

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **GROUP HEALTH FOUNDATION** EIN or SSN **30-0889914**

Name and title of officer or person subject to tax **CORY SBARBARO**
EXECUTIVE VP

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 121,133,621.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MOSS ADAMS LLP** to enter my PIN **89914**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax  Date **11/11/2022**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

91687248102

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature  Date **11/10/22**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: GROUP HEALTH FOUNDATION D Employer identification number: 30-0889914 E Telephone number: 206-788-8900 F Name and address of principal officer: NICHOLE MAHER SAME AS C ABOVE G Gross receipts \$: 856,899,452. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: 501(c)(3) 501(c)(4) J Website: HTTP://GROUPHEALTHFOUNDATION.ORG K Form of organization: Corporation L Year of formation: 2015 M State of legal domicile: WA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance 3-7b Revenue 8-12 Expenses 13-19 Net Assets or Fund Balances 20-22

Part II Signature Block

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

Sign Here: Signature of officer CORY SBARBARO, EXECUTIVE VP Date: Print/Type preparer's name WENDY CAMPOS Preparer's signature WENDY CAMPOS Date 11/10/22 Check if self-employed PTIN P00448102 Preparer Use Only: Firm's name MOSS ADAMS LLP Firm's address 999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104 Firm's EIN 91-0189318 Phone no. 206-302-6500

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION AIMS TO TRANSFORM THE BALANCE OF POWER TO ENSURE EQUITY AND RACIAL JUSTICE ACROSS WASHINGTON AND BEYOND.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 66,042,766. including grants of \$ 61,221,021.) (Revenue \$) IN 2021, THE FOUNDATION CONTINUED TO PROVIDE COMMUNITY LEARNING GRANTS. COMMUNITY LEARNING GRANTS ARE PROVIDED TO ORGANIZATIONS AND COMMUNITIES DOING POWERFUL WORK TO TRANSFORM THE BALANCE OF POWER TOWARD RACIAL JUSTICE AND EQUITY IN WASHINGTON AND BEYOND. THESE GRANTS CONTINUE TO HELP THE FOUNDATION LEARN HOW THE FOUNDATION CAN SUPPORT THE SOLUTIONS THAT DIFFERENT ORGANIZATIONS ARE CREATING TO DISMANTLE SYSTEMIC BARRIERS AND FOSTER HEALTH AND WEALTH IN WASHINGTON COMMUNITIES. THE FOUNDATION CONTINUED FUNDING EVENT SPONSORSHIPS TO SUPPORT COMMUNITY AND CULTURALLY-SPECIFIC GATHERINGS, MEETINGS, CONFERENCES, AND FUNDRAISERS. THE FOUNDATION SPONSORS EVENTS THAT GATHER PEOPLE TO CELEBRATE, TAKE COLLECTIVE ACTION, AND MAKE PROGRESS TOWARD JUSTICE AND EQUITY IN WASHINGTON.

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

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

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

4e Total program service expenses 66,042,766.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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... X; b Other officers or key employees of the organization... X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN, NC, WI
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 [] 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 SUITE 220, SEATTLE, WA 98104

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MUTHU MUTHIAH CHIEF INVESTMENT OFFICER	40.00				X			721,135.	0.	38,254.
(2) NICHOLE MAHER PRESIDENT/CEO	40.00 0.10			X				601,161.	0.	56,148.
(3) PENG WANG MANAGING DIRECTOR OF INVESTMENTS	40.00					X		529,719.	0.	47,411.
(4) CORY SBARBARO EXECUTIVE VICE PRESIDENT	38.80 1.20			X				413,904.	0.	38,687.
(5) STEVEN COLE-SCHWARTZ VICE PRESIDENT OF PROGRAMS	40.00					X		296,158.	0.	37,923.
(6) CHARLOTTE ZHANG DIRECTOR OF INVESTMENTS	40.00					X		251,305.	0.	39,409.
(7) DAWN WILSON INVESTMENT OPERATIONS DIRECTOR	40.00					X		249,650.	0.	38,855.
(8) CARMEN BERKLEY VICE PRESIDENT OF PROGRAMS	40.00					X		261,992.	0.	25,585.
(9) CARMEN LOH FINANCE/ADMINISTRATION DIRECTOR	38.00 2.00			X				178,417.	0.	32,415.
(10) DR. BENJAMIN DANIELSON CHAIR	6.00	X		X				37,050.	0.	0.
(11) SETH KIRBY VICE CHAIR	3.00 0.10	X		X				28,500.	0.	0.
(12) LUZ VEGA-MARQUIS TREASURER	3.30 0.10	X		X				28,500.	0.	0.
(13) SUSAN BYINGTON DIRECTOR	3.80	X						28,500.	0.	0.
(14) JANETTE OLMSTEAD DIRECTOR	3.10	X						28,500.	0.	0.
(15) PETER VAN OPPEN DIRECTOR	3.90	X						28,500.	0.	0.
(16) KATHERINE BELL DIRECTOR	2.80 0.10	X						28,500.	0.	0.
(17) DR. AMERICA BRACHO PEREZ DIRECTOR	1.60	X						28,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA CHOE DIRECTOR	3.00	X						28,500.	0.	0.
(19) MELVIN BRIAN CLADOOSBY DIRECTOR	1.50	X						28,500.	0.	0.
(20) PORSCHE EVERSON DIRECTOR	3.10	X						28,500.	0.	0.
(21) DR. DAVID FLEMING DIRECTOR	2.50	X						28,500.	0.	0.
(22) LATISHA HILL DIRECTOR	2.00	X						28,500.	0.	0.
(23) JUAN CARLOS OLIVARES DIRECTOR (THRU 12/21)	1.40	X						28,500.	0.	0.
(24) LEO GREENAWALT DIRECTOR (THRU 3/21)	0.50 0.10	X						7,125.	0.	0.
1b Subtotal								3,918,116.	0.	354,687.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,918,116.	0.	354,687.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 27

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STATE STREET GLOBAL ADVISORS 1 IRON ST, BOSTON, MA 02210	INVESTMENT MANAGEMENT	333,182.
HIRSCHLER FLEISCHER 2100 E CARY ST, RICHMOND, VA 23223	LEGAL SERVICES	291,224.
ATHENA RIDGE ADVISORS, LLC 4438 N SEELEY AVE, CHICAGO, IL 60625	INVESTMENT MANAGEMENT	284,760.
DESAUTEL HEGE -DH 313 WEST RIVERSIDE AVE, SPOKANE, WA 99201	COMMUNICATIONS SERVICES	223,803.
CITCO FUND SERVICES (USA) INC, HARBORSIDE PLAZA 10, 3 SECOND ST, 6TH FLOOR, JERSEY	INVESTMENT MANAGEMENT	181,100.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		67,650.			67,650.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	857,910,380.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	735,765,831.				
	c Gain or (loss)	7c	122,144,549.				
d Net gain or (loss)		122,144,549.			122,144,549.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a LEASE ADJUSTMENT		900099	7,162.		7,162.	
	b REFUND INCOME		900099	4,386.		4,386.	
	c UBI FROM PARTNERSHIPS		900099	-1,090,126.		-1,090,126.	
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			121,133,621.	0.	-1,090,126.	122,223,747.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	61,221,021.	61,221,021.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,520,855.	270,724.	2,250,131.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,625,300.	2,329,381.	2,295,919.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	374,335.	179,946.	194,389.	
9 Other employee benefits	424,786.	206,821.	217,965.	
10 Payroll taxes	385,307.	179,457.	205,850.	
11 Fees for services (nonemployees):				
a Management				
b Legal	636,640.		636,640.	
c Accounting	128,434.		128,434.	
d Lobbying	783,490.	783,490.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,553,321.		1,553,321.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,467,028.	509,442.	957,586.	
12 Advertising and promotion	7,346.		7,346.	
13 Office expenses	38,810.	3,127.	35,683.	
14 Information technology	614,121.	731.	613,390.	
15 Royalties				
16 Occupancy	248,813.		248,813.	
17 Travel	65,684.	10,913.	54,771.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	458,273.	342,985.	115,288.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,737.		41,737.	
23 Insurance	81,720.		81,720.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TAXES & LICENSES	24,593.		24,593.	
b DUES AND SUBSCRIPTIONS	22,811.		22,811.	
c _____				
d _____				
e All other expenses _____	81,900.	4,728.	77,172.	
25 Total functional expenses. Add lines 1 through 24e	75,806,325.	66,042,766.	9,763,559.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,766,667.	1	2,524,865.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	24,774.	4	105,480.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	183,498.	9	271,475.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 371,803.		
	b Less: accumulated depreciation	10b 164,118.		
	11 Investments - publicly traded securities	30,558,659.	11	143,225,710.
	12 Investments - other securities. See Part IV, line 11	2,230,840,018.	12	2,335,993,585.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	260,872.	15	256,840.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,267,705,559.	16	2,482,585,640.	
Liabilities	17 Accounts payable and accrued expenses	1,079,472.	17	1,997,675.
	18 Grants payable	30,564,239.	18	53,848,821.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	252,628.	25	233,428.
	26 Total liabilities. Add lines 17 through 25	31,896,339.	26	56,079,924.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,235,809,220.	27	2,426,505,716.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,235,809,220.	32	2,426,505,716.
33 Total liabilities and net assets/fund balances	2,267,705,559.	33	2,482,585,640.	

