### EXTENDED TO NOVEMBER 16, 2020

Form **990** (Rev January 2020) Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

→ Do not enter social security numbers and the latest information.

Open to Public Inspection

7	\ F	or th	2019 calendar year, or tax year beginning	and	l ending			``
E		neck if	C Name of organization			D	Employer identi	fication number
[		Addre	GHF COMMUNITY FUND					
	Х	Name  chang	Doing business as				91-124627	3
1		Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/s	uite E	Telephone numb	er
		Final	810 3RD AVENUE	·	220		206-788-890	0
		termir ated		ZIP or foreign postal code		G	Gross receipts \$	1,149,428.
		Amen return				Н	(a) Is this a group	return
		Application	F Name and address of principal officer Mach	OLE MAHER			for subordinate	es? Yes X No
_		pendi	SAME AS C ABOVE			, Н	(b) Are all subordinates	included? Yes No
_			empt status X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1)	or(	<b>6</b> 27	If "No," attach	a list (see instructions)
_			e: SROUPHEALTHFOUNDATION.ORG		<b>\</b>		(c) Group exempt	on number
				ssociation Other	1   1	ear of fo	ormation: 1983	M State of legal domicile: WA
L	Pa	rt I	Summary		1			
	اه	1	Briefly describe the organization's mission or most	t significant activities SEE SC	HEDULE	0		
	Governance							
	Ĕ	2	· —	entinued its operations or dispo	sed of m	ore tha	an 25% of its net a	1
	Š	3	Number of voting members of the governing body				<u> 3</u>	
	8	4	Number of independent voting members of the go				4	
	es	5	Total number of individuals employed in calendar	•			5	
	Activities &	6	Total number of volunteers (estimate if necessary)					<u> </u>
	P E		Total unrelated business revenue from Part VIII, co				7.	<del></del>
_		<u>b</u>	Net unrelated business taxable income from Form	990-T, line 39		<u> </u>		~
	- [					-	Prior Year	Current Year 85,054.
	ē	8	Contributions and grants (Part VIII, line 1h)				247,611	<del></del>
	Revenue	9	Program service revenue (Part VIII, line 2g)			-		. 0.
	<u>§</u>	10	Investment income (Part VIII, column (A), lines 3, 4	·		<u> </u>	2,906,906	550,643.
	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			<u> </u>	25,985	. 191.
-		12	Total revenue - add lines 8 through 11 (must equal				3,180,502	<del></del>
		13	Grants and similar amounts paid (Part IX/ column	* * · · · · · · · · · · · · · · · · · ·			3,710,858	+
		14	Benefits paid to or for members (Part lXிண்று) Salaries, other compensation, employee ben <u>ef</u> its (	a); line 4)			284,214	69,992.
	è	15					0	. 05,332.
	ä	16a	Professional fundraising fees (Part IX, column (A),	ine i rej	0.			•
	Expenses	47	Total fundraising expenses (Part IX, column (ರ)) in Other expenses (Part IX, column (A), lines 11a-11d	30 2020	<u></u>		245,552	84,580.
	_		Other expenses (Part IX, column (A), lines TTa-TTd Total expenses Add lines 13-17 (must equal Part l	i, i i i -24 <del>6</del> ) -			4,240,624	<del></del>
		18 19	Revenue less expenses Subtract line 18 from the			<del>-</del>	-1,060,122	<del>-</del>
7-	58	19	revertue less experises Subtract line to from the	usn, UT		Regina	ning of Current Year	<del>+</del>
ָר ער	sets o	20	Total assets (Part X, line 16)	•		Degiiii	21,639,802	
3	器	21	Total liabilities (Part X, line 26)				9,000,560	<del></del>
1			Net assets or fund balances Subtract line 21 from	line 20			12,639,242	<del>+</del>
		rt II	Signature Block				· · · · · · · · · · · · · · · · · · ·	<u></u>
· L	Inde	r pen	Ities of perjury, I declare that I have examined this return	, including accompanying schedule	s and sta	tements,	, and to the best of n	ny knowledge and belief, it is
			t, and complete. Declaration of preparer (other than offic					
-			- Sulla				Mov. 13	3,2020
9	Sign	)	Signature of officer				Date	
	lere		CORY SBARBARO, EXECUTIVE VICE PR	ESIDENT				
			Type or print name and title					
_			Print/Type preparer's name	Preparer's signature		Date	Check of	PTIN [
P	aıd		WENDY CAMPOS	WENDY CAMPOS		11/0	06/20 self-empl	oyed P00448102
P	rep	arer	Firm's name MOSS ADAMS LLP				Firm's EIN	91-0189318
U	lse (	Only	Firm's address 805 SW BROADWAY STE 120	00				
_			PORTLAND, OR 97205				Phone no.50	3-242-1447
1	Лау	the I	RS discuss this return with the preparer shown abo	ove? (see instructions)				X Yes No

Forn	n 990 (2019) GHF COMMUNITY FUND	91-124627	8 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
•	GHF COMMUNITY FUND (PREVIOUSLY THE LONGSTANDING GROUP HEALTH		
	FOUNDATION), WHICH WAS INCORPORATED ON NOVEMBER 18, 1983, IS A		
	501(C)(3) NONPROFIT CORPORATION THAT HAS BEEN SPURRING INNOVATION IN		
	HEALTH FOR MORE THAN THREE DECADES. (SEE SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Г	Yes X No
	,	L	res No
_	If "Yes," describe these new services on Schedule O	Г	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes [No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	, the total expe	enses, and
	revenue, if any, for each program service reported		
4a		s	191.
	IN 2019, GHF COMMUNITY FUND REFLECTED AND EXPLORED HOW PROGRAMS AND		
	GRANTS WILL WORK PARALLEL WITH GROUP HEALTH FOUNDATION, THE SOLE		
	CORPORATE MEMBER OF GHF COMMUNITY FUND. A FEW GRANTEES ALSO RECEIVED		
	GRANT EXTENSIONS TO CONTINUE THEIR WORK AS INTENDED IN THEIR GRANT		
	AGREEMENT.		
4b	(Code) (Expenses \$) (Revenue		,
4c	(Code) (Expenses \$) (Revenue	\$	)
			·
	· · · · · · · · · · · · · · · · · · ·		
		-	<del></del>
			<del></del>
			<del></del>
	•		
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
4e	Total program service expenses ▶ 7,724.		
		_	Form 990 (2019)

