents	301.	<del></del>				
	b	Less rental expenses	0.					
	С	Rental income or (loss)	301.			-		
	d	Net rental income or (loss)	<b>-</b>		301.			301.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				·
		assets other than inventory	3,747.	-174.				
	b	Less cost or other basis						
		and sales expenses	0.					· ·
	С	Gain or (loss)	3,747	-174.	_			
	ď	Net gain or (loss)		<b>&gt;</b>	3,573.			3,573.
av.		Gross income from fundraising	events (not			-		
Other Revenue		including \$						'
Ş		contributions reported on line						
Č		Part IV, line 18	, a					
Ę.	h	Less direct expenses	b					
Ó		Net income or (loss) from fund	raising events					_
		Gross income from gaming ac	-					
1	3 4	Part IV, line 19	а	.				
		Less direct expenses	b					
		Net income or (loss) from gam			-			
		· · · · · ·	=					
	10 a	Gross sales of inventory, less			ì			
		and allowances	a					,
		Less cost of goods sold	b		•	-		
	<u>c</u>	Net income or (loss) from sales		<u> </u>	<del></del>			<del></del>
		Miscellaneous Revenue		Business Code	nee 264	7FF 3C4	-	
	11 a	INVESTMENT MANA		525920	755,364.	755,364.		
	b	NORTHPOINT, LLC	FORM 1	900099	853.			-853.
	С							
	d	All other revenue						ļ
	е	Total. Add lines 11a-11d		▶	754,511.			

	754,511.
	/ J <del>4</del> / J 1 1 6
_ [	776 064

755,364.

Total revenue. See instructions

w

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 respons				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схренаса	general expenses	CAPCHIGOS
•	and domestic governments. See Part IV, line 21	84,642.	84,642.		
2	Grants and other assistance to domestic	<u> </u>			
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals See Part IV. lines 15 and 16				
4	Benefits paid to or for members				
•	Compensation of current officers, directors,				
5	trustees, and key employees	172,951.	121,066.	51,885.	
_			121,000.	31,003.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	144,533.	101,173.	43,360.	<del>.</del>
7	Other salaries and wages	144,333.	101,1/3.	43,300.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	E0 104	26 520	15 655	
9	Other employee benefits	52,184.	36,529.	15,655.	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	07 505	05 505		
b	Legal	27,595.	27,595.		· · · · · · · · · · · · · · · · · · ·
С	Accounting	16,200.	16,200.		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)			-	
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology				
15	Royalties				
16	Occupancy	35,723.	35,723.		
17	Travel	12,982.	12,982.		
18	Payments of travel or entertainment expenses		ĺ		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			_	
21	Payments to affiliates		•	_	
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	TAX ON UNRELATED BUSINE	17,239.		17,239.	<del></del>
b	MEALS, ENTERTAINMENT &	11,380.	11,380.		
С	INVESTMENT EXPENSES	7,918.		7,918.	
d	MISCELLANEOUS	7,636.	7,636.		
е	All other expenses	10,558.	10,558.		··
25	Total functional expenses. Add lines 1 through 24e	601,541.	465,484.	136,057.	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)				
000046	1 12-31-18				Form <b>990</b> (2018

196 × 1

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<del>-</del>	<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	12,173,989.	2	11,311,166
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	201,637.	4	513,016
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	13,214,115.	7	12,873,342
:	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	_	9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 46,313,421.			
	b	Less accumulated depreciation 10b 0.	39,805,147.		46,313,421
	11	Investments - publicly traded securities	60,129,867.		55,513,420
	12	Investments - other securities See Part IV, line 11	23,831,863.		27,616,113
	13	Investments · program-related See Part IV, line 11	<del></del>	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	149,356,618.	16	154,140,478
	17	Accounts payable and accrued expenses	25,230.	17	5,231
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
:	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
١.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
1		parties, and other liabilities not included on lines 17-24) Complete Part X of	144 152 567	ا م	148,521,937
ł		Schedule D	144,153,567. 144,178,797.		148,521,937
$\dashv$	26	Total liabilities. Add lines 17 through 25	144,1/0,/3/.	26	140,521,100
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
3	07	complete lines 27 through 29, and lines 33 and 34.	1,127,446.	07	1,265,808
3	27	Unrestricted net assets	4,050,375.	27 28	4,347,502
3	28	Temporarily restricted net assets	4,030,373.	29	4,341,302
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
	20	and complete lines 30 through 34.		30	
	30	Capital stock or trust principal, or current funds		31	
č	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
	32	Retained earnings, endowment, accumulated income, or other funds	5,177,821.	33	5,613,310
Net Assets of Fully Dalalices	33	Total net assets or fund balances			