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,133,621.
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,806,325.
3	Revenue less expenses. Subtract line 2 from line 1	3	45,327,296.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,235,809,220.
5	Net unrealized gains (losses) on investments	5	144,279,074.
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	1,090,126.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,426,505,716.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

Form **990** (2021)

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization GROUP HEALTH FOUNDATION	Employer identification number 30-0889914
---	--

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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

2021

Open to Public Inspection

Name of the organization GROUP HEALTH FOUNDATION **Employer identification number** 30-0889914

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		128,312.		128,312.
d Equipment		194,042.	126,658.	67,384.
e Other		49,449.	37,460.	11,989.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				207,685.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMINGLED TRUST FUNDS	605,042,309.	END-OF-YEAR MARKET VALUE
(B) ALTERNATIVE INVESTMENTS	1,730,951,276.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,335,993,585.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	233,428.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	233,428.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE 501(C)(4) IS A NOT-FOR-PROFIT CORPORATION AND HAS BEEN RECOGNIZED AS

TAX EXEMPT PURSUANT TO SECTION 501(C)(4) OF THE IRC. THE FOUNDATION IS

EXEMPT FROM FEDERAL INCOME TAX WITH EXCEPTION TO ANY UNRELATED BUSINESS

TAXABLE INCOME AS DEFINED UNDER IRC SECTIONS 511 THROUGH 515. THE

FOUNDATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS WHEREBY THE EFFECT OF THE

UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND

ESTIMABLE. THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS AS OF DECEMBER

31, 2021 AND 2020.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GROUP HEALTH FOUNDATION	Employer identification number 30-0889914
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		1173864875.
3 a Subtotal	0	0			1173864875.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1173864875.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

INVESTMENTS ARE ACCOUNTED FOR IN THE ORGANIZATION'S FINANCIAL STATEMENTS

USING THE FAIR MARKET VALUE OF EACH FUND PER EACH FUND'S INVESTMENTS

STATEMENT. THE AMOUNT IN COLUMN (F) IS THE PRO-RATA INTEREST OF THE NET

ASSET VALUE OF THE INVESTMENT FUNDS.

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **GROUP HEALTH FOUNDATION** Employer identification number **30-0889914**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3C CAPITAL FUND INC. PO BOX 71355 BAKERSFIELD, CA 93387	81-3147737	501(C)(3)	10,000.	0.			CORE SUPPORT FOR TACOMA WOMEN OF COLOR COLLECTIVE
ABUSED DEAF WOMENS ADVOCACY SERVICES - 8623 ROOSEVELT WAY NE - SEATTLE, WA 98115-3027	91-1339173	501(C)(3)	235,000.	0.			GENERAL OPERATING SUPPORT
ACCESS TO OUR COMMUNITY 3748 S 141ST ST TUKWILA, WA 98168-4032	83-1712564	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
ADVANCEMENT PROJECT ACTION FUND 1220 L ST NW STE 850 WASHINGTON, DC 20005-4095	85-3230954	501(C)(4)	250,000.	0.			GENERAL OPERATING SUPPORT
AFFILIATED TRIBES OF NORTHWEST INDIANS - 25 WEST MAIN STE. 434 - SPOKANE, WA 99201	93-0934830	501(C)(3)	645,000.	0.			GENERAL OPERATING SUPPORT
AFGHAN HEALTH INITIATIVE 30607 134TH AVE SE AUBURN, WA 98092-2248	85-0906399	501(C)(3)	51,000.	0.			GENERAL OPERATING SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **284.**
- 3** Enter total number of other organizations listed in the line 1 table **57.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN COMMUNITY CULTURAL AND EDUCATIONAL SOCIETY - PO BOX 3126 - PASCO, WA 99302-3126	05-0592107	501(C)(3)	36,000.	0.			GENERAL OPERATING SUPPORT
AGING IN PACE WASHINGTON PO BOX 3007 SEATTLE, WA 98114	81-0856014	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
ALEFBA GROUP 14150 NE 20TH ST F1-323 BELLEVUE, WA 98007-3700	83-3886491	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE FOR YOUTH ACTION 915 5TH ST NW WASHINGTON, DC 20001-2501	46-2914731	501(C)(4)	75,000.	0.			GENERAL OPERATING SUPPORT
ALLIANCE OF PEOPLE WITH DISABILITIES - 1401 E JEFFERSON ST STE 506 - SEATTLE, WA 98122-5570	91-1011821	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN INDIAN COMMUNITY CENTER 1025 W INDIANA AVE SPOKANE, WA 99205-4561	91-0822523	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
API CHAYA PO BOX 14047 SEATTLE, WA 98114-0047	91-1674016	501(C)(3)	781,025.	0.			CORE SUPPORT FOR VIETQ
APOYO PO BOX 194 ELLENSBURG, WA 98926-1911	91-1970470	501(C)(3)	425,000.	0.			GENERAL OPERATING SUPPORT
ARCORA FOUNDATION 400 FAIRVIEW AVE N STE 800 SEATTLE, WA 98109-5388	91-0621480	501(C)(4)	150,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIA PACIFIC CULTURAL CENTER 4851 S TACOMA WAY TACOMA, WA 98409	91-1854410	501(C)(3)	842,500.	0.			GENERAL OPERATING SUPPORT
ASIAN AMERICANS ADVANCING JUSTICE - AAJC, INC. - 1620 L ST NW STE 1050 - WASHINGTON, DC 20036-5660	13-3619000	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
ASIAN AND PACIFIC ISLANDER AMERICAN VOTE INC - 1612 K ST NW - WASHINGTON, DC 20006-2802	03-0575412	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
ASIAN COUNSELING AND REFERRAL SERVICE - 3639 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98144-6847	91-0916176	501(C)(3)	282,500.	0.			CORE SUPPORT FOR ASIAN PACIFIC ISLANDER COALITION SPOKANE
ASIAN REPORTER PUBLICATIONS INC. 922 NORTH KILLINGSWORTH STREET PO B PORTLAND, OR 97217	93-1172640		25,000.	0.			GENERAL OPERATING SUPPORT
BECK'S PLACE PO BOX 562 MONROE, WA 98272-0562	47-5174829	501(C)(3)	50,000.	0.			CORE SUPPORT FOR MONROE EQUITY COUNCIL
BENTON-FRANKLIN COMMUNITY HEALTH ALLIANCE - 7102 W OKANOGAN PL - KENNEWICK, WA 99336-2341	03-0452352	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
BLACK PROGRESSIVE ACTION COALITION 700 13TH ST NW STE 600 WASHINGTON, DC 20005-5998	82-1514760	501(C)(4)	375,000.	0.			GENERAL OPERATING SUPPORT
BLUE MOUNTAIN COMMUNITY FOUNDATION PO BOX 602 WALLA WALLA, WA 99362-0015	91-1250104	501(C)(3)	75,000.	0.			CORE SUPPORT FOR RUNNING WATERS EQUITY FUND