Yes No

Form 990 (2019) GHF COMMUNITY FUND Part IV Checklist of Required Schedules

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		Х
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	<u> </u>	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			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			۱
	Schedule D, Part III	8_	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		,	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x
	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		<u> </u>
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	נוו		<del></del>
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	120		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	- , , ,		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			l v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		v
••	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	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	24		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Form <b>Pa</b> i	1990 (2019) GHF COMMUNITY FUND 91-1246:  TIV Checklist of Required Schedules (continued)	278	Р	age 4
L	· (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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			١.,
	Schedule K If "No," go to line 25a	24a		_х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		_
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		_
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u>.</u>		
	· · · · · · · · · · · · · · · · · · ·	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ļ	
	(gambling) winnings to prize winners?	1c	I	
932004	01-20-20	Form	<b>990</b> (	2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	의		
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?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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)?	4a	ļ	Х
	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)		<u> </u>	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>                                     </del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ı,
	any contributions that were not tax deductible as charitable contributions?	6a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	^"		
	were not tax deductible?	6b	<del> </del>	
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	"		
	to file Form 8282?	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders 11a	4		
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)  [11b]  Continue 4047(a)(4) and output the militable Arresta, let the expension filling Form 200 in liquid Form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	IZa		
	Section 501(c)(29) gualified nonprofit health insurance issuers.	┪ ╵		
	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	100		
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	٦. ا		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16_		Х
	If "Yes," complete Form 4720, Schedule O	$\perp$	لييا	
		Form	990	(2019)

Form 990 (2019) GHF COMMUNITY FUND 91-1246278 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

1a Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following and the power of the governing body?  Bither any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions							
Section A. Governing Body and Management   Ves		Check if Schedule O contains a response or note to any line in this Part VI			X				
Enter the number of voting members of the governing body at the end of the tax year	Sec								
If there are material differences in voting rights among members of the governing body, or if the governing body degladed bands allushing to an executive committee or similar committee, explain an Shadulle 0.  b. Enter the number of voting members included on line 1s, above, who are independent  officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?  3				Yes	No				
If there are material differences in voting rights among members of the governing body, or if the governing body degladed bands allushing to an executive committee or similar committee, explain an Shadulle 0.  b. Enter the number of voting members included on line 1s, above, who are independent  officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?  3	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			1				
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12a   12b	11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 X  14 Did the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization 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?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed PNONE  Section C. Disclosure  18 NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  CAREN LOR - 206-788-8900  810 3RD AV	b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe In Schedule O how this was done  Did the organization have a written whistleblower policy?  13 Did the organization have a written document retention and destruction policy?  14 V I Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization 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?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  15b NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  □ Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  □ CARNEN LOR - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х					
In Schedule O how this was done  It is the organization have a written whistleblower policy?  It is the organization have a written document retention and destruction policy?  It is Did the organization have a written document retention and destruction policy?  It is 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?  If it is organization's CEO, Executive Director, or top management official  If it is organization's CEO, Executive Director, or top management official  If it is organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If it is organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If it is organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  Exist the states with which a copy of this Form 990 is required to be filed in the policy of procedure requiring the organization of the organization in make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply    X	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х					
13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
14 Did the organization have a written document retention and destruction policy?  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?  15a The organization's CEO, Executive Director, or top management official  15b Other officers or key employees of the organization  15b 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 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 Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed Mone  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104		ın Schedule O how this was done	12c	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?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply  X Own website  Another's website  X Upon request  Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	13	Did the organization have a written whistleblower policy?	13	Х					
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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?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	b	Other officers or key employees of the organization	15b		Х.				
taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
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In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  X Own website		taxable entity during the year?	16a		Х				
exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed NONE  18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply    X Own website	b								
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for public inspection. Indicate how you made these available. Check all that apply  X Own website		List are states with which a copy of and commode to be most by		-					
X Own website Another's website X Upon request Other (explain on Schedule O)  19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  20 State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	18		only)	avaılal	ole				
Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104									
statements available to the public during the tax year  State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104			_						
20 State the name, address, and telephone number of the person who possesses the organization's books and records  CARMEN LOH - 206-788-8900  810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	19		tinano	ial					
CARMEN LOH - 206-788-8900 810 3RD AVENUE, NO. 220, SEATTLE, WA 98104		· · · · · · · · · · · · · · · · · · ·							
810 3RD AVENUE, NO. 220, SEATTLE, WA 98104	20								
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			Form	990	(2010)				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization n	or any related	orga	nıza	tıon	con	nper	sate	ed any current officer, director, or trustee				
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more			tion		Reportable	Reportable	Estimated		
	hours per	box	oox, unless person is both an officer and a director/trustee)		nan	compensation	compensation	amount of				
	week		Cer ai	lo a o	I BCIO	i/uus	100)	from	from related	other		
	(list any	recto						the	organizations	compensation from the		
	hours for related	e or d	ee Ee		İ	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	ruste	E S		ee lee	ng tr		(***271033*141100)		and related		
	below	Individual trustee or director	Institutional trustee	_	Key employee	st co	, n			organizations		
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former					
(1) KATHERINE BELL	0.10											
CHAIR	2.30	х		х				0.	28,500.	0.		
(2) SETH KIRBY	0.10			1								
VICE CHAIR/TREASURER	2.40	х		х				0.	28,500.	0.		
(3) LEO GREENAWALT	0.10											
SECRETARY	1.70	x		х				0.	28,500.	0.		
(4) NICHOLE MAHER	1.00											
PRESIDENT/CEO	39.00			Х				0.	530,996.	43,975.		
(5) CORY SBARBARO	2.00											
EXECUTIVE VICE PRESIDENT	38.00		ļ	х				0.	382,871.	35,667.		
(7) CARMEN LOH	2.00											
FINANCE/ADMINISTRATION DIRECTOR	38.00	L		х				0.	148,005.	25,015.		
(8) MUTHU MUTHIAH	1.00	]										
CIO	39.00					х		0.	426,447.	6,194.		
(9) CHRISTOPHER HANAK	2.00	]										
ACTING CIO (THROUGH 08/19)	38.00				L	Х	╙	0.	356,625.	36,310.		
(10) WILLA GUBNER	2.00											
ACCOUNTING MANAGER	38.00	_				Х	_	0.	120,489.	17,822.		
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		l										
	L	<u> </u>	<u> </u>				<u> </u>	<u> </u>		000		

Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			((	2)			(D)	(E)	(F)			
Name and title	Average Position					one	Reportable	Reportable	Estimated			ed	
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation			nount	
	week (list any	_				T T		from	from related			other	
	hours for	lrecto				L		the	organization (W-2/1099-MIS			pensa om th	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1033-1010	,,		anızat	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		(** 2, *********************************			-	d relat	
	below	lenpi	notin	er	кеу етріоуев	est co oyee	JêL				orga	nızatı	ions
	line)	횰	Instr	Officer	Keye	Highest compensated employee	Former						
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1b Subtotal								0.	2,050,	933.		164	983.
c Total from continuation sheets to Part VII	Section A							0.	, ,	0.			0.
d Total (add lines 1b and 1c)	, 0000001174							0.	2,050,	933.		164,	983.
Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100.	000 of reportable				
compensation from the organization						•			•				0
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	hıg	hest compensated empl	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for si											3		х
4 For any individual listed on line 1a, is the su		е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual		l	4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	satı	on fr	om	any	unre	late	ed organization or individ	lual for services				<u> </u>
rendered to the organization? If "Yes." com	plete Schedule	J f	or su	ich r	ers	on			<del></del>	1	5		х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest cor</li> </ol>	•	-							-	ensat	ion fro	m	
the organization Report compensation for t	he calendar ye	ear e	ndın	g w	ıth c	r wi	thın		ear				
(A)								(B) Description of s		^	(C omper	;) 	
Name and business	address	NO	NE				$\dashv$	Description of s	ervices		omper	ISALIO	-
							$\dashv$						
	<del></del>						$\dashv$		-				
							$\dashv$						
	· · · · · · · · · · · · · · · · · · ·						$\dashv$						
2 Total number of independent contractors (in	icludina but na	ot lin	nited	l to t	thos	e list	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz							_	,					
	<b>F</b>							<del></del>			Form 5	990 (	(2019)

Form 990 (20			COMMUNITY	FUND
Part VIII	Statement	of Re	venue	

Check if Schedule O contains a response or note to any line in this Part VIII									
					(A)	(B)	(C)	(D)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under	
						Tunction revenue	business revenue	sections 512 - 514	
g g	1	a	Federated campaigns 1a		-				
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues 1b						
P G			Fundraising events 1c	<del></del>					
ĘĘ,			Related organizations 1d	· <del></del> · ·				]	
ig ig			Government grants (contributions) 1e						
Sin			All other contributions, gifts, grants, and						
Ħ Ħ		'	similar amounts not included above	85,054.					
E		_	<u> </u>						
E B		g	· · · · · · · · · · · · · · · · · · ·		85,054.				
O e		n	Total. Add lines 1a-1f	Business Code	03,031.		<u>.                                    </u>		
	_			Business Code					
ice	2								
e Z		b					· · · · · · · · · · · · · · · · · · ·	<del></del>	
n S		С							
rar 3ev		d					·		
Program Service Revenue		е							
۵			All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, intere	st, and					
			other similar amounts)	<b>&gt;</b>	544,255.			544,255.	
	4		Income from investment of tax-exempt bond p	roceeds >					
	5		Royalties						
			(i) Real	(ii) Personal				ļ	
	6	а	Gross rents 6a						
		b	Less rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)	<b>•</b>					
	7	а	Gross amount from sales of (i) Securities	(iı) Other					
			assets other than inventory 7a 519,928.						
		b	Less cost or other basis					J	
ڡ		_	and sales expenses 7b 513,540.						
Other Revenue		c	Gain or (loss) 7c 6,388.					į	
ě			Net gain or (loss)	<u> </u>	6,388.			6,388.	
F			Gross income from fundraising events (not						
Ě		u	including \$ of	1					
٠			contributions reported on line 1c) See	1					
			Part IV, line 18				Į		
			Less direct expenses 8b						
			Net income or (loss) from fundraising events					<u>'</u>	
			-						
	9	а	Gross income from gaming activities. See						
			Part IV, line 19						
			Less direct expenses 9b					•	
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns					1	
			and allowances					1	
			Less cost of goods sold 10b	L				i	
_		Ç	Net income or (loss) from sales of inventory	<b>•</b>					
s				Business Code	101	101			
o a	11	а	MISCELLANEOUS REVENUE	900099	191.	191.			
ane		þ							
ie sel		С							
Miscellaneous Revenue		d	All other revenue					<del> </del>	
		e	Total. Add lines 11a-11d		191.				
	12	_	Total revenue. See instructions	<b>&gt;</b>	635,888.	191.	0.	550,643.	
02200		^^	^^					Form <b>990</b> (2019)	

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Management and Program service expenses 7b, 8b, 9b, and 10b of Part VIII general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 41,719. 5,436. 36,283. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,937. 1,839 20,098 Other salaries and wages Pension plan accruals and contributions (include 1,610 131 1,479 section 401(k) and 403(b) employer contributions) 1,236. 64 1,172 Other employee benefits 3,490. 254. 3,236. 10 Payroll taxes Fees for services (nonemployees) 11 Management 979 979 **b** Legal 3,415. 3,415. Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 62,237. 62,237. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 990 990 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 15,443, 15,443 Information technology 14 Royalties 15 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 897. 897 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ADMINISTRATIVE EXPENSES 468 468 BANK FEES 126 126 TAXES AND LICENSES 25. 25, C d All other expenses 154,572 7,724. Total functional expenses. Add lines 1 through 24e 146.848 ٥. 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)

932010 01-20-20

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 8,342,600. 130,820. 1 1 Cash - non-interest-bearing 415,574. 423 174. 2 Savings and temporary cash investments 66.859. Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 15,443. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 13,772,555. 11,818,148. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 intangible assets 1,115,949. 1,048,037. 15 15 Other assets See Part IV, line 11 21,639,802, 15,509,357. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 377. 17 ٥. 17 Accounts payable and accrued expenses 2,187,258. 18 0. Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 6,068,917. ٥. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 744,008. 683,694, of Schedule D 25 9,000,560, 683,694. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,546,234 5,587,514. Net assets without donor restrictions 27 9,093,008. 9,238,149. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 12,639,242, 14.825.663. 32 Total net assets or fund balances 32 21,639,802. 15,509,357. Total liabilities and net assets/fund balances Form 990 (2019)