Form	990 (2018) SEATTLE PACIFIC FOUNDATION	<u>91-</u>	1068276	_Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			64.
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,17		
5	Net unrealized gains (losses) on investments	5	-30	5,5	61.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29	7,5	<u>27.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10_	5,61	<u>3,3</u>	<u> 10.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<del>                                     </del>
1	Accounting method used to prepare the Form 990. Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<u> </u>	_	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				İ
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both  Separate basis  Consolidated basis  X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		it		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	ıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

91-1068276 Page **12** 

### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

SEATTLE PACIFIC FOUNDATION 91-1068276 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (III) Type of organization in your governing docum (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) SEATTLE PACIFIC 83,817. 91-0565553 2 UNIVERSITY X 0. 83.817. Total

Schedule A (Form 990 or 990 EZ) 2018 S Part II Support Schedule for (Complete only if you checke	Organizations	s Described in	Sections 170		nd 170(b)(1)(A)(	
fails to qualify under the test			-			
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants ")		:				_
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included				/		
on line 1 that exceeds 2% of the						
amount shown on line 11, column (f)						
• • • • • • • • • • • • • • • • • • • •			/			
6 Public support. Subtract line 5 from line 4 Section B. Total Support	! <u></u>	<u></u>			<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	(4) 2014	(6) 2010	/(0/2010	(4) 2011	(6) 2010	(1) 1014
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital	/					
assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						<u> </u>
12 Gross receipts from related activities	, etc (see instructi	ons)			12	
13 First five years. If the Form 990 is fo	Į.	s first, second, thii	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
organization, check this box and stop	here					
Section C. Computation of Publ	<i></i>				1	
14 Public support percentage for 2018 (	,		column (f))		14	
15 Public support percentage from 2017				14 00 1/00/	15	<u>%</u>
16a 33 1/3% support test - 2018. If the				14 is 33 1/3% or	more, check this be	ox and
stop here. The organization qualifies				d line 15 io 22 1/20	/ or more abook t	hie hex
b 33 1/3% support test - 2017. If the	•			u iine 15 is 33 1/37	% of more, check to	IIIS DOX
and stop here. The organization qual				e 13 16a or 16h	and line 14 is 10%	or more
17a 10% -facts-and-circumstances tes and if the organization meets the "fac						
meets the "facts-and-circumstances"					art virilow the organ	▶ □
b 10% -facts-and-circumstances tes					17a, and line 15 is	10% or
more, and if the organization meets the	-					
organization/meets the "facts-and-cire				•		<b>▶</b> □
18 Private foundation. If the organization		_				ns 声
		<u></u>		-	edule A (Form 990	
					•	-

Schedule A (Form 990 or 990-EZ) 2018 SEATTLE PACIFIC FOUNDATION

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

(Complete only if you checked			organization faile	d to qualify under	Part II If the organiza	ation fails to
Section A. Public Support	low, please com	plete Part II )	<del></del>	<del></del>		<i>-</i>
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	192-3	1972010	(5) = 5 : 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	(0)
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				<del>                                     </del>		
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities			<b>/</b>	<b>~</b>		
furnished by a governmental unit to		1				
the organization without charge				<del> </del>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		1		1		
3 received from disqualified persons			ļ <i></i>	ļ <u> </u>	<del> </del>	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support				<del></del>		
Calendar year (or fiscal year beginning in) 🖊	(a) 2014	<b>(6)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6		/		ļ		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 1/2, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiza	tion,
check this box and stop here	<b>3</b>	, , , , , , , , , , , , , , , , , , , ,		,	( ), ( )	<b>→</b>
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2018 (lir			column (f))		15	9/
16 Public support percentage from 2017		-		<del>_</del>	16	
Section D. Computation of Inves	<u>tment incom</u>	e Percentage		<u>-</u> -		
17 Investment/income percentage for 201	8 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	017 Schedule A,	Part III, line 17			18	9/
19a 33 1/3% support tests - 2018. If the c	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3% , and line 17	ıs not
more than 33 1/3%, check this box an		-				▶□
b 33 1/3% support tests - 2017. If the course 18 is not more than 33 1/3%, check						.d ▶□