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE MOUNTAIN HEART TO HEART 5 W ALDER ST STE 333 WALLA WALLA, WA 99362-2849	91-1527239	501(C)(3)	76,000.	0.			GENERAL OPERATING SUPPORT
BUILD RESILIENT INSPIRED COMMUNITIES OF COLOR - PO BOX 46173 - SEATTLE, WA 98146-0173	83-2505960	501(C)(3)	225,000.	0.			CORE SUPPORT FOR BROTHERS UNITED IN LEADERSHIP DEVELOPMENT
BUILDING CHANGES 1200 12TH AVE S STE 1200 SEATTLE, WA 98144-2734	91-1410450	501(C)(3)	6,000.	0.			CORE SUPPORT FOR LOOK, LISTEN AND LEARN
BUILDING POWER FOR COMMUNITIES OF COLOR - 221 NW 2ND AVE STE 303 - PORTLAND, OR 97209-3961	83-0909798	501(C)(4)	125,000.	0.			GENERAL OPERATING SUPPORT
CARINA 215 COLUMBIA ST STE 300 SEATTLE, WA 98104-1511	32-0530631	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
CARL MAXEY CENTER 1312 N MONROE STREET #148 SPOKANE, WA 99201	82-4396555	501(C)(3)	660,000.	0.			GENERAL OPERATING SUPPORT
CASCADE PUBLIC MEDIA 401 MERCER STREET SEATTLE, WA 98109	91-1221895	501(C)(3)	275,000.	0.			GENERAL OPERATING SUPPORT
CASCADIA DEAF NATION 424 W BAKERVIEW ROAD #105-322 BELLINGHAM, WA 98226	81-2116324		75,000.	0.			GENERAL OPERATING SUPPORT
CENTER FOR INDEPENDENCE 7801 BRIDGEPORT WAY W STE 200 LAKEWOOD, WA 98499-8440	91-1577469	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL WASHINGTON JUSTICE FOR OUR NEIGHBORS - 210 N RUBY STREET SUITE 5 - ELLENSBURG, WA 98926	82-5062666	501(C)(3)	570,000.	0.			GENERAL OPERATING SUPPORT
CHAPLAINS ON THE HARBOR 52 ARLAND RD MONTESANO, WA 98563-9624	81-1685580	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CHELAN-DOUGLAS HEALTH DISTRICT 200 VALLEY MALL PARKWAY EAST WENATCHEE, WA 98802	91-1590156	GOVERNMENT	100,000.	0.			GENERAL OPERATING SUPPORT
CHIEF SEATTLE CLUB 410 - 2ND AVENUE EXTENSION AVENUE S SEATTLE, WA 98104	91-0852503	501(C)(3)	770,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN OF THE SETTING SUN PRODUCTIONS - P.O. BOX 1571 - BELLINGHAM, WA 98227	47-5005550	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S ALLIANCE 100 S KING ST STE 100-1026 SEATTLE, WA 98104-3844	91-0982879	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
CHINATOWN INTERNATIONAL DISTRICT PRESERVATION AND DEVELOPMENT ASSOC - PO BOX 3302 - SEATTLE, WA 98114	91-1645126	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHINESE INFORMATION AND SERVICE CENTER - 611 S LANE STREET - SEATTLE, WA 98104	23-7438529	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
CHUCKANUT HEALTH FOUNDATION 1500 CORNWALL AVE #201 BELLINGHAM, WA 98225	91-1192943	501(C)(3)	230,000.	0.			CORE SUPPORT FOR CHARDI KALA PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIELO PROJECT RADIO RANCH 1601 NORTH STREET SE OLYMPIA, WA 98501	91-1728671	501(C)(3)	585,000.	0.			GENERAL OPERATING SUPPORT
COLECTIVA LEGAL DEL PUEBLO 13838 1ST AVE S BURIEN, WA 98168-3448	46-1470709	501(C)(3)	1,000,000.	0.			CORE SUPPORT FOR WASHINGTON IMMIGRANT RELIEF FUND
COLLEGE SUCCESS FOUNDATION 15500 SE 30TH PL STE 200 BELLEVUE, WA 98007-6347	91-2036088	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COLOROFCHANGE.ORG 110 WILLIAM ST FL 31 NEW YORK, NY 10038-3949	20-4496889	501(C)(4)	250,000.	0.			GENERAL OPERATING SUPPORT
COLUMBIA BASIN HEALTH ASSOCIATION 1515 E COLUMBIA ST OTHELLO, WA 99344	91-0896701	501(C)(3)	705,000.	0.			GENERAL OPERATING SUPPORT
COLUMBIA LEGAL SERVICES 101 YESLER WAY STE 300 SEATTLE, WA 98104-2552	91-0974503	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
COLUMBIA VALLEY COMMUNITY HEALTH 600 ORONDO AVE WENATCHEE, WA 98801-2800	23-7297657	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
COLVILLE NATION COMMUNITY HEALTH CENTERS - PO BOX 290 - INCHELIUM, WA 99138	84-1688724	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
COLVILLE TRIBAL TRIBUNE 512 MEAD WAY COULEE DAM, WA 09916	91-0557683	GOVERNMENT	55,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES FOR THE ADVANCEMENT OF FAMILY EDUCATION - 766 S. MISSION ST. - WENATCHEE, WA 98801	91-1909072	501(C)(3)	25,000.	0.			CORE SUPPORT FOR PROJECT PACT
COMMUNITIES IN SCHOOLS OF BENTON-FRANKLIN COUNTIES - PO BOX 1310 - RICHLAND, WA 99352-1310	81-0846103	501(C)(3)	9,515.	0.			GENERAL OPERATING SUPPORT
COMMUNITIES OF COLOR COALITION PO BOX 472 EVERETT, WA 98206-0472	42-1697145	501(C)(3)	570,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ACTION CENTER 350 SE FAIRMONT RD PULLMAN, WA 99163	94-3080214	501(C)(3)	620,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY PARTNERS 1000 N ALAMEDA ST STE 240 LOS ANGELES, CA 90012-1804	95-4302067	501(C)(3)	125,000.	0.			CORE SUPPORT FOR BLD PWR
COMUNICATIVO 4040 WILD HORSE LN SE OLYMPIA, WA 98513-8204	86-2728119		50,000.	0.			GENERAL OPERATING SUPPORT
CONFEDERATED LOWER CHINOOK TRIBES AND BANDS - PO BOX 368 - BAY CENTER, WA 98527	91-2147630	501(C)(3)	721,000.	0.			GENERAL OPERATING SUPPORT
CONFEDERATED TRIBES AND BANDS OF THE YAKAMA NATION - PO BOX 151 401 FORT ROAD - TOPPENISH, WA 98948-0151	91-0576806	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
CONSEJO COUNSELING AND REFERRAL SERVICES - 3808 S ANGELINE ST - SEATTLE, WA 98118-1712	91-1021247	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSULTANTS FOR INDIAN PROGRESS 2304 S 16TH ST TACOMA, WA 98405-2910	42-1709943	501(C)(3)	260,000.	0.			CORE SUPPORT FOR CENTER FOR INDIGENOUS MIDWIFERY
CONVERGE MEDIA, LLC 1437 SOUTH JACKSON STREET SUITE 100 SEATTLE, WA 98144	82-2484498		25,000.	0.			GENERAL OPERATING SUPPORT
COWLITZ INDIAN TRIBE PO BOX 2547 LONGVIEW, WA 98632	91-1265477	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
COWLITZ WAHKIAKUM LEGAL AID 1338 COMMERCE AVE STE C LONGVIEW, WA 98632-3743	91-1945347	501(C)(3)	375,000.	0.			GENERAL OPERATING SUPPORT
CROSSROADS HOUSING 71 SARGISON LOOP SHELTON, WA 98584	91-1569401	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
DENSHO 1416 S JACKSON ST SEATTLE, WA 98144	91-2164150	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
DISABILITY ACTION CENTER NW INC 505 N MAIN ST MOSCOW, ID 83843-2615	82-0458076	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
DISABILITY RIGHTS WASHINGTON 315 5TH AVE S SUITE 850 SEATTLE, WA 98104	91-0956784	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
DISPUTE RESOLUTION CENTER OF YAKIMA AND KITTITAS COUNTIES - 132 NORTH FIRST AVE - YAKIMA, WA 98952	91-1606046	501(C)(3)	70,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOING IT DOES IT 4420 E PORTLAND AVE TACOMA, WA 98404-4666	86-3549059	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
DOMESTIC & SEXUAL VIOLENCE CRISIS CENTER OF CHELAN AND DOUGLAS COUNTY - 710 N CHELAN AVE - WENATCHEE, WA 98801	91-1018890	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
DOWNTOWN PASCO DEVELOPMENT AUTHORITY - 110 S 4TH AVE - PASCO, WA 99301-5507	45-3169348	501(C)(3)	320,000.	0.			GENERAL OPERATING SUPPORT
DUWAMISH TRIBAL SERVICES 4705 W. MARGINAL WAY SW SEATTLE, WA 98106	91-1122115	501(C)(3)	105,000.	0.			GENERAL OPERATING SUPPORT
EAST AFRICAN COMMUNITY SERVICES 5070 32ND AVE S SEATTLE, WA 98118	91-2138852	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
EAST OREGONIAN PUBLISHING CO PO BOX 2048 SALEM, OR 97308-2048	93-0158890		25,000.	0.			CORE SUPPORT FOR CHINOOK OBSERVER
EL CENTRO DE LA RAZA 2524 16TH AVE. S. SEATTLE, WA 98144	91-0899927	501(C)(3)	15,250.	0.			GENERAL OPERATING SUPPORT
EMERGENCY FOOD NETWORK OF TACOMA AND PIERCE COUNTY - 3318 92NDST. SOUTH - LAKEWOOD, WA 98499	94-3131776	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
EMPIRE HEALTH COMMUNITY ADVOCACY FUND - 1020 W RIVERSIDE AVE - SPOKANE, WA 99201-1100	84-3155527	501(C)(4)	1,920,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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EMPOWERING LATINA LEADERSHIP & ACTION - PO BOX 11149 - YAKIMA, WA 98909-2149	84-4356467	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
ERITREAN ASSOCIATION IN GREATER SEATTLE - 1954 SOUTH MASSACHUSETTS STREET - SEATTLE, WA 98144	91-1703201	501(C)(3)	83,000.	0.			GENERAL OPERATING SUPPORT
ETHIOPIAN COMMUNITY IN SEATTLE 8323 RAINIER AVE S SEATTLE, WA 98118-4652	91-1288919	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
EUVALCREE ACTIO 67 SW 2ND AVE ONTARIO, OR 97914-2713	82-5018607	501(C)(4)	125,000.	0.			GENERAL OPERATING SUPPORT
FABIAN'S FUND 4616 25TH AVE NE # 366 SEATTLE, WA 98105-4183	37-1871375	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
FAIR FIGHT ACTION 1270 CAROLINE ST NE ATLANTA, GA 30307-2758	47-1427359	501(C)(4)	450,000.	0.			GENERAL OPERATING SUPPORT
FALIS COMMUNITY SERVICE 10615 SE 256TH ST STE 104 KENT, WA 98030-6809	82-2923129	501(C)(3)	82,000.	0.			GENERAL OPERATING SUPPORT
FAMILIAS UNIDAS POR LA JUSTICIA 275 W. RIO VISTA AVENUE SUITE 3 BURLINGTON, WA 98233	84-3519206	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
FEAST COLLECTIVE 1321 W 3RD AVE SPOKANE, WA 99201-4621	84-2487545	501(C)(3)	76,000.	0.			GENERAL OPERATING SUPPORT