Form	1990 (2019) GHP COMMUNITY FUND	91-12	46278	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				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		635	888.
2	Total expenses (must equal Part IX, column (A), line 25)	2		154	572.
3	Revenue less expenses Subtract line 2 from line 1	3		481,	316.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,639,	242.
5	Net unrealized gains (losses) on investments	5	1	,705,	105.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	,825,	663.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>ட</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	_	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	'		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
b	·····		2b	Х	L.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			ļ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Control of the Control	gle Audıt	1	1	l
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>
			Form	990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 91-1246278 GHF COMMUNITY FUND 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 X 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 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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. 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 I, Type II, 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 lister (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

# Schedule A (Form 990 or 990-EZ) 2019 GHF COMMUNITY FUND 91-124627 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support		_				-
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	• •					
	membership fees received (Do not						
	include any "unusual grants ")	2,232,031.	1,882,725.	910,686.	247,611.	85,054.	5,358,107.
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	2,232,031.	1,882,725.	910,686.	247,611.	85,054.	5,358,107.
5	The portion of total contributions						
	by each person (other than a	•					
	governmental unit or publicly						
	supported organization) included		ŀ				
	on line 1 that exceeds 2% of the		1				
	amount shown on line 11,						
	column (f)						255,574.
	Public support. Subtract line 5 from line 4						5,102,533.
Sec	ction B. Total Support	<u>-</u>	<u> </u>				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,232,031.	1,882,725.	910,686.	247,611.	85,054.	5,358,107.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	481,167.	422,016.	477,385.	626,676.	544,255.	2,551,499.
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)	56,750.	71,250.		25,985.	191.	154,176.
11	Total support. Add lines 7 through 10		٠				8,063,782.
12	Gross receipts from related activities,	etc (see instructio	ns)			12	
13	First five years. If the Form 990 is for	-	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
80/	organization, check this box and stop ction C. Computation of Publi	here	centage	<del></del>			
				L (6)		14	63.28 %
	Public support percentage for 2019 (li			iumn (t))			
	Public support percentage from 2018			line 12 and line 1	1 in 22 1/284 or m	15	
юа	33 1/3% support test - 2019. If the of stop here. The organization qualifies	-		ime is, and line is	4 IS 33 1/378 OF TH	ore, check this box	► X
	33 1/3% support test - 2018. If the c		-	ne 13 or 16a and li	ine 15 ic 33 1/3%	or more check this	
U	and stop here. The organization quali	_			ine 13 is 33 1/3/0	or more, check this	▶□
170	10% -facts-and-circumstances test				13 16a or 16h a	nd line 14 is 10% o	or more
ı / d	and if the organization meets the "fact						
	meets the "facts-and-circumstances"			•	•	t villow the organ	► □
h	10% -facts-and-circumstances test	_	•		-	7a and line 15 is 1	0% or
J	more, and if the organization meets th	-					
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization						
	The second secon					dule A (Form 990	or 990-EZ) 2019
						•	•

Part III	Support Schedule for Orga	nizations Described in	Section 509(a)(2)	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	ction A. Public Support	elow, please comp	Diete Fart II )		·-		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		1				1
	membership fees received (Do not					/	<b>1</b>
	include any "unusual grants ")						
2	Gross receipts from admissions,						
~	merchandise sold or services per-				ļ		
	formed, or facilities furnished in				ł		
	any activity that is related to the				ţ		
_	organization's tax-exempt purpose	-	-		<del> </del>	+/	<del>  </del>
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1			1	
	iness under section 513					<b>′</b>	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				/		
	the organization without charge				/		
6	Total. Add lines 1 through 5		1		7	†	
	Amounts included on lines 1, 2, and			/	f		
, .	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			/			<del>                                     </del>
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					-	
(	Add lines 7a and 7b					1	ļ
	Public support. (Subtract line 7c from line 6)	<u> </u>	1	L <u>/</u>		1	<u> </u>
Sec	ction B. Total Support	_		/		· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del>, </del>
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest,		/				
	dividends, payments received on securities loans, rents, royalties,		/				
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		/			1	
	acquired after June 30, 1975	<b>l</b>	ľ				
	Add lines 10a and 10b	<del>/</del>					
11	Net income from unrelated business	<del></del>			<del>                                     </del>	<del> </del>	<del>                                     </del>
• •	activities not included in line 10b.						
	whether or not the business is						
	regularly carried on					<del> </del>	ļ
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)	/					
13	Total support. (Add lines 9, 10c, 11, and 12)				<u></u>	<u> </u>	
14	First five years. If the Form 990 is for	the organization's	s first, second, thire	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<b>▶</b> □
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by lii	ne 13, column (f))		17	%
	Investment income/percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	,		18	%
	33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 5		-
.56	more than 33 1/3%, check this box an	-					▶□
<b>L</b>	33 1/3% support tests - 2018. If the	-		• •	· ·		and
	line 18 is not more than 33 1/3%, chec						<b>.</b>
20						_	
ZU	Private foundation. If the organization	n did not check a l	DOX OIT IIITE 14, 198	i, or iab, check th	O-L	structions	0.000 E7) 0040

### 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)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2	ļ <u>.</u>	<u> </u>
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a	<u> </u>	
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	<u> </u>	<u> </u>
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		<b>.</b>
<b>4</b> a	Was any supported organization not organized in the United States ("foreign supported organization")? If	<del></del>		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		<del> </del>
a	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		_
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		
52	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		
Ja	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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
-	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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		-	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	<u> </u>		
	Part VI.	6		
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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	$\vdash$	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

932024 09-25-19

10b

determine whether the organization had excess business holdings.)