### Part IV **Supporting Organizations**

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

# S

	tion A. All Supporting Organizations	<del>.</del>	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	110
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			i
	class or purpose, describe the designation. If historic and continuing relationship, explain	1	x	
2	Did the organization have any supported organization that does not have an IRS determination of status	,	1	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		X
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
-	(b) and (c) below	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
_	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		l	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		ĺ	l
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	-	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_		,,
_	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	-	X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ĺ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	0-		v
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	<u> </u>	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			v
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<del> </del> -	X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			v
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>		X
υa	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	10a		x
	SUDDOTHOD DIDGINGTON TO THE SUBSECTION DEIDW	1 11/24	1	

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

determine whether the organization had excess business holdings)

10b

Schoo	dule A (Form 990 or 990-EZ) 2018 SEATTLE PACIFIC FOUNDATION 91-106	6827	6 Pa	age 5
	t IV   Supporting Organizations (continued)		•	
	Supporting Organizations (commisco)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		163	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		
а		11a		X
	below, the governing body of a supported organization?	11b		X
	A family member of a person described in (a) above?			X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Λ
Seci	tion B. Type I Supporting Organizations	<del></del> -	\\	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ł		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		X
Sect	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's		ŀ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		_	
	The organization satisfied the Activities Test Complete line 2 below			
a	The organization is the parent of each of its supported organizations. Complete line 3 below			
b		n iotions	.1	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions [		N1 -
	Activities Test Answer (a) and (b) below.		Yes	<u>No</u>
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	- 1	

За

Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	edule A (Form 990 or 990-EZ) 2018 SEATTLE PACIFIC FOUNDAT	ION		91-1068276 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Mınimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			•
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	· <del></del>	
c	Fair market value of other non-exempt-use assets	1c	. <del>_</del>	
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8	··- <u>·-</u>	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrate	d Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Inspection

OM8 No 1545-0047

Name of the organization

Employer identification number

	SEATTLE PACIFIC FO			91-1068276
Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised f	unds (	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 v	vriting that the assets held	ın donor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant	funds can be used o	only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes"	on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	ducation) Preserv	ation of a historically	ımportant land area
	Protection of natural habitat	Preserv	ation of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contributi	on in the form of a co	nservation easement on the last
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a	historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or ter	minated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection	n, 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	on easements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfor	cing conservation ea	sements during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?			└── Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	e and expense stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements t	hat describes the org	ganization's accounting for
_	conservation easements	Ant District Torre	Oth	Cincilan Assats
Pa	ct III Organizations Maintaining Collections of		sures, or Other s	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh		rch in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furt	herance of public ser	vice, 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 treat		=	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to the	ese items	
а	Revenue included on Form 990, Part VIII, line 1			<b>\$</b>
b	Assets included in Form 990, Part X			<b>\$</b>