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FETU TAIALA LEARNING CENTER: DBA VOICES OF PACIFIC ISLAND NATIONS - P.O. BOX 878 - KINGSTON, WA 98346	47-2497194	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
FILIPINO AMERICAN COMMUNITY OF THE YAKIMA VALLEY - 211 W 2ND ST - WAPATO, WA 98951-1305	91-6060369	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
FILIPINO COMMUNITY OF SEATTLE SENIOR SERVICES - 5740 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98118-2622	91-6055858	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
FILIPINO-AMERICAN ASSOCIATION OF THE INLAND EMPIRE - 4605 N JEFFERSON ST - SPOKANE, WA 99205-1251	91-1390816	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
FIRST ALASKANS INSTITUTE 606 E. STREET STE 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
FOUNDATION FOR YOUTH RESILIENCY AND ENGAGEMENT - 23 ASH STREET - OMAK, WA 98841	85-1201630	501(C)(3)	473,500.	0.			GENERAL OPERATING SUPPORT
FREE CLINIC OF SOUTHWEST WASHINGTON - 4100 PLOMONDON ST - VANCOUVER, WA 98661-5645	91-1707542	501(C)(3)	205,000.	0.			GENERAL OPERATING SUPPORT
FREEDOM PROJECT PO BOX 57 RENTON, WA 98057	91-2129474	501(C)(3)	720,000.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF LITTLE SAIGON 1227 S WELLER ST STE A SEATTLE, WA 98144-2048	45-3621880	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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GAMBIAN TALENTS PROMOTION 3909 164TH ST SW STE 201 LYNNWOOD, WA 98087-6905	81-5319066	501(C)(3)	160,000.	0.			GENERAL OPERATING SUPPORT
GARDEN RAISED BOUNTY 2016 ELLIOTT AVE NW OLYMPIA, WA 98502	91-1594312	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GARFIELD COUNTY HOSPITAL DISTRICT #1 - 66 N 6TH ST - POMEROY, WA 99347-9705	91-6008648	GOVERNMENT	250,000.	0.			GENERAL OPERATING SUPPORT
GATHER TOGETHER GROW TOGETHER 419 PARK AVENUE BREMERTON, WA 98337	82-4464275	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
GATHERING ROOTS WELLNESS 37718 212TH AVE SE AUBURN, WA 98092-9021	85-3426377	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL RIGHTS ADVOCACY 1330 E INTERLAKEN BLVD SEATTLE, WA 98102	82-2055263	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
GLOBAL SOCIAL BUSINESS PARTNERS 1234 146TH AVE SE BELLEVUE, WA 98007	80-0681779	501(C)(3)	225,000.	0.			CORE SUPPORT FOR MODEST FAMILY SOLUTIONS INC
GRANTMAKERS OF OREGON AND SW WASHINGTON - PO BOX 6381 - PORTLAND, OR 97228-6381	91-1798108	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GRAYS HARBOR PUBLIC HEALTH AND SOCIAL SERVICES - 2109 SUMNER AVENUE - ABERDEEN, WA 98520	91-6001320	GOVERNMENT	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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GREATER SPOKANE ACTION 25 W MAIN AVE STE 220 SPOKANE, WA 99201-5090	87-1568869	501(C)(4)	225,000.	0.			GENERAL OPERATING SUPPORT
HAND IN HAND IMMIGRATION SERVICES PO BOX 4255 18 N MISSION ST WENATCHEE, WA 98807-4255	83-4208668	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HEALTH AND JUSTICE RECOVERY ALLIANCE - 3013 N MAUGRIETTE RD - MILLWOOD, WA 99212	86-2233559	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
HEDGEBROOK PO BOX 1231 FREELAND, WA 98249	80-0012629	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
HELPING LINK/MT DU NI 1032 S JACKSON ST STE C SEATTLE, WA 98104-3037	20-1988027	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HERITAGE UNIVERSITY 3240 FORT ROAD TOPPENISH, WA 98948	91-1160585	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
HILLTOP ACTION COALITION 1116 EARNEST S BRAZILL ST TACOMA, WA 98405-4022	20-8160894	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HISPANIC ACADEMIC ACHIEVERS PROGRAM - PO BOX 3376 - PASCO, WA 99302-3376	91-1515202	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HISPANIC ROUNDTABLE PO BOX 6368 OLYMPIA, WA 98507-6368	38-3728119	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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HMONG ASSOCIATION OF WASHINGTON PO BOX 14492 SEATTLE, WA 98114	91-1259521	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
HOPE ALLIANCE PUBLIC BENEFIT NON-PROFIT CORPORATION - P.O. BOX 337 - CHEHALIS, WA 98532	91-0937147	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
HOUSING RESOURCE CENTER OF LEWIS COUNTY - PO BOX 120 - CENTRALIA, WA 98531	91-1533595	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
IF YOU COULD SAVE JUST ONE P.O BOX 7393 SPOKANE, WA 99207	82-4898269	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
INNOVATIONS HUMAN TRAFFICKING COLLABORATIVE - 3545 7TH AVE SW STE 305 - OLYMPIA, WA 98502-5507	81-4680515	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
INSPIRE DEVELOPMENT CENTERS 105 SOUTH 6TH STREET STE B SUNNYSIDE, WA 98944	91-1220150	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
INSTITUTE FOR BLACK JUSTICE PO BOX 791 SPANAWAY, WA 98387	85-2866010	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
INTERIM COMMUNITY DEVELOPMENT ASSOCIATION - 310 MAYNARD AVE S - SEATTLE, WA 98104-2719	91-1071277	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL COMMUNITY HEALTH SERVICES FOUNDATION - PO BOX 3007 - SEATTLE, WA 98114	26-0493856	501(C)(3)	205,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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INTERNATIONAL EXAMINER 409 MAYNARD AVE S STE 203 SEATTLE, WA 98104-2959	91-1131892	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
IRAQI/ARAB HEALTH BOARD 3802 NE 155TH ST LAKE FOREST PARK, WA 98155-7738	85-3502807	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
JAPANESE AMERICAN CITIZENS LEAGUE SEATTLE CHAPTER - PO BOX 18558 - SEATTLE, WA 98118-0558	91-6036360	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
JEFFERSON COUNTY IMMIGRANT RIGHTS ADVOCATES - PO BOX 647 - PORT TOWNSEND, WA 98368-0647	82-3191942	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
JUSTLEAD WASHINGTON 101 YESLER WAY SUITE 300 SEATTLE, WA 98104	81-4817081	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
KANDELIA 3829B S EDMUNDS ST SEATTLE, WA 98118-1729	91-1122532	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
KHALSA GURMAT CENTER 2835 SOUTH 344TH STREET FEDERAL WAY, WA 98003	47-3479109	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
KIN ON HEALTH CARE CENTER 4416 SOUTH BRANDON STREET SEATTLE, WA 98118	91-1620786	501(C)(3)	200,000.	0.			GENERAL OPERATING SUPPORT
KITSAP IMMIGRANT ASSISTANCE CENTER PO BOX 1276 BREMERTON, WA 98337	75-3182528	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT

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KOINONIA COMMUNITY DEVELOPMENT COUNCIL - 4420 E PORTLAND AVE - TACOMA, WA 98404-4666	94-3188202	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
KOREAN COMMUNITY SERVICE CENTER 22727 HWY 99 SUITE 212 EDMONDS, WA 98026	27-1518314	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
LA CASA HOGAR 106 S 6TH STREET YAKIMA, WA 98901	94-3070007	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
LANGSTON 104 17TH AVE S SEATTLE, WA 98144-2107	81-2515412	501(C)(3)	235,000.	0.			GENERAL OPERATING SUPPORT
LAOTIAN AMERICAN NATIONAL ALLIANCE 586 W THAMES ST #504 NORWICH, CT 06360	35-2260474	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LATINO CIVIC ALLIANCE 14031 AMBAUM BLVD SW BURIEN, WA 98166	80-0635220	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
LATINO COMMUNITY FUND OF WASHINGTON STATE - PO BOX 30669 - SEATTLE, WA 98103	20-5987399	501(C)(3)	525,000.	0.			CORE SUPPORT FOR COMUNIDAD LATINA DE VASHON
LATINO EDUCATIONAL TRAINING INSTITUTE - 6605 202ND ST SW STE 300 - LYNNWOOD, WA 98036-5935	75-3252857	501(C)(3)	325,000.	0.			GENERAL OPERATING SUPPORT
LAVENDER RIGHTS PROJECT 1004 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4150	81-0969007	501(C)(3)	151,000.	0.			GENERAL OPERATING SUPPORT

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LEAGUE OF EDUCATION VOTERS 2734 WESTLAKE AVE N SEATTLE, WA 98109-1916	91-2141508	501(C)(4)	6,500.	0.			GENERAL OPERATING SUPPORT
LEGAL VOICE 907 PINE ST STE 500 SEATTLE, WA 98101-1818	91-1047900	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
LEGALLY BLACK 4416 69TH AVENUE CT W UNIVERSITY PLACE, WA 98466-4930	85-3044899	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LEWIS COUNTY AUTISM COALITION 1673 S MARKET BLVD PMB 240 CHEHALIS, WA 98532-3826	47-3931045	501(C)(3)	235,000.	0.			GENERAL OPERATING SUPPORT
LEWIS COUNTY LOLLIPOP GUILD LLC PO BOX 1411 TOLEDO, WA 98591	85-2066696		10,000.	0.			GENERAL OPERATING SUPPORT
LHAQ' TEMISH FOUNDATION 2665 KWINA ROAD BELLINGHAM, WA 98226	91-1836621	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
LINC NW P.O. BOX 70 NORTH LAKEWOOD, WA 98259	38-3873959	501(C)(3)	150,000.	0.			CORE SUPPORT FOR CHANGE THE NARRATIVE
LOPEZ ISLAND FAMILY RESOURCE CENTER - PO BOX 732 - LOPEZ ISLAND, WA 98261-0732	91-1919212	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
LOWER COLUMBIA COMMUNITY ACTION COUNCIL, INC. - 1526 COMMERCE AVE - LONGVIEW, WA 98632-4102	91-0814141	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT

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MARGUERITE CASEY ACTION FUND 1425 4TH AVE SEATTLE, WA 98101-2263	87-3520326	501(C)(4)	100,000.	0.			PROJECT SUPPORT FOR THE ANTI-RACIST CEOS GROUP
MARGUERITE CASEY FOUNDATION 1425 4TH AVENUE SEATTLE, WA 98101	91-2062197	501(C)(3)	500,000.	0.			PROJECT SUPPORT FOR THE FREEDOM SCHOLARS PROGRAM
MEDIA ISLAND INTERNATIONAL 816 ADAMS ST SE OLYMPIA, WA 98501-1465	91-1514384	501(C)(3)	130,000.	0.			CORE SUPPORT FOR THE WOMEN OF COLOR IN LEADERSHIP MOVEMENT
MEKONG, INC. 2471 UNIVERSITY AVE BRONX, NY 10468	80-0834777	501(C)(3)	25,000.	0.			CORE SUPPORT FOR SOUTHEAST ASIAN FREEDOM NETWORK
MIA MUJERES IN ACTION 1648 E CROWN AVE SPOKANE, WA 99207	83-2464309	501(C)(3)	570,000.	0.			GENERAL OPERATING SUPPORT
MIJENTE, INC. 734 W POLK ST PHOENIX, AZ 85007-2539	81-3459266	501(C)(4)	375,000.	0.			GENERAL OPERATING SUPPORT
MULTICULTURAL CHILD AND FAMILY HOPE CENTER - 2021 S 19TH ST - TACOMA, WA 98405-2920	35-2266626	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093	23-7120815	501(C)(3)	155,250.	0.			GENERAL OPERATING SUPPORT
NAACP ALASKA, OREGON, WASHINGTON STATE AREA CONFERENCE - PO BOX 12686 - SALEM, OR 97309-0686	91-1333554	501(C)(4)	100,000.	0.			GENERAL OPERATING SUPPORT

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NA'AH ILLAHEE FUND PO BOX 17844 SEATTLE, WA 98127-1844	05-0630992	501(C)(3)	225,000.	0.			CORE SUPPORT FOR THE YOUNG WARRIOR SOCIETY FIRST FOODS AND FAMILY
NAMI SOUTHWEST WASHINGTON 2500 MAIN STREET #120 VANCOUVER, WA 98660	91-1065027	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
NATIONAL ALLIANCE FOR FILIPINO CONCERNS - 4681 MISSION ST - SAN FRANCISCO, CA 94112-2605	45-4128737	501(C)(3)	225,000.	0.			CORE SUPPORT FOR FILIPINO COMMUNITY HEALTH BOARD
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY - 1900 L STREET NW SUITE 825 - WASHINGTON, DC 20036	52-1072749	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NATIONAL URBAN INDIAN FAMILY COALITION - 4000 AURORA AVE N STE 102 - SEATTLE, WA 98103-7853	46-2157403	501(C)(3)	500,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN REENTRY SERVICES 708 BROADWAY STE 300E TACOMA, WA 98402-3761	47-3483049	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN RIGHTS FUND 1506 BROADWAY BOULDER, CO 80302-6217	84-0611876	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
NATIVE AMERICAN YOUTH AND FAMILY CENTER - 5135 NE COLUMBIA BLVD - PORTLAND, OR 97218-1201	93-1141536	501(C)(3)	146,500.	0.			CORE SUPPORT FOR NCH'I WANA HOUSING
NATIVE PEOPLES ACTION PO BOX 210914 ANCHORAGE, AK 99521-0914	82-2327692	501(C)(4)	75,000.	0.			GENERAL OPERATING SUPPORT