Sche	edule A (Form 990 or 990-EZ) 2019 GHF COMMUNITY FUND	91-1246278	<u>P</u>	age 5
Ра	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		}	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		ŀ	:
	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	<del>                                     </del>	
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 carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		<u> </u>
Sec	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	İ		
	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		<u> </u>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	]		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
		untions)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ictions).		
a	_ <del></del> _			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (	see instructions)		<u> </u>
2	Activities Test Answer (a) and (b) below.	_	Yes	No
а	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		<u></u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	l l		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а		[_		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
032025		Form 990 or 99		2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017
 d Excess from 2018
 e Excess from 2019

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

GHF COMMUNITY FUND

**Employer identification number** 91-1246278

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?	-	Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 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 terminated by the o	rganization 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	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements of	tholds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
	<b>—</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
	organization's accounting for conservation easements	Ant Historical Transcensor on Oth	on Cimilan Assats
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	, ·	
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	nerance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	•	ain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items	
a	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		<u> </u>

Sche	dule D (Form 990) 2019 GHF COMMUNI							91-124		Page 2
Pai	rt III Organizations Maintaining C	ollections of Art	, Histori	ical Tre	asures, or	Othe	r Simila	r Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check ar	ny of the f	ollowing that	make si	gnificant	use of its		
	collection items (check all that apply)									
а	Public exhibition	d	Lo Lo	an or excl	hange progra	m				
b	Scholarly research	е	Ot	her						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they	further th	e organizatioi	n's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	f art, histo	rıcal treas	sures, or other	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Pa	rt IV Escrow and Custodial Arrang		te if the or	ganızatıo	n answered "'	Yes" on	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for cor	itributions	s or other ass	ets not i	ıncluded	_	_	
	on Form 990, Part X?								」 Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing tabl	le						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		٦	
	Did the organization include an amount on Fo						ity?		」 Yes	∐ No
	If "Yes," explain the arrangement in Part XIII  ort V Endowment Funds. Complete i						10		<u> </u>	
Га	rt V   Endowment Funds. Complete r									
	Decree of control balance	(a) Current year 9,093,008.	(b) Prio	ryear 43,196.	(c) Two years 14,822		(d) Three	31,877.		years back 727,077.
1a	Beginning of year balance	3,033,000.	11,1	13,130.		237.		30,523.		161,392.
b	Contributions	190,605.	1 2	26,230.	-3,500			37,645.		521,897.
C	Net investment earnings, gains, and losses	150,003.		11,078.		,090.		95,854.		316,809.
đ	Grants or scholarships			11,070.		,030.		33,034.		310,003.
е	Other expenditures for facilities			12,854.	2	,612.		81,646.		17,886.
	and programs Administrative expenses	45,465.		52,486.		, , , , , ,		02,010.		27,000.
- "	End of year balance	9,238,148.	*****	3,008.	11,143	196	14 8	22,545.	14	031,877.
g 2	Provide the estimated percentage of the curr			•	•	, = 1		,	,	
a	Board designated or quasi-endowment	.00	%	Oldinii (a)	) Held as					
b	Permanent endowment 52.00	%								
	Term endowment ► 48.00									
Ŭ	The percentages on lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posses	•	tion that a	re held an	d administere	ed for th	e organiza	ation		
	by						<b>J</b>		٦	Yes No
	(i) Unrelated organizations								3a(i)	х
	(ii) Related organizations								3a(ii)	х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Sche	edule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	vment fund	ds						
Pai	rt VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	, Part IV, III	ne 11a S	ee Form 990,	Part X,	line 10			
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investm	ent)	basis (	(other)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other									
Total	I. Add lines 1a through 1e (Column (d) must e	qual Form 990. Part >	C. column (	B). line 10	Oc.)			<b></b>		0.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.		9.	1-1246278 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d See Form 990, Part X, line 15	
	Description		(b) Book value
(1) ANNUITY PORTFOLIO			1,100,097.
(2) OTHER LONG TERM ASSETS			15,852.
(3)			
(4)			
(5)			
(6)			
(8)	<del></del>		<del></del>
(9)			1 115 040
Total. (Column (b) must equal Form 990. Part X. col. (B) line  Part X Other Liabilities.	15.)		1,115,949.
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ANNUITIES PAYABLE			643,239.
(3) PAYABLES TO AFFILIATES	<del></del>		40,455.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line.	25.)		683,694.

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2019 GHF COMMUNITY FUND		91-1246278 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Revenue per Re	
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a	
Total revenue, gains, and other support per audited financial statements.	ents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I	. line 12.)	5
Part XII Reconciliation of Expenses per Audited Finance		Return.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII )		
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part Part XIII Supplemental Information.	(I. line 18.)	5
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4. Part IV lines 1h and 2h. Part V. line 4	Part Y line 2 Part YI
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to pr		, rant A, line 2, rant Al,
intes 20 and 40, and 7 art Art, lines 20 and 40 Asso complete this part to pr	ovide any additional information.	
PART V LINE 4:		
		<del>_</del>
PROCEEDS FROM THE FOUNDATION'S ENDOWMENT FUNDS ARE USEL	TO FURTHER ITS	
MISSION.		
PART X, LINE 2:		
THE 501(C)(3) IS A NOT-FOR-PROFIT CORPORATION AND HAS E	BEEN RECOGNIZED AS	
·		
TAX EXEMPT PURSUANT TO SECTION 501(C)(3) OF THE INTERNA	AL REVENUE CODE	
(IRC). THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TA	X. THE FOUNDATION	
	-	
IS NOT EXEMPT FROM FEDERAL INCOME TAX RELATED TO UNRELA	ATED BUSINESS INCOME	
AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE FOU	UNDATION ACCOUNTS	
FOR UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE U	NCERTAINTY WOULD BE	
RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND EST	IMABLE. THE	
932054 10-02-19		Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 GHF COMMUNITY FUND	91-1246278	Page 5
Schedule D (Form 990) 2019 GHF COMMUNITY FUND  Part XIII   Supplemental Information (continued)		**.
SALINI SA	<del></del>	
FOUNDATION HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND		
2018.		
	<del></del>	
,		
		<del></del>
		_
•		
<del></del>		

Schedule D (Form 990) 2019

#### **SCHEDULE J** (Form 990)

### **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

Department of the Treasury Internal Revenue Service

**Employer identification number** GHF COMMUNITY FUND 91-1246278 **Questions Regarding Compensation** 

			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,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			İ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	•		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				<b>│</b>
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
				İ
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			ŀ
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to •			ŀ
	establish compensation of the CEO/Executive Director, but explain in Part III			1
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization			{
2	Receive a severance payment or change-of-control payment?	4a	<u>x</u>	
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
	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			
	To to daily of miles fact the persons and provide the applicable and applicable of other men.			l
	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			j
	contingent on the revenues of			
а	The organization?	5a		х
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		<u>x</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			ŀ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6º If "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			
	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		