	dule D (Form 990) 2018 SEAT"TLE :  t III Organizations Maintaining Co	PACIFIC F			ageliras (	or Othe	er Simil		158215	
3	Using the organization's acquisition, accession	, and other record	is, check a	any or the	iollowing tha	laleas	igimicani	use or its	Collection	ILGITIS
	(check all that apply)									
а	Public exhibition	d			hange progra	ams				
b										
С	Preservation for future generations		_ 1 4	6 4 4 .		!		Da	4 VIII	
4	Provide a description of the organization's colle							ose in Par	ı AIII	
5	During the year, did the organization solicit or r					er similal	rassets	-	٦٧	□ Na
Do	to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
Pai	reported an amount on Form 990, Part 3	•	ete if the d	organizatio	n answereo	res on	rorm 99	u, Part IV,	line 9, or	
			tion, for or	ontribution	e or other as	eate not	included			
та	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?  Lyes No  b If "Yes," explain the arrangement in Part XIII and complete the following table									
D	in res, explain the arrangement in Part Alli an	ia complete the lo	liowing ta	DIE					Amount	
	Amount									
	c Beginning balance									
	d Additions during the year									
	e Distributions during the year  f Ending balance									
f On	Ending balance  Did the organization include an amount on Form	m QQN Part Y line	21 for as	crow or ci	istodial acco	unt liabil			Yes	□ No
2a	If "Yes," explain the arrangement in Part XIII C								_ 163	
Par										
<u> </u>		(a) Current year		or year	(c) Two year			years back	(e) Four v	ears back
4	Beginning of year balance	a) Ourient year	(0) 1 110	or year	(C) THO YOU	5 Buok	(4) 111100	youro buon	(6) . 50. )	<del>ouro buon</del>
1a	Contributions				<u> </u>	-				
b	Net investment earnings, gains, and losses			-				_		
ب د	Grants or scholarships									
d	Other expenditures for facilities									
е	•									
	and programs									
f										
	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 \( \bigcup_{\text{\tinit}\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi}\text{\texi}\text{\texi{\texi{\text{\texi{\texiclex{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{									
C	c Temporarily restricted endowment%  The percentages on lines 22. 2h and 2c should agual 100%									
32	The percentages on lines 2a, 2b, and 2c should equal 100%  2a. Are there endowment funds not in the possession of the organization that are held and administered for the organization.									
Oa	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  3a(ii) 3a(ii) 3a(ii)									
b	•	ns listed as requi	red on Sch	hedule R?					3b	
4										
	t VI Land, Buildings, and Equipme							-		
	Complete if the organization answered '		), Part IV,	line 11a S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumulate	∍d	(d) Book	value
		basis (investr	nent)	basis (	(other)	de	preciation	Ĺ_		
1a	Land	11.	759.						11	,759.
b	Buildings									
c	Leasehold improvements									
d	Equipment									
	Other	46,301,	662.					4	6,301	,662.
	. Add lines 1a through 1e (Column (d) must equ			n (B), line 1	0c)			<b>▶</b> 4	6,313	,421.

► 46,313,421. Schedule D (Form 990) 2018

Part VII	Investn	ents -	Other	Seci	urities

Part VII	Investments - Other Securities.			-	
4.3.0	Complete if the organization answered "Yes"				d of year market value
	tion of security or category (including name of security)	(b) Book value	(c) Method	of valuation Cost or en	d-or-year market value
	al derivatives	27,616,11	2 END OF	-YEAR MARKET	7 77 A T T T E
• •	held equity interests	27,010,11	.3. END-OF	-IEAK MARKEI	. VALUE
(3) Other					
(A)				<del></del>	
(B) (C)					
(D)				<u></u>	
(E)				<del></del> .	
<u>\_</u> (F)	· · · · · · · · · · · · · · · · · · ·				<del></del>
(G)					
(H)					
<del></del>	o) must equal Form 990, Part X, col. (B) line 12.)	27,616,11	.3.		
	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV,			
	(a) Description of investment	(b) Book value	(c) Method	of valuation Cost or en	d-of-year market value
(1)					
(2)					
(3)				<del></del>	
(4)				· · · · · · · · · · · · · · · · · · ·	<del></del>
(5)					<del></del> -
(6)					
(7)					·
(8)					
(9)	)				<u></u>
Part IX	o) must equal Form 990, Part X, col. (B) line 13.)				<u></u>
raitix	Complete if the organization answered "Yes"	on Form 990 Part IV	line 11d See Form 9	90 Part Y line 15	
	· · · · · · · · · · · · · · · · · · ·	Description	mie i id deci omi s	50, 1 art X, into 10	(b) Book value
(1)	1-7				
(2)		· · · · · · · · · · · · · · · · · · ·			
(3)			• • •		
(4)					
(5)					
(6)					
(7)		<u></u>			
(8)					
(9)				<del></del>	
	mn (b) must equal Form 990, Part X, col (B) line	e 15)			ļ
Part X	Other Liabilities.				_
	Complete if the organization answered "Yes"	on Form 990, Part IV,		orm 990, Part X, line 2	)
1.	(a) Description of liability		(b) Book value	_	
	eral income taxes	HALE OF			
		HALF OF	143,603,713	1	
	<u>E UNIVERSITY</u> VESTMENTS MANAGED ON BE	UNIE OF	143,003,71.	<u> </u>	
	TITIES SUPPORTING THE U		2,475,602	2	
	UST FUNDS HELD FOR OTHE		2,413,00	<del>i</del> •	•
	OSI FUNDS HELD FOR OTHE. ARITIES		1,077,91	1 .	
	UST OBLIGATIONS		1,364,71		
(9)	<u> </u>	_	<u> </u>		
	mn (b) must equal Form 990, Part X, col (B) line	25)	148,521,93	7.	
	, ,		,		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