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NEIGHBORHOOD HOUSE INC. 1225 S. WELLER STREET SUITE 510 SEATTLE, WA 98144	91-0568305	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
NEO PHILANTHROPY ACTION FUND 45 WEST 36TH STREET 6TH FLOOR NEW YORK, NY 10018	80-0444461	501(C)(4)	90,000.	0.			CORE SUPPORT FOR FUNDERS' COMMITTEE ACTION FUND
NGUOI VIET TAY BAC: DBA PHAM & PHAM INC. - 6951 MARTIN LUTHER KING JUNIOR WAY SOUTH SUITE 205 - SEATTLE, WA 98118	91-1694147		25,000.	0.			GENERAL OPERATING SUPPORT
NISQUALLY INDIAN TRIBE 4820 SHE NAH NUM DRIVE SE OLYMPIA, WA 98513	97-0872090	GOVERNMENT	201,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST ACCESS FUND 1437 S. JACKSON ST STE 302 SEATTLE, WA 98144	91-2094889	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST ALLIANCE FOR ALTERNATIVE MEDIA & EDUCATION - PO BOX 42671 - PORTLAND, OR 97242-0671	93-1009519	501(C)(3)	126,000.	0.			CORE SUPPORT FOR LA RESISTENCIA
NORTHWEST COOPERATIVE DEVELOPMENT CENTER - PO BOX 256 - OLYMPIA, WA 98501	91-1355457	501(C)(3)	495,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST CREDIBLE MESSENGER 4304 NE 7TH ST RENTON, WA 98059-4744	84-4251414	501(C)(3)	250,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST HEALTH FOUNDATION 221 NW 2ND AVE STE 300 PORTLAND, OR 97209-3961	91-1854545	501(C)(4)	900,000.	0.			GENERAL OPERATING SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST HEALTH LAW ADVOCATES 101 YESLER WAY STE 300 SEATTLE, WA 98104-2552	91-1961032	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST HOSPITALITY 117 E LOUISA ST # 525 SEATTLE, WA 98102-3203	81-4182278	501(C)(3)	225,000.	0.			CORE SUPPORT FOR SNG2SEA
NORTHWEST IMMIGRANT RIGHTS PROJECT 615 2ND AVE. STE 400 SEATTLE, WA 98104	91-1393082	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST JUSTICE PROJECT 401 2ND AVE S STE 401 SEATTLE, WA 98104	91-1687791	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
NORTHWEST YOUTH SERVICES 1020 N STATE ST BELLINGHAM, WA 98225-5012	91-0970561	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
ODYSSEY WORLD INTERNATIONAL EDUCATION SERVICES - PO BOX 1051 - VANCOUVER, WA 98666-1051	20-3905057	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
ONEAMERICA VOTES 1225 S WELLER ST STE 430 SEATTLE, WA 98144-1906	27-2671115	501(C)(4)	136,750.	0.			GENERAL OPERATING SUPPORT
ONYX FINE ARTS COLLECTIVE 600 PINE ST STE 345 SEATTLE, WA 98101-3700	91-1883856	501(C)(3)	9,500.	0.			GENERAL OPERATING SUPPORT
OPEN DOORS FOR MULTICULTURAL FAMILIES - 24437 RUSSELL ROAD STE. 110 - KENT, WA 98032	27-1206272	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITIES INDUSTRIALIZATION CENTER OF WASHINGTON - 815 FRUITVALE BLVD - YAKIMA, WA 98902-1467	91-0873024	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
OREGON ACTION 1390 SE 122ND AVE PORTLAND, OR 97233-1203	93-1231908	501(C)(4)	75,000.	0.			GENERAL OPERATING SUPPORT
OREGON DONOR ALLIANCE 221 NW 2ND AVE PORTLAND, OR 97209-3958	87-1353972	501(C)(4)	50,000.	0.			GENERAL OPERATING SUPPORT
ORGANIZATION OF CHINESE-AMERICANS INC - PO BOX 14141 - SEATTLE, WA 98114-0141	91-1668038	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
OUR SISTERS' HOUSE 2714 N 21ST ST # 3 TACOMA, WA 98406-7520	91-1650772	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
OUR VALLEY OUR FUTURE 14 N. WENATCHEE AVE. WENATCHEE, WA 98801	83-4277697	501(C)(3)	150,000.	0.			CORE SUPPORT FOR NCW EQUITY ALLIANCE
PACIFIC ISLANDER COMMUNITY ASSOCIATION OF WASHINGTON - 33710 9TH AVE S STE 1 - FEDERAL WAY, WA 98003-6734	84-2470123	501(C)(3)	799,750.	0.			CORE SUPPORT FOR FIRST CHUUKESSE WASHINGTON WOMEN ASSOCIATION
PACIFIC MOUNTAIN WORKFORCE DEVELOPMENT COUNCIL - 1570 IRVING ST SW - TUMWATER, WA 98512-6368	91-2165746	501(C)(3)	225,000.	0.			CORE SUPPORT FOR ASHHO CULTURAL COMMUNITY & JOB TRAINING CENTER
PARENTS ORGANIZING FOR WELFARE AND ECONOMIC RIGHTS - 309 5TH AVE SE - OLYMPIA, WA 98501-1116	39-2070376	501(C)(3)	25,000.	0.			CORE SUPPORT FOR ELEVATE MASON COUNTY

Schedule I (Form 990)

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PATEROS-BREWSTER COMMUNITY RESOURCE CENTER - PO BOX 491 - PATEROS, WA 98846-0491	47-3110412	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
PEACE & JUSTICE ACTION LEAGUE OF SPOKANE - 35 W MAIN AVE STE 120M - SPOKANE, WA 99201-0110	91-1234899	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
PEACE WORKS UNITED 9041 EDGEWATER DR SW LAKEWOOD, WA 98499-1923	83-1532853	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PEACEHEALTH SOUTHWEST MEDICAL CENTER FOUNDATION - PO BOX 1600 - VANCOUVER, WA 98668-1600	91-1231436	501(C)(3)	25,000.	0.			PROJECT SUPPORT FOR PATRICIA NIERENBERG ENDOWMENT
PEOPLE FIRST OF WASHINGTON PO BOX 1180 SPANAWAY, WA 98387	91-1156962	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
PFLAG BENTON/FRANKLIN PO BOX 84 RICHLAND, WA 99352-0084	91-2074923	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PHILANTHROPY NORTHWEST 2101 4TH AVE. #650 SEATTLE, WA 98121	91-1110995	501(C)(3)	41,000.	0.			GENERAL OPERATING SUPPORT
PIERCE COUNTY AIDS FOUNDATION 3009 S 40TH ST TACOMA, WA 98409-5632	91-1385245	501(C)(3)	92,003.	0.			CORE SUPPORT FOR OASIS YOUTH CENTER
PILIPINO WORKER CENTER OF SOUTHERN CALIFORNIA - 153 GLENDALE BLVD 2ND FLOOR - LOS ANGELES, CA 90026	77-0439301	501(C)(3)	25,000.	0.			CORE SUPPORT FOR PEOPLE'S COLLECTIVE FOR JUSTICE AND LIBERATION

Schedule I (Form 990)

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

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PIVOT 1728 OCEAN AVE BOX 305 SAN FRANCISCO, CA 94112	81-5463195	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
PIZZA KLATCH PO BOX 7384 OLYMPIA, WA 98507-7384	45-5534793	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PORT ANGELES FOOD BANK 632 N OAKRIDGE DR PORT ANGELES, WA 98362-9055	91-1192596	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
PRIDE FOUNDATION 2014 E MADISON ST STE 300 SEATTLE, WA 98122-2965	91-1325007	501(C)(3)	722,500.	0.			GENERAL OPERATING SUPPORT
PROGRESO: LATINO PROGRESS PO BOX 30669 SEATTLE, WA 98113-0669	45-5042646	501(C)(4)	720,000.	0.			GENERAL OPERATING SUPPORT
PROGRESS HOUSE ASSOCIATION PO BOX 5373 TACOMA, WA 98415-0373	23-7182139	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
PROJECT GIRL MENTORING PROGRAM 4114 198TH ST SW STE 4 LYNNWOOD, WA 98036-6742	46-2731337	501(C)(3)	6,500.	0.			CORE SUPPORT FOR BLACK COFFEE NORTHWEST
PUBLIC DEFENDER ASSOCIATION 110 PREFONTAINE PL S STE 502 SEATTLE, WA 98104-2626	91-0852323	501(C)(3)	100,000.	0.			CORE SUPPORT FOR CIVIL SURVIVAL PROJECT
QLAW FOUNDATION OF WASHINGTON 101 YESLER WAY #300 SEATTLE, WA 98104	65-1253851	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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QUILEUTE TRIBE PO BOX 279 LA PUSH, WA 98350	91-1906926	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
QUINULT INDIAN NATION 1214 AALIS DRIVE TAHOLAH, WA 98587	91-0760952	GOVERNMENT	250,000.	0.			GENERAL OPERATING SUPPORT
RAINBOW ADVOCACY INCLUSION & NETWORKING SERVICES - 128 LONE OAK RD APT 1 - LONGVIEW, WA 98632-9380	84-1875608	501(C)(3)	240,000.	0.			GENERAL OPERATING SUPPORT
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402-3005	91-1859897	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
REAL CHANGE HOMELESS EMPOWERMENT PROJECT - 219 1ST AVE S STE 215 - SEATTLE, WA 98104-3439	91-1817387	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
REFUGEE & IMMIGRANT SERVICES NORTHWEST - C/O EVCC RAINIER HALL M/S-41 200 TOWER ST - EVERETT, WA 98201	91-1167743	501(C)(3)	720,000.	0.			GENERAL OPERATING SUPPORT
REFUGEE CHOIR PROJECT 2918 S 18TH ST TACOMA, WA 98405-2426	82-2515143	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
REFUGEE WOMEN'S ALLIANCE 4008 MARTIN LUTHER KING JR. WAY S. SEATTLE, WA 98108	91-1296964	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
RICHARD ALLEN ENTERPRISES 631 S RICHARD ALLEN CT SPOKANE, WA 99202	91-1730560	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