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

Schedule J (Form 990) 2019

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

	Ì				,	•		
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C 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	\$1100 0	(C)-(I)(C)	reported as deferred on prior Form 990
(1) NICHOLE MAHER	≘	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/CEO	Ξ	433,496.	97,500.	0	28,000.	15,975.	574,971.	0.
(2) CORY SBARBARO	Θ	0.	0	0	0	0.	0.	0.
EXECUTIVE VICE PRESIDENT	Œ	382,871.	0.	0.	27,985.	7,682.	418,538.	0
(3) CARMEN LOH	Ξ	0.	0.	0.	0	0	0.	0.
FINANCE/ADMINISTRATION DIRECTOR	Œ	148,005.	0.	0.	. 14,800.	10,215.	173,020.	0.
(4) MUTHU MUTHIAH	Ξ	0.	0	0.	0	0.	0.	0.
CIO	(ii)	176,447.	250,000.	.0	3,343.	2,851.	432,641.	0
(5) CHRISTOPHER HANAK	(i)	0.	0.	0	0	0.	0.	0
ACTING CIO (THROUGH 08/19)	(ii)	271,625.	0	85,000	27,163.	9,147.	392,935.	0
	Θ							
	Ξ							
	(i)							
	Ξ						:	
	Θ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	Ξ							
	Ξ							
	3							
	Ξ							
	∄							
	Ξ							
	3							
	Ξ							
	≘							
	Ξ							
	⊞			:				
	Ξ							
	▣							

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Schedule J (Form 990) 2019

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Name of the organization

GHF COMMUNITY FUND

**Employer identification number** 91-1246278

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION AIMS TO SHAPE AND ACCELERATE EFFORTS TO IMPROVE HEALTH
EQUITY AND ADVANCE COMMUNITY ASPIRATIONS FOR A VIBRANT, HEALTHY FUTURE
IN WASHINGTON AND BEYOND.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EFFECTIVE JANUARY 31, 2017, GROUP HEALTH FOUNDATION BECAME THE SOLE
CORPORATE MEMBER OF GHF COMMUNITY FUND. GHF COMMUNITY FUND'S RESOURCES
CONSIST PRIMARILY OF DONATIONS FROM INDIVIDUALS WHO WERE CONNECTED TO
GROUP HEALTH COOPERATIVE. THE TWO FOUNDATIONS ARE UNITED UNDER A SINGLE
BRAND, GROUP HEALTH FOUNDATION, AND PURSUE A SHARED MISSION TO SHAPE
AND ACCELERATE EFFORTS TO IMPROVE HEALTH EQUITY AND ADVANCE COMMUNITY
ASPIRATIONS FOR A VIBRANT, HEALTHY FUTURE IN WASHINGTON AND BEYOND.
FORM 990, PART VI, SECTION A, LINE 4:
ARTICLES OF INCORPORATION WERE UPDATED TO REFLECT THE ORGANIZATION'S NAME
CHANGE TO GHF COMMUNITY FUND.
FORM 990, PART VI, SECTION A, LINE 6:
GHF COMMUNITY FUND IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION, GOVERNED
BY AN ELECTED BOARD OF DIRECTORS. GROUP HEALTH FOUNDATION IS THE SOLE
MEMBER. GROUP HEALTH FOUNDATION IS A 501(C)(4) ORGANIZATION. ITS BOARD OF
TRUSTEES IS ITS GOVERNING BODY.
FORM 000 PARM UT GROWTON A LINE 7A

FORM 990, PART VI, SECTION A, LINE 7A:

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

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  GHF COMMUNITY FUND	Employer identification number 91-1246278
GHF COMMUNITY FUND'S MEMBER CONTROLS THE ELECTION OF THE FOUNDATION'S BOARD	
OF DIRECTORS, BECAUSE THE ELECTION OF THE FOUNDATION DIRECTORS IS SUBJECT	
TO CONFIRMATION BY THE MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE FOLLOWING POWERS ARE RESERVED TO THE MEMBER 1) THE POWER TO ALTER,	
AMEND, REPEAL OR SUSPEND THE BYLAWS OR ADOPT NEW BYLAWS, EXCEPT AS SUCH	
POWER IS SPECIFICALLY DELEGATED IN THE BYLAWS TO THE BOARD OF DIRECTORS, 2)	·
ADOPTION OF AMENDMENTS OF THE ARTICLES OF INCORPORATION, 3) APPROVAL OF A	
PLAN OF MERGER OR CONSOLIDATION, 4) AUTHORIZATION OF THE SALE, LEASE,	
EXCHANGE, MORTGAGE, PLEDGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY	
ALL OF THE PROPERTY AND ASSETS OF THE CORPORATION, 5) AUTHORIZATION OF THE	
VOLUNTARY DISSOLUTION OF THE CORPORATION AND ADOPTION OF ANY PLAN OF	
DISTRIBUTION.	
FORM 990, PART VI, SECTION B, LINE 11B:	_
THE FORM 990 IS REVIEWED, AND REVISED AS NEEDED, BY MANAGEMENT AND THE	
AUDIT AND RISK MANAGEMENT COMMITTEE. THE FINAL DRAFT OF THE 990 IS SHARED	
WITH THE FULL BOARD.	
FORM 990, PART VI, SECTION B, LINE 12C:	·
ALL CONFLICTS OF INTEREST ARE DOCUMENTED AND SUMMARIZED. UPON REVIEW OF THE	
CONFLICTS OF INTEREST, LEADERSHIP DETERMINES WHETHER BOARD OR STAFF WILL BE	
EXCLUDED FROM DECISION-MAKING TO PRECLUDE A CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE. THE CONFLICT OF INTEREST	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization  GHF COMMUNITY FUND	Employer identification number 91-1246278
POLICY IS NOT POSTED ON THE WEBSITE.	<u> </u>
FOUNDATION FORM 990 IS ALSO AVAILABLE ON THE WEBSITE.	
DADM MAT. CECONTON A. LINE 1A.	
PART VII, SECTION A, LINE 1A:	
OFFICERS AND DIRECTORS OF GHF COMMUNITY FUND DO NOT RECEIVE	
COMPENSATION. OFFICERS AND DIRECTORS OF GROUP HEALTH FOUNDATION (THE	
RELATED ORGANIZATION) RECEIVE COMPENSATION. THE RELATED ORGANIZATION	
BOARD OF DIRECTORS HAS OVERSIGHT OF THE COMPENSATION POLICY. THE	
RELATED ORGANIZATION IS RESPONSIBLE FOR SETTING THE PRESIDENT/CEO AND	
CIO SALARIES. THE PRESIDENT/CEO, CIO, AND FINANCE/ADMINISTRATION	
DIRECTOR RECEIVE COMPENSATION AND BENEFITS FROM THE RELATED	
ORGANIZATION.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