SEATTLE PACIFIC FOUNDATION

Part I General Information on Grants and Assistance

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.	<b>5018</b>
► Attach to Form 990.	Open to Public
► Go to www.irs.gov/Form990 for the latest information.	Inspection
	Employer identification number
FOUNDATION	91-1068276

OMB No 1545-0047

1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		1
criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	stance? ocedures for monit	toring the use of grant i	funds in the United	J States			X Yes	
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organi	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any	1
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addition	onal space is need	per				
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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	I
SEATTLE PACIFIC UNIVERSITY 3307 THIRD AVE W SEATTLE, WA 98119	91-056553	501(C)(3)	83.817.	0			ENDOWMENT FUND.	1
								ĺ
								1
								1
								1
								1
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government or s listed in the line	ganizations listed in the	listed in the line 1 table				* I	ا ا

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

Schedule I (Form 990) (2018)

91-1068276

answered	
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Y	
mplete if the	
ndividuals. Co	s needed
Domestic II	onal space is
ssistance to	Part III can be duplicated if additional space is needed
and Other A	can be duplic
Grants	] Part III (

(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	urred in Part I, lin	e 2, Part III, columr	(b), and any other a	dditional information	
PART I, LINE 2:					
GRANT DISBURSEMENTS FOR THE FOUNDATION'	Ø	XEMPT PROC	EXEMPT PROGRAM ARE MADE IN	DE IN	
ACCORDANCE WITH THE EXEMPT PURPOSE FOR		CH THE FOU	NDATION WA	WHICH THE FOUNDATION WAS ORGANIZED,	
AND WITH PROCEDURES AND CONDITIONS	3 APPROVED BY	D BY THE B	THE FOUNDATION'S BOARD	S BOARD OF	
DIRECTORS.					



## SCHEDULE J (Form 990)

Part I

Department of the Treasury Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SEATTLE PACIFIC FOUNDATION

**Questions Regarding Compensation** 

Employer identification number 91-1068276

			Yes	No.
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	1	· '	
	First-class or charter travel	ł	ľ	
	Travel for companions Payments for business use of personal residence	,	l	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	ļ: -	,	
	Discretionary spending account Personal services (such as maid, chauffeur, chef)	<b>l</b> .	. '	
		ļ.	l, ' '	'
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	[	ئے	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2.3	£33	"%"
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			. 1	2.1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	]:	( )	, 
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	*	i.	;'
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract	`		l'
	Independent compensation consultant  X Compensation survey or study	,		
	Form 990 of other organizations  X 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	'	č	]
	organization or a related organization			
а	Receive a severance payment or change-of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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	!	4	
	contingent on the revenues of		•	
а	The organization?	5a		X
b	Any related organization?	5b		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III		, ,,	77
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<u>:</u>		
	not described on lines 5 and 69 lf "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			4
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2018

SEATTLE PACIFIC FOUNDATION

Schedule J (Form 990) 2018

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

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

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

						ſ		
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	·	(a).(i)(a)	reported as deferred on prior Form 990
(1) DONALD W MORTENSON	(i)	41,	0		5	759.	48,	0
DIRECTOR	(ii)	182,		51,	2	2,804.	257,535.	
(2) CRAIG KISPERT	(1)		0			0	0	0
VICE CHAIR	(ii)	250,959.	0	1,31	29,944.	54,121.	336,334.	0.
	Ξ							
	(E)							
	Ξ							
	(ii)							
	(i)							
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Schedule J (Form 990) 2018

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### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