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ROOM ONE 315 LINCOLN ST S TWISP, WA 98856	91-1906926	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
RURAL RESOURCES COMMUNITY ACTION 3328 HALL CREEK RD INCHELIUM, WA 99138-9554	91-0793447	501(C)(3)	150,000.	0.			PROJECT SUPPORT FOR THE SNXSTWILXTN PROGRAM
RVC SEATTLE 9013 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118-5012	47-4257834	501(C)(3)	910,500.	0.			GENERAL OPERATING SUPPORT
RYANS HOUSE FOR YOUTH 19777 STATE ROUTE 20 COUPEVILLE, WA 98239-9600	27-2113343	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
SAGE LEADERS 414 MAYNARD AVE S SEATTLE, WA 98104-2917	85-1190550	501(C)(4)	725,000.	0.			GENERAL OPERATING SUPPORT
SALISH SCHOOL OF SPOKANE PO BOX 10271 SPOKANE, WA 99209	27-1126478	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
SALTFIRE 6156 NE HIGHLAND BLVD SUQUAMISH, WA 98392	87-4282834	501(C)(3)	225,000.	0.			CORE SUPPORT FOR HEALING OF THE CANOE TRAINING CENTER
SAMISH INDIAN TRIBE PO BOX 217 ANACORTES, WA 98221	91-0931896	GOVERNMENT	50,000.	0.			GENERAL OPERATING SUPPORT
SAUK-SUIATTLE INDIAN TRIBE 44211 STATE ROUTE 530 DARRINGTON, WA 98241	91-0961478	GOVERNMENT	201,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SCHOOL OF MEDIA AND JOURNALISM FOUNDATION OF NORTH CAROLINA INC - CARROLL HALL CB 3365 - CHAPEL HILL, NC 27599-0001	56-6034739	501(C)(3)	50,000.	0.			PROJECT SUPPORT FOR THE IDA B WELLS SOCIETY FOR INVESTIGATIVE REPORTING
SEA MAR COMMUNITY HEALTH CENTERS 1040 S HENDERSON ST SEATTLE, WA 98108	91-1020139	501(C)(3)	500,000.	0.			GENERAL OPERATING SUPPORT
SEATTLE ASSOCIATION OF BLACK JOURNALISTS - PO BOX 28730 - SEATTLE, WA 98144	26-3324925	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SEATTLE INDIAN HEALTH BOARD 611 12TH AVE S SEATTLE, WA 98144-2007	91-0869056	501(C)(3)	870,000.	0.			GENERAL OPERATING SUPPORT
SEATTLE PARKS FOUNDATION SEATTLE PARKS FOUNDATION PO BOX 354 SEATTLE, WA 98124-3541	91-1998597	501(C)(4)	75,000.	0.			CORE SUPPORT FOR COMMUNITY CENTRIC FUNDRAISING
SENIOR SERVICES OF ISLAND COUNTY PO BOX 939 FREELAND, WA 98249	52-1049443	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SHALOM UNITED CHURCH OF CHRIST, RICHLAND - 505 MCMURRAY ST - RICHLAND, WA 99354-2237	91-1156153	501(C)(3)	51,000.	0.			CORE SUPPORT FOR TRI-CITIES IMMIGRANT COALITION
SHUNPIKE PO BOX 22439 SEATTLE, WA 98122	91-2138554	501(C)(3)	14,000.	0.			CORE SUPPORT FOR PUCKDUCTION
SIKH FREE PRESS 8537 RAPLEY PRESERVE CIR POTOMAC, MD 20854-5609	47-1364597	501(C)(3)	25,000.	0.			CORE SUPPORT FOR CHARDI KALA PROJECT

Schedule I (Form 990)

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SIXTEEN THIRTY FUND 1828 L ST NW STE 300-B WASHINGTON, DC 20036-5104	26-4486735	501(C)(4)	500,000.	0.			CORE SUPPORT FOR THE PARTNERSHIP ACTION FUND
SKOKOMISH INDIAN TRIBE N. 80 TRIBAL CENTER ROAD SKOKOMISH NATION, WA 98584	91-0874463	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
SNOHOMISH COUNTY BLACK HERITAGE COMMITTEE - 15204 48TH AVE SE - EVERETT, WA 98208-8824	27-1828264	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
SOCIAL JUSTICE FUND NORTHWEST 1904 3RD AVE. SUITE 806 SEATTLE, WA 98101	91-1036971	501(C)(3)	1,010,000.	0.			CORE SUPPORT FOR SOCIAL JUSTICE LEAGUE
SOLID GROUND WASHINGTON 1501 NORTH 45TH ST SEATTLE, WA 98103	23-7421892	501(C)(3)	100,000.	0.			CORE SUPPORT FOR STATEWIDE POVERTY ACTION NETWORK
SOMALI FAMILY SAFETY TASK FORCE 7054 32ND AVE S SEATTLE, WA 98118-3599	46-4692924	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
SOMALI HEALTH BOARD 545 ANDOVER PARK WEST SUITE 105 TUKWILA, WA 98188	45-5114580	501(C)(3)	100,000.	0.			CORE SUPPORT FOR COMMUNITY HEALTH BOARD COALITION
SOMALI YOUTH AND FAMILY CLUB 3250 AIRPORT WAY S STE 212 SEATTLE, WA 98134-2173	27-0377330	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
SOPHIE TRETTEVICK INDIAN HEALTH CENTER - PO BOX 115 - NEAH BAY, WA 98357	91-0492517	GOVERNMENT	200,000.	0.			CORE SUPPORT FOR SOPHIE TRETTEVICK INDIAN HEALTH CENTER

Schedule I (Form 990)

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SOUTH SEATTLE EMERALD PO BOX 28505 SEATTLE, WA 98118	47-3677408	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
SOUTH SOUND OUTREACH SERVICES 1106 MARTIN LUTHER KING JR WAY TACOMA, WA 98405-4152	91-1741624	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SOUTH SUDAN KUKU ASSOCIATION OF NORTH AMERICA - 23420 100TH AVE SE C-104 - KENT, WA 98031-4223	91-1997794	501(C)(3)	7,500.	0.			CORE SUPPORT FOR AFRICAN IMMIGRANT FAMILIES TOGETHER
SOUTHEAST ASIA RESOURCE ACTION CENTER - 1628 16TH ST NW - WASHINGTON, DC 20009-3064	52-1161473	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
SOUTHEAST WASHINGTON ALLIANCE FOR HEALTH - 270 E MAIN ST - DAYTON, WA 99328-1353	85-0923656	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
SOUTHERN OREGON BLACK LEADERS ACTIVISTS AND COMMUNITY COALITION - 2321 ASHLAND ST SUITE 2 - ASHLAND, OR 97520	85-3981564	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
SPECTRUM 1414 W 14TH AVE SPOKANE, WA 99204-4020	36-4950751	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
SPOKANE CHINESE ASSOCIATION P.O. BOX 30923 SPOKANE, WA 99223	54-2083345	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
SPOKANE COMMUNITY AGAINST RACISM 3311 EAST 14TH AVENUE SPOKANE, WA 99202	85-2524944		75,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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SPOKANE COUNTY HUMAN RIGHTS TASK FORCE - 4015 S SKYVIEW DR - SPOKANE, WA 99203-2834	81-1667705	501(C)(3)	75,000.	0.			CORE SUPPORT FOR MULTI-ETHNIC BUSINESS ASSOC
SPOKANE EASTSIDE REUNION ASSOCIATION - 3001 E 5TH AVE - SPOKANE, WA 99202-4183	45-2464484	501(C)(3)	175,000.	0.			GENERAL OPERATING SUPPORT
SPOKANE TRIBAL NETWORK PO BOX 390 6130 OLD SCHOOL RD WELLPINIT, WA 99040-0390	45-5319560	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
SQUARE PEG MULTIMEDIA 1312 NORTH MONROE STREET SPOKANE, WA 99201	47-5362655		25,000.	0.			GENERAL OPERATING SUPPORT
STONEWALL YOUTH PO BOX 7383 OLYMPIA, WA 98507-7383	94-3202727	501(C)(3)	720,000.	0.			GENERAL OPERATING SUPPORT
STUDENT HEALTH OPTIONS 534 S 3RD AVE # B-101 WALLA WALLA, WA 99362-3177	27-0401462	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
SUPPORT, ADVOCACY & RESOURCE CENTER - 1458 FOWLER ST - RICHLAND, WA 99352-4717	91-1178405	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
SWINOMISH INDIAN TRIBAL COMMUNITY 11404 MOORAGE WAY LA CONNER, WA 98257	91-0434170	GOVERNMENT	200,000.	0.			GENERAL OPERATING SUPPORT
TAALA FUND 4471 STATE RT 109 PACIFIC BEACH, WA 98571-5041	26-3980654	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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TACOMA AREA COALITION OF INDIVIDUALS WITH DISABILITIES - 6315 S 19TH ST - TACOMA, WA 98466-6217	91-1125538	501(C)(3)	70,250.	0.			GENERAL OPERATING SUPPORT
TACOMA URBAN LEAGUE 2550 SOUTH YAKIMA AVE. TACOMA, WA 98405-3849	91-0826302	501(C)(3)	85,500.	0.			CORE SUPPORT FOR THE TACOMA/PIERCE COUNTY BLACK COLLECTIVE
TASVEER 1826 247TH PL NE REDMOND, WA 98074-3315	20-0886886	501(C)(3)	35,514.	0.			GENERAL OPERATING SUPPORT
TEAMCHILD 1225 SOUTH WELLS SUTE 420 SEATTLE, WA 98144	91-1930194	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
TEENAGERS PLUS 30654 11TH AVE S FEDERAL WAY, WA 98003-4121	47-4256136	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
TENANTS UNION OF WASHINGTON STATE 5425 RAINIER AVE S STE B SEATTLE, WA 98118-2455	91-0967863	501(C)(3)	65,000.	0.			GENERAL OPERATING SUPPORT
TERRAIN PROGRAMS 304 W PACIFIC AVE STE 190 SPOKANE, WA 99201-4320	46-2565099	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
THE BRAVE WARRIOR PROJECT PO BOX 3221 WENATCHEE, WA 98807-3221	81-5217156	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
THE CENTER FOR EMPOWERED POLITICS 1042 GRANT AVE. SAN FRANCISCO, CA 94133	45-3084134	501(C)(4)	625,000.	0.			CORE SUPPORT FOR BLACK TO THE FUTURE ACTION FUND