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

Open to Public Inspection 2019

OMB No 1545-0047

**Employer identification number** 

Schedule R (Form 990) 2019 (g) Section 512(b)(13) ŝ controlled × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 91-1246278 Direct controlling End-of-year assets ž Public charity status (if section <u>e</u> 501(c)(3)) <u>e</u> Total income Exempt Code ਉ section 501(C)(4) ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) WASHINGTON WASHINGTON COMMUNITIES IMPROVE THE HEALTH OF Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. GHF COMMUNITY FUND Name, address, and EIN (if applicable) GROUP HEALTH FOUNDATION - 30-0889914 Name, address, and EIN of related organization of disregarded entity 810 3RD AVE SUITE 220 Name of the organization SEATTLE, WA 98104 Rarti PartIII

GHF COMMUNITY FUND

Page 2

91-1246278

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Schedule R (Form 990) 2019

(K)	General or Percentage managing ownership partner?									
3	neral or anaging artner?	Yes No				 				
(S)	Code V-UBI Ge amount in box may 20 of Schedule Pa	K-1 (Form 1065) Ye								-
	es	No					•			
Ξ	Disproportionat allocations?	Yes								
(6)	Share of end-of-year	dosers								
(4)	Share of total income									
(e)	Direct controlling Predominant income (related, unrelated, excluded from tax under	sections 512-514)								
(p)	Direct controlling entity									
(၁)	Legal domicile (state or	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

3	Section 512(b)(13) controlled entity?	No								
	Sac cont	Yes			 					
(£)	Percentage ownership									
(6)	Share of end-of-year	433613								
£	Share of total income									
(e)	Type of entity (C corp, S corp,	O treaty								
(p)	Direct			;						
(0)	Legal domicite (state or foreign	country)								
(q)	Primary activity									
(e)	Name, address, and EIN of related organization									

932162 09-10-19

Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	ın Parts II-IV?	
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a ×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				X D
e Loans or loan guarantees by related organization(s)				1e x
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				1j x
k Lease of facilities, equipment, or other assets from related organization(s)				14   X
i Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
				Tp X
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19 X
Other transfer of and a second of the selected assessment of				
				= ×
	ho must complete the	s line, including covered i	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	paylor
	type (a-s)		D.	
(1) GROUP HEALTH FOUNDATION	0	69,991.	COST	
(2) GROUP HEALTH FOUNDATION	q	.660,96	FAIR MARKET VALUE	
(3)				
(4)				
(5)				
(9)				
932163 09-10-19	,		Schedule	Schedule R (Form 990) 2019

91-1246278

GHF COMMUNITY FUND Schedule R (Form 990) 2019 Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

Schedule R (Form 990) 2019

Schedule R	(Form 990) 2019 GHF COMMUNITY FUND	91-1246278	Page :
Part VII	(Form 990) 2019 GHF COMMUNITY FUND Supplemental Information		-
	Provide additional information for responses to questions on Schedule R. See instructions		
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FILED

Secretary of State
State of Washington

Date Filed: 12/23/2019

Effective Date: 12/23/2019
UBI No: 601 595 223

### RESTATED ARTICLES OF INCORPORATION OF

#### **GHF COMMUNITY FUND**

The undersigned hereby signs and verifies the following Restated Articles of Incorporation:

# ARTICLE I

The name of the corporation is GHF Community Fund. .

# ARTICLE II MEMBERSHIP

The corporation has a single class of members. The sole member of the corporation is Group Health Foundation (the "Member"), a Washington nonprofit corporation. The Member's powers, rights, duties, and responsibilities shall be as set forth in the bylaws of the corporation, except that the Member shall have the following reserved powers, which may not be waived by the bylaws:

- (a) to adopt any amendments to these Articles of Incorporation;
- (b) to adopt, amend, or repeal bylaws of the corporation;
- (c) to approve any plan of merger, consolidation, redomestication, or conversion;
- (d) to approve any sale, lease, exchange, mortgage, pledge, or other disposition of substantially all assets of the corporation outside the normal course of business; and
- (e) to approve the voluntary dissolution of the corporation and any plan of distribution.

# ARTICLE III DURATION

The duration of the corporation is perpetual.

### ARTICLE IV COMMERCIAL REGISTERED AGENT

Page: 1 of 7

The commercial registered agent of the corporation is National Registered Agents, Inc.

# ARTICLE V PURPOSES, LIMITATIONS AND POWERS

**SECTION 1 Purposes.** To operate exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), or any successor provision, including, without limitation, to promote health, and to support and carry out the charitable purposes, to the extent consistent with Section 501(c)(3) of the Code, of the Member.

#### **SECTION 2** Limitations.

- 2.1 The corporation shall have no capital stock, and no part of its net earnings shall inure to the benefit of any director or officer of the corporation, or any private individual.
- 2.2 No director, officer, or any private individual shall be entitled to share in the distribution of any of the corporate assets upon dissolution of the corporation, or upon the winding up of its affairs.
- 2.3 No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation except as may be permitted to Section 501(c)(3) organizations by the Code, and the corporation shall not participate in, or intervene in (including the publication or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
- 2.4 Notwithstanding any other provisions of these Articles, the corporation shall not conduct or carry on activities not permitted to be conducted or carried on by an organization exempt under Section 501(c)(3) of the Code, or any successor provision, or by an organization contributions to which are deductible under Section 170(c)(2) of the Code, or any successor provision.
- 2.5 In any tax year in which the corporation is a private foundation as defined in Section 509(a)(1) of the Code:
  - (a) the corporation shall distribute its income for each taxable year at such time and in such manner as not to become subject to the tax on undistributed income imposed by Section 4942 of the Code;
  - (b) the corporation shall not engage in any act of self-dealing as defined in Section 4941(d) of the Code;
  - (c) the corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Code;
  - (d) the corporation shall not make any investments in such manner as to subject it to tax under Section 4944 of the Code; and

(e) the corporation shall not make any taxable expenditures as defined in Section 4945(d) of the Code.