**Employer identification number** 

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization 91-1068276 SEATTLE PACIFIC FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHARITABLE ORGANIZATIONS THROUGH THE INVESTMENT OF ENDOWMENT AND TRUST ASSETS AND THE MANAGEMENT OF TRUSTS AND ANNUITIES. FORM 990, PART VI, SECTION A, LINE 7B: THE SEATTLE PACIFIC UNIVERSITY BOARD OF TRUSTEES APPROVED THE RE-APPOINTMENT OF FOUNDATION BOARD MEMBERS WHOSE TERMS EXPIRED DURING THE YEAR. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION POSTS THE FORM 990 ON A SECURE WEBSITE FOR THE DIRECTORS TO ACCESS AND THEY ARE NOTIFIED OF THIS AND INVITED TO REVIEW THE 990 PRIOR TO FILING. THE DIRECTORS RECEIVE A LINK TO THE WEBSITE THAT ALLOWS THEM TO ACCESS THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: ONCE A YEAR, CONFLICT OF INTEREST QUESTIONAIRES ARE SENT TO THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ALONG WITH REQUESTS OF OTHER INFORMATION THAT IS NEEDED FOR COMPLETION OF THE FORM 990 RETURN. THOSE SURVEYS ARE THEN REVIEWED FOR CONFLICTS AND A DETERMINATION IS MADE AS TO WHAT, IF ANY, ACTION IS NEEDED. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE TREASURER REPORTED ON PART VII, SECTION A, LINE 1A,

COLUMN D, IS INDEPENDENTLY DETERMINED BY THE ORGANIZATION'S VICE CHAIR AND

THE CEO OF THE UNIVERSITY THAT DIRECTLY CONTROLS THE ORGANIZATION. THE

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

SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

2018

4 4 A

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number 91-1068276

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

SEATTLE PACIFIC FOUNDATION

Name of the organization

Department of the Treasury Internal Revenue Service

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations. Complete or organizations during the tax year		f the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	Part IV, line 34, bec	ause it had one o	r more related tax-ex	empt
	(a)	(q)	(၁)	(p)	(e)	Œ	(6)

(a)	(q)	(c)	(D)	(e)	<b>£</b>	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13) controlled	:(b)(13) ed
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))	:	Yes	8 8
SEATTLE PACIFIC UNIVERSITY - 91-0565553							
3307 3RD AVE W					SEATTLE PACIFIC		
SEATTLE, WA 98119	EDUCATION	WASHINGTON	501(C)(3)	LINE 2	UNIVERSITY		×
	ī					<u>-</u>	

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Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 SEATTLE PACIFIC FOUNDATION

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

General or Percentage managing ownership 3 Code V-UBI General or Pranaging c 20 of Schedule K-1 (Form 1065) Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization <u>a</u>

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

	mo ( , m, o , m 6,, so								
(a)	(q)	(2)	(p)	(e)		(6)	ε	Ξ	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreion	Direct controlling entity	Type of entity (C corp, S corp,	Sha	of /ear	g d	Section 512(b)(13) controlled entity?	73) Ped (2)
		country)		(ispii io		dssets	<u></u>	Yes	2
			SEATTLE						
			PACIFIC						
ONE CHARITABLE REMAINDER TRUST	INVESTING	WA	FOUNDATION	TRUST					×
							_		
	-								
								_	
	1								

Schedule R (Form 990) 2018

Yes

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# SEATTLE PACIFIC FOUNDATION Schedule R (Form 990) 2018

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

	II-1/\2
	organizations listed in Part
	ng transactions with one or more related organizations
rnis schedule	of the following transactions
ted in Parts II, III, or IV of this	zation engage in any of the following
me i in amy entity is list	ax year, did the organiz
Note: Complete	1 During the ta

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - - Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses

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- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

8	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	ho must complete t	ns 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
Ξ				
(2)				
(9)				
4				
(2)				
(9)				

Schedule R (Form 990) 2018

Page 4 , s

Schedule R (Form 990) 2018 SEATTLE PACIFIC FOUNDATION

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

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

(k) centage nership					
Perce owne					
(j) General or managing partner? Yes No					
Gen Gen Yes					
(h) (i) (j) (k)  Osporor  Dsporor  Dsporor  Code V-UBI General or Percentage allocations? amount in box 20 managing ownership of Schedule K-I partner? of Schedule K-I partner?					
(h) Disproportionate allocations? Yes No		,			
Onspr. tool alloca				 	
(g) Share of end-of-year assets					
(f) Share of total					
Are all partners sec 501(c)(3) orgs ?					
le par	_				
Predominant income (related, unrelated, sections 512-514)					
reign e					
(c) Legal domicile (state or foreign country)					
ıty					l.
(b) Primary activity					
(птап)					
<u> </u>					
(a) Name, address, and EIN of entity					
Nar					

Schedule R (Form 990) 2018