Schedule I (Form 990)

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THE HAWK FOUNDATION FOR RESEARCH AND EDUCATION IN AFRICAN CULTURE - 816 ADAMS ST SE - OLYMPIA, WA 98501-1465	83-2157920	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
THE HISPANIC BUSINESS PROFESSIONAL ASSOCIATION FOUNDATION OF THE I.N. - PO BOX 3661 - SPOKANE, WA 99220-3661	74-3200153	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
THE MATERNAL COALITION 5907 MARTIN LUTHER KING JR WAY S SEATTLE, WA 98118-2625	83-2796268	501(C)(3)	225,000.	0.			CORE SUPPORT FOR BLACK PERINATAL PROJECT
THE MEMORIAL FOUNDATION 3111 TIETON DR YAKIMA, WA 98902-3628	91-1022358	501(C)(3)	110,259.	0.			CORE SUPPORT FOR CHILDREN'S VILLAGE
THE NATIVE PROJECT 1803 W. MAXWELL AVE. SPOKANE, WA 99201	91-1462366	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
THE NOBLE FOUNDATION 304 ACADEMY ST #394 KELSO, WA 98626	20-4683123	501(C)(3)	225,000.	0.			CORE SUPPORT FOR OUR PLACE/NUUESTRA CASA MULTICULTURAL CENTER
THE SUNNYSLOPE CHURCH 3330 SCHOOL ST WENATCHEE, WA 98801-9003	91-1097257	501(C)(3)	50,000.	0.			CORE SUPPORT FOR WENATCHEE FOR IMMIGRANT JUSTICE
THE UNITED WAY OF KITSAP 645 4TH STREET SUITE 101 BREMERTON, WA 98337	91-0623990	501(C)(3)	325,000.	0.			CORE SUPPORT FOR UP FROM SLAVERY INITIATIVE
THE WASHINGTON BUS 307 3RD AVE S SUITE 530 SEATTLE, WA 98104	26-0832933	501(C)(4)	5,516.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THREE RIVERS COMMUNITY FOUNDATION 1333 COLUMBIA PARK TRAIL #310 RICHLAND, WA 99352	91-2049302	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TIBETAN ASSOCIATION OF WASHINGTON PO BOX 77623 SEATTLE, WA 98177	91-1529507	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
TIDES ADVOCACY 1014 TORNEY AVE SAN FRANCISCO, CA 94129-1755	94-3153687	501(C)(4)	175,000.	0.			CORE SUPPORT FOR ASIAN PACIFIC ISLANDER AMERICANS FOR CIVIC EMPOWERMENT
TIDES CENTER 1014 TORNEY AVE SAN FRANCISCO, CA 94129-1755	94-3213100	501(C)(3)	75,000.	0.			CORE SUPPORT FOR PUBLIC RIGHTS PROJECT
TILOBEN PUBLISHING COMPANY, INC P. O. BOX 18205 SEATTLE, WA 98118	91-0852271		75,000.	0.			GENERAL OPERATING SUPPORT
TRI-CITIES DIVERSITY & INCLUSION COUNCIL - 723 THE PARKWAY - RICHLAND, WA 99352-4259	84-3450148	501(C)(3)	301,000.	0.			GENERAL OPERATING SUPPORT
TRI-CITIES HISPANIC CHAMBER OF COMMERCE - P.O. BOX 3938 - PASCO, WA 99301	91-1682405	501(C)(6)	7,500.	0.			PROJECT SUPPORT FOR THE UNA NOCHE DE EXITOS AWARDS CEREMONY
TRI-CITIES JUNETEENTH COMMUNITY COUNCIL - 1507 E ALVINA ST - PASCO, WA 99301-4202	81-3459271	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TRI-CITIES LULAC COUNCIL 47014 PO BOX 3381 PASCO, WA 99302-3381	47-5462679	501(C)(4)	265,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TTAWAXT BIRTH JUSTICE CENTER 71 MCKEE ROAD SELAH, WA 98942	84-2803522	501(C)(3)	125,000.	0.			GENERAL OPERATING SUPPORT
TUBMAN CENTER FOR HEALTH & FREEDOM PO BOX 18612 SEATTLE, WA 98118-0612	85-1543325	501(C)(3)	500,000.	0.			CORE SUPPORT FOR ALLIES IN HEALTHIER SYSTEMS FOR HEALTH AND ABUNDANCE IN YOUTH
TUMBLEWEIRD PO BOX 1183 RICHLAND, WA 99352	30-0889914		75,000.	0.			GENERAL OPERATING SUPPORT
UNITED EARLY LEARNING AND FAMILY CENTER, LLC - 1431 GRANDVIEW PAVEMENT ROAD - GRANDVIEW, WA 98930	84-3782913		50,000.	0.			GENERAL OPERATING SUPPORT
UNITED INDIANS OF ALL TRIBES FOUNDATION - PO BOX 99100 - SEATTLE, WA 98139	91-0889016	501(C)(3)	5,103.	0.			GENERAL OPERATING SUPPORT
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE - WASHINGTON (UTOPIA WA) - 841 CENTRAL AVE N STE C-106 - KENT, WA 98032-2016	61-1668192	501(C)(3)	857,500.	0.			CORE SUPPORT FOR PACIFIC ISLANDER HEALTH BOARD OF WA
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE STE 400 TACOMA, WA 98402-3322	91-0650669	501(C)(3)	100,000.	0.			PROJECT SUPPORT FOR THE GRIT PROGRAM
UNITED WE DREAM ACTION 1201 16TH ST NW STE 714 WASHINGTON, DC 20036-3201	46-5216666	501(C)(4)	500,000.	0.			GENERAL OPERATING SUPPORT
UNITY CENTER PO BOX 822292 VANCOUVER, WA 98682-0051	45-4869812	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF METROPOLITAN SEATTLE - 105 14TH AVE STE 200 - SEATTLE, WA 98122-7308	91-0575954	501(C)(3)	10,000.	0.			CORE SUPPORT FOR SEATTLE EQUITY SUMMIT COLLABORATIVE
UTSAV 3822 186TH PL SE BOTHHELL, WA 98012-8821	81-0875060	501(C)(3)	335,000.	0.			GENERAL OPERATING SUPPORT
VILLAGE OF HOPE P.O. BOX 46485 SEATTLE, WA 98146	20-2177153	501(C)(3)	225,000.	0.			CORE SUPPORT FOR FORMERLY INCARCERATED GROUP HEALING TOGETHER
VOICES OF PACIFIC ISLAND NATIONS P.O. BOX 878 KINGSTON, WA 98346	47-2497194	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
WA STATE NATIVE AMERICAN COALITION AGAINST DOMESTIC VIOLENCE AND SEXUAL ASSAULT - 542 N 5TH AVE STE C - SEQUIM, WA 98382-3079	20-0836659	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON CHILDCARE CENTERS ASSOCIATION FOUNDATION - 5122 N DIVISION ST. - SPOKANE, WA 99207	82-0840383	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON CIVIL & DISABILITY ADVOCATE - 4115 ROOSEVELT WAY NE SUITE B - SEATTLE, WA 98105	81-3318478	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON COMMUNITY ACTION NETWORK - 1806 YESLER WAY - SEATTLE, WA 98122	91-1206728	501(C)(4)	913,500.	0.			GENERAL OPERATING SUPPORT
WASHINGTON COMMUNITY ALLIANCE ACTION FUND - 1136 13TH AVE APT D - SEATTLE, WA 98122-4451	87-1399272	501(C)(4)	200,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON CONSERVATION VOTERS 1402 3RD AVE #1400 SEATTLE, WA 98101	91-1548791	501(C)(3)	152,500.	0.			GENERAL OPERATING SUPPORT
WASHINGTON ETHNIC STUDIES NOW 2420 S 116TH WAY WASHINGTON ETHNIC STUDIES NOW - BURIEN, WA 98168-1216	84-5040108	501(C)(4)	100,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON HOUSING ALLIANCE ACTION FUND - 100 W HARRISON ST - SEATTLE, WA 98119-4116	91-1571989	501(C)(4)	100,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON LOW INCOME HOUSING ALLIANCE - 100 W HARRISON ST NORTH TOWER N220 - SEATTLE, WA 98119-4116	91-1599354	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON MEDIA LLC PO BOX 1511 WENATCHEE, WA 98807-1511	82-4926206		25,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON MULTICULTURAL SERVICES LINK - 7131 MARTIN LUTHER KING JR WAY S - SEATTLE, WA 98118-3521	85-0786783	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON PROGRESS ALLIANCE 1511 3RD AVE STE 300 SEATTLE, WA 98101-1683	20-4258530	501(C)(4)	100,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON STATE BUDGET & POLICY CENTER - 1402 3RD AVE STE 1215 - SEATTLE, WA 98101-2118	72-1612982	501(C)(3)	102,500.	0.			GENERAL OPERATING SUPPORT
WASHINGTON STATE COALITION AGAINST DOMESTIC VIOLENCE - 1511 3RD AVE STE 433 - SEATTLE, WA 98101-1682	91-1507028	501(C)(3)	745,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON STATE FAMILY AND COMMUNITY ENGAGEMENT TRUST - 6628 212TH ST SW STE. 204 - LYNNWOOD, WA 98036	91-2068909	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON STATE LABOR COUNCIL AFL-CIO - 321 16TH AVE S - SEATTLE, WA 98144-2151	91-0668471	501(C)(5)	150,000.	0.			GENERAL OPERATING SUPPORT
WASHINGTON STATE WOMEN'S COMMISSION - 106 11TH AVE SW STE1100 - OLYMPIA, WA 98501	91-6001090	GOVERNMENT	10,000.	0.			GENERAL OPERATING SUPPORT
WAY TO WIN ACTION FUND 340 S LEMON AVE # 1940 WALNUT, CA 91789-2706	82-5528039	501(C)(4)	50,000.	0.			GENERAL OPERATING SUPPORT
WENATCHEE PRIDE PO BOX 3242 WENATCHEE, WA 98807-3242	82-5469869	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
WEST AFRICAN COMMUNITY COUNCIL 6322 44TH AVE. SOUTH SEATTLE, WA 98118	46-2838797	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT
WHATCOM FAMILY & COMMUNITY NETWORK 1231 N. GARDEN STREET SUITE 210 BELLINGHAM, WA 98225	91-1631944	501(C)(3)	125,000.	0.			CORE SUPPORT FOR WHATCOM COMMUNITY HEALTH WORKER NETWORK
WHATCOM HUMAN RIGHTS TASK FORCE PO BOX 653 BELLINGHAM, WA 98227	91-1694273	501(C)(3)	76,000.	0.			GENERAL OPERATING SUPPORT
WHATCOM PEACE AND JUSTICE CENTER PO BOX 2444 BELLINGHAM, WA 98227-2444	73-1718930	501(C)(3)	75,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE CENTER COMMUNITY DEVELOPMENT ASSOCIATION - 605 SW 108TH ST - SEATTLE, WA 98146	72-1526567	501(C)(3)	25,000.	0.			CORE SUPPORT FOR COFA ALLIANCE NATIONAL NETWORK OF WA
WHITESWAN ENVIRONMENTAL 2348 LUMMI VIEW DRIVE BELLINGHAM, WA 98226	82-4293428	501(C)(3)	225,000.	0.			GENERAL OPERATING SUPPORT
WING LUKE MEMORIAL FOUNDATION 719 S KING ST SEATTLE, WA 98104	91-6067431	501(C)(3)	110,000.	0.			GENERAL OPERATING SUPPORT
WINWIN 1014 TORNEY AVE SAN FRANCISCO, CA 94129-1755	94-3153687	501(C)(4)	25,000.	0.			GENERAL OPERATING SUPPORT
WORKING FAMILIES ORGANIZATION, INC. - 77 SANDS ST # 7 - BROOKLYN, NY 11201-1431	20-4994004	501(C)(4)	135,000.	0.			CORE SUPPORT FOR AFRICAN IMMIGRANT FAMILIES TOGETHER
WOW WOMEN OF WISDOM TRI-CITIES 745 THE PARKWAY RICHLAND, WA 99352-4234	85-1726598	501(C)(3)	150,000.	0.			GENERAL OPERATING SUPPORT
YAKIMA BUDDHIST CHURCH 212 W 2ND ST WAPATO, WA 98951-1306	91-1046073	501(C)(3)	26,000.	0.			GENERAL OPERATING SUPPORT
YAKIMA HEALTH DISTRICT 128 N 2ND STREET YAKIMA, WA 98901	36-4801241	GOVERNMENT	100,000.	0.			GENERAL OPERATING SUPPORT
YAKIMA HERALD REPUBLIC 114 N 4TH STREET YAKIMA, WA 98901	91-1539864		50,000.	0.			CORE SUPPORT FOR EL SOL DE YAKIMA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA VALLEY COMMUNITY FOUNDATION 111 UNIVERSITY PARKWAY SUITE 102 YAKIMA, WA 98901	20-0697012	501(C)(3)	230,000.	0.			CORE SUPPORT FOR ASIAN PACIFIC ISLANDER COALITION YAKIMA VALLEY CHAPTER
YAKIMA VALLEY FARM WORKERS CLINIC 601 N. KEYS ROAD YAKIMA, WA 98901	91-1019392	501(C)(3)	500,000.	0.			GENERAL OPERATING SUPPORT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE FOUNDATION PROVIDED UNRESTRICTED FUNDS TO ENTITIES THAT ARE WORKING TO
DISMANTLE SYSTEMIC BARRIERS AND FOSTER COMMUNITY POWER THROUGHOUT
WASHINGTON AND BEYOND DURING 2021. ALL ORGANIZATIONS THAT RECEIVED GRANTS
CARRY OUT THEIR WORK IN THE UNITED STATES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **GROUP HEALTH FOUNDATION**
 Employer identification number: **30-0889914**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2021