**SECTION 3 Powers.** In general, and subject to such limitations and conditions as are or may be prescribed by law, or in the corporation's Articles of Incorporation or Bylaws, the corporation shall have all powers which now or hereafter are conferred by law upon a corporation organized for the purpose set forth above, or are necessary or incidental to the powers so conferred, or are conducive to the attainment of the corporation's purpose.

# ARTICLE VI LIMITATION OF DIRECTORS' LIABILITY

A director shall have no liability to the corporation for monetary damages for conduct as a director, except for acts or omissions that involve intentional misconduct by the director, or a knowing violation of law by the director, or for any transaction from which the director will personally receive a benefit in money, property or services to which the director is not legally entitled. If the Washington Nonprofit Corporation Act is hereafter amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director shall be eliminated or limited to the full extent permitted by the Washington Nonprofit Corporation Act, as so amended. Any repeal or modification of this Article shall not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification for or with respect to an act or omission of such director occurring prior to such repeal or modification.

### ARTICLE VII INDEMNIFICATION

SECTION 1 Right to Indemnification of Directors and Officers. Each person who was, or is threatened to be made a party to or is otherwise involved (including, without limitation, as a witness) in any actual or threatened action, suit or proceeding, whether civil, criminal, administrative or investigative, by reason of the fact that they are or were a director or officer of the corporation or, while a director or officer, they are or were serving at the request of the corporation as a director, trustee, officer, employee or agent of another corporation or of a partnership, joint venture, trust or other enterprise, including service with respect to employee benefit plans, whether the basis of such proceeding is alleged action in an official capacity as a director, trustee, officer, employee or agent or in any other capacity while serving as a director, trustee, officer, employee or agent, shall be indemnified and held harmless by the corporation, to the full extent permitted by applicable law as then in effect, against all expense, liability and loss (including attorneys' fees, judgments, fines, ERISA excise taxes or penalties and amounts to be paid in settlement) actually and reasonably incurred or suffered by such person in connection therewith, and such indemnification shall continue as to a person who has ceased to be a director, trustee, officer, employee or agent and shall inure to the benefit of their heirs, executors and administrators; provided, however, that

except as provided in Section 7.2 of this Article with respect to proceedings seeking solely to enforce rights to indemnification, the corporation shall indemnify any such person seeking indemnification in connection with a proceeding (or part thereof) initiated by such person only if such proceeding (or part thereof) was authorized by the board of directors of the corporation. The right to indemnification conferred in this Section 7.1 shall be a contract right and shall include the right to be paid by the corporation the expenses incurred in defending any such proceeding in advance of its final disposition; provided, however, that the payment of such expenses in advance of the final disposition of a proceeding shall be made only upon delivery to the corporation of an undertaking, by or on behalf of such director or officer, to repay all amounts so advanced if it shall ultimately be determined that such director or officer is not entitled to be indemnified under this Section 7.1 or otherwise.

Right of Claimant to Bring Suit. If a claim for which indemnification is **SECTION 2** required under Section 7.1 of this Article is not paid in full by the corporation within 60 days after a written claim has been received by the corporation, except in the case of a claim for expenses incurred in defending a proceeding in advance of its final disposition, in which case the applicable period shall be 20 days, the claimant may at any time thereafter bring suit against the corporation to recover the unpaid amount of the claim and, to the extent successful in whole or in part, the claimant shall be entitled to be paid also the expense of prosecuting such claim. The claimant shall be presumed to be entitled to indemnification under this Article upon submission of a written claim (and, in an action brought to enforce a claim for expenses incurred in defending any proceeding in advance of its final disposition, where the required undertaking has been tendered to the corporation), and thereafter the corporation shall have the burden of proof to overcome the presumption that the claimant is so entitled. Neither the failure of the corporation (including its board of directors or independent legal counsel) to have made a determination prior to the commencement of such action that indemnification of or reimbursement or advancement of expenses to the claimant is proper in the circumstances nor an actual determination by the corporation (including its board of directors or independent legal counsel) that the claimant is not entitled to indemnification or to the reimbursement or advancement of expenses shall be a defense to the action or create a presumption that the claimant is not so entitled.

**SECTION 3 Nonexclusivity of Rights.** The right to indemnification and the payment of expenses incurred in defending a proceeding in advance of its final disposition conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, provision of the Articles of Incorporation, Bylaws, agreement, or vote of disinterested directors or otherwise.

**SECTION 4 Insurance, Contracts and Funding.** The corporation may maintain insurance at its expense, to protect itself and any director, trustee, officer, employee or agent of the corporation or another corporation, partnership, joint venture, trust or other enterprise against any expense, liability or loss, whether or not the corporation would have the power to indemnify such person against such expense, liability or loss under RCW 24.03.043 of the

Washington Nonprofit Corporation Act and RCW 23B.08.510 of the Washington Business Corporation Act, or any successor provisions. The corporation may enter into contracts with any director or officer of the corporation in furtherance of the provisions of this Article and may create a trust fund, grant a security interest or use other means (including, without limitation, a letter of credit) to ensure the payment of such amounts as may be necessary to effect indemnification as provided in this Article.

SECTION 5 Indemnification of Employees and Agents of the corporation. The corporation may, by action of its board of directors from time to time, provide indemnification and pay expenses in advance of the final disposition of a proceeding to employees and agents of the corporation with the same scope and effect as the provisions of this Article with respect to the indemnification and advancement of expenses of directors and officers of the corporation or pursuant to rights granted pursuant to, or provided by, the Washington Business Corporation Act, as applied to nonprofit corporations, or otherwise.

### ARTICLE VIII BOARD OF DIRECTORS

The management of the corporation will be vested in a board of directors. The number, qualifications, terms of office, manner of election, time and place of meeting, and powers and duties of directors shall be as set forth in the bylaws of the corporation.

# ARTICLE IX DISSOLUTION

Upon dissolution or winding up, all the corporation's remaining assets shall be distributed by the board of directors, in consultation with the Member, for similar or identical uses and purposes, to any other organization that would then qualify for exemption under the provisions of Section 501(c)(3) of the Code, or any successor provision, or to a federal, state, or local government for a public purpose.

#### **CERTIFICATION**

These Restated Articles of Incorporation correctly set forth without change the provisions of the Articles of Incorporation as amended by the Articles of Amendment. These Restated Articles of Incorporation supersede the original Articles of Incorporation and all amendments thereto.

Executed under penalty of perjury under the laws of the State of Washington, this low day of December, 2019.

Leo Greenawalt

Secretary

**GHF Community Fund**