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MUTHU MUTHIAH CHIEF INVESTMENT OFFICER	(i)	401,635.	300,000.	19,500.	29,000.	9,254.	759,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NICHOLE MAHER PRESIDENT/CEO	(i)	581,661.	0.	19,500.	29,000.	27,148.	657,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PENG WANG MANAGING DIRECTOR OF INVESTMENTS	(i)	360,219.	150,000.	19,500.	29,000.	18,411.	577,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CORY SBARBARO EXECUTIVE VICE PRESIDENT	(i)	402,381.	0.	11,523.	29,000.	9,687.	452,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) STEVEN COLE-SCHWARTZ VICE PRESIDENT OF PROGRAMS	(i)	295,474.	0.	684.	28,710.	9,213.	334,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLOTTE ZHANG DIRECTOR OF INVESTMENTS	(i)	201,305.	50,000.	0.	25,160.	14,249.	290,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DAWN WILSON INVESTMENT OPERATIONS DIRECTOR	(i)	249,650.	0.	0.	25,160.	13,695.	288,505.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARMEN BERKLEY VICE PRESIDENT OF PROGRAMS	(i)	261,992.	0.	0.	14,356.	11,229.	287,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CARMEN LOH FINANCE/ADMINISTRATION DIRECTOR	(i)	178,417.	0.	0.	18,101.	14,314.	210,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 8:

THE FOUNDATION PAID \$300,000 IN INCENTIVE COMPENSATION TO THE CHIEF
INVESTMENT OFFICER, AND \$150,000 IN INCENTIVE COMPENSATION TO THE MANAGING
DIRECTOR OF INVESTMENTS. THE FIXED PAYMENTS WERE RECEIVED AS PART OF THEIR
INITIAL EMPLOYMENT CONTRACT.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

GROUP HEALTH FOUNDATION

Employer identification number

30-0889914

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

THE FOUNDATION AIMS TO TRANSFORM THE BALANCE OF POWER TO ENSURE EQUITY
AND RACIAL JUSTICE ACROSS WASHINGTON AND BEYOND.

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

THE FOUNDATION PROVIDED SYSTEM, POWER, AND ACTION GRANTS TO SUPPORT
ORGANIZATIONS THAT ARE WORKING TO ENSURE PUBLIC POLICY, PUBLIC
INSTITUTIONS, AND PUBLIC FUNDING ARE ACCOUNTABLE TO COMMUNITIES
THROUGHOUT WASHINGTON. THE WORK OF GRANT RECIPIENTS IS DIVERSE, BUT THE
ORGANIZATIONS SHARE A COMMON GOAL OF CREATING A RACIALLY JUST AND
EQUITABLE FUTURE.
THE FOUNDATION PROVIDED EQUITABLE RESPONSE AND RECOVERY FUNDS TO
SUPPORT COMMUNITY-BASED ORGANIZATIONS' RESPONSE TO THE COVID-19
PANDEMIC, ITS DISPROPORTIONATE EFFECTS ON PEOPLE OF COLOR, EFFORTS TO
ADVOCATE FOR A MORE JUST AND EQUITABLE RECOVERY. THE FOUNDATION HAS
USED THIS STREAM OF FUNDING TO SUPPORT LEADING CULTURALLY-SPECIFIC AND
CROSS-RACIAL WORK TO DISRUPT ANTI-BLACK RACISM, ANTI-ASIAN HATE AND
VIOLENCE, TO COUNTER DISINFORMATION, AND MORE.

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:

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization GROUP HEALTH FOUNDATION	Employer identification number 30-0889914
---	--

ALL CONFLICTS OF INTEREST ARE DOCUMENTED AND SUMMARIZED. UPON REVIEW OF THE
 CONFLICTS OF INTEREST, LEADERSHIP DETERMINES WHETHER BOARD OR STAFF WILL BE
 EXCLUDED FROM DECISION-MAKING TO PRECLUDE A CONFLICT OF INTEREST.

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

THE BOARD OF DIRECTORS HAS OVERSIGHT OF THE FOUNDATION'S COMPENSATION
 POLICY AND IS RESPONSIBLE FOR SETTING THE PRESIDENT/CEO'S SALARY AND THE
 CIO'S SALARY. THE EXECUTIVE LEADERSHIP TEAM IMPLEMENTS THE BOARD'S POLICIES
 AND OVERSEES THE ADMINISTRATION OF THE HUMAN RESOURCES PROGRAM FOR ALL
 OTHER STAFF POSITIONS.

THE FOUNDATION OBTAINS MARKET DATA THROUGH THIRD-PARTY SURVEYS AND OTHER
 INDEPENDENT SOURCES THAT PROVIDE RELEVANT NATIONAL AND REGIONAL AGGREGATED
 DATA.

TO ENSURE THE CONTINUED COMPETITIVENESS AND EQUITY OF THE FOUNDATION'S
 COMPENSATION AND BENEFITS PROGRAM, THE FOUNDATION CONDUCTS PERIODIC,
 COMPREHENSIVE REVIEWS OF THE PROGRAM.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
 AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE. THE CONFLICT OF INTEREST
 POLICY IS NOT POSTED ON THE WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UBI FROM PARTNERSHIPS 1,090,126.

**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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: **GROUP HEALTH FOUNDATION**
Employer identification number: **30-0889914**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
INATAI INVESTMENT MANAGEMENT CO. LLC - 30-0889914, 810 3RD AVENUE, SUITE 220, SEATTLE, WA 98104	INVESTMENT HOLDINGS	WASHINGTON	0.	0.	GROUP HEALTH FOUNDATION

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

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

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GHF COMMUNITY FUND	Q	85,336.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GROUP HEALTH FOUNDATION	Taxpayer identification number (TIN) 30-0889914
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 810 3RD AVENUE, 220	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SEATTLE, WA 98104	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

CARMEN LOH

• The books are in the care of ▶ 810 3RD AVENUE SUITE 220 - SEATTLE, WA 98104

Telephone No. ▶ 206-788-8900

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2021 or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.