Form 990

** Public Disclosure Copy **

Return of Organization Exempt From Income Tax

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

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

A For the 2018 calendar year, or tax year beginning and ending

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

C Name of organization

GROUP HEALTH COMMUNITY FOUNDATION

D Employer identification number

30-0889914

E Telephone number

206-788-8900

G Gross receipts

1,074,032,216.

H(a) Is this a group return

- for subordinates? Yes X No

H(b) Are all subordinates included? Yes No

I Tax-exempt status:

- 501(c)(3) X 501(c)(4) (insert no.) 4947(a)(1) or 527

J Website: HTTP://GROUPHEALTHFOUNDATION.ORG

K Form of organization: X Corporation Trust Association Other

L Year of formation: 2015 M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 38

Prior Year Current Year

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances.

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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 SBARRAO, EXECUTIVE VICE PRESIDENT

Date

Type or print name and title

Print/Type preparer's name

WENDY CAMPOS

Preparer's signature

WENDY CAMPOS

Date

09/30/19

Check if self-employed

X

PTIN

P00448102

Paid

Preparer

MOSS ADAMS LLP

Firm's EIN

91-0189318

Use Only

Firm's address

999 THIRD AVENUE, SUITE 2800

Phone no. 206-302-6500

SBATTLE, WA 98104

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.
Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: __________) (Expenses $__________ including grants of $ __________) (Revenue $__________)

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

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses $__________
Form 990 (2018)

GROUP HEALTH COMMUNITY FOUNDATION

30-0889914

Page 3

Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - Yes
   - No

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   - Yes
   - No

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
   - Yes
   - No

4. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II
   - Yes
   - No

5. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?
   - Yes
   - No

6. Did the organization report more than $5,000 of aggregate grants or other assistance to any domestic organization or foreign individuals? If "Yes," complete Schedule D, Part I
   - Yes
   - No

7. Did the organization report any amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
   - Yes
   - No

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   - Yes
   - No

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
   - Yes
   - No

10. 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 organizations? If "Yes," complete Schedule I, Parts I and II
   - Yes
   - No

11. Did the organization report more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
   - Yes
   - No

12. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or foreign individuals? If "Yes," complete Schedule F, Parts I and IV
   - Yes
   - No

13. 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? If "Yes," complete Schedule D, Part VIII
   - Yes
   - No

14. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
   - Yes
   - No

15. Did the organization report a total of more than $15,000 of expenses for program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV
   - Yes
   - No

16. Did the organization report an amount in Part X, line 3, more than $5,000 of grants or other assistance to or for foreign organizations? If "Yes," complete Schedule F, Parts II and IV
   - Yes
   - No

17. Did the organization report the amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IX
   - Yes
   - No

18. Did the organization report the amount in Part X, line 10? If "Yes," complete Schedule D, Part VII
   - Yes
   - No

19. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
   - Yes
   - No

20. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
   - Yes
   - No

   - Yes
   - No

22. Did the organization receive or hold a conservatio...
**Part IV** Checklist of Required Schedules (continued)

22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a

24b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

24d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a. **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV for instructions for applicable filing thresholds, conditions, and exceptions):

   a. A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

   b. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

   c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29. Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31. Did the organization liquidate, terminate, or dissolve and cease operations?

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I

33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?

35b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36. **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

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**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

1a. Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable

1b. Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable

1c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
### Part V Statements Regarding Other IRS Filings and Tax Compliance

#### 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>2a</td>
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</table>

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

#### 3a. Did the organization have unrelated business gross income of $1,000 or more during the year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<td>3a</td>
<td>X</td>
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</table>

**Note.** If "Yes," it has filed a Form 990-T for this year. If "No" to line 3b, provide an explanation in Schedule O.

#### 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<td>4a</td>
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**Note.** Enter the name of the foreign country:


#### 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

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<thead>
<tr>
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<th>Yes</th>
<th>No</th>
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<td></td>
<td>5a</td>
<td>X</td>
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</table>

**Note.** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

#### 6a. Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

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<thead>
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<th>Yes</th>
<th>No</th>
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<tr>
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<td>6a</td>
<td>X</td>
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**Note.** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

#### 7. Organizations that may receive deductible contributions under section 170(c).

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<th>Yes</th>
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</table>

**a.** Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?

**b.** If "Yes," did the organization notify the donor of the value of the goods or services provided?

**c.** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

**d.** If "Yes," indicate the number of Forms 8282 filed during the year.

**e.** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

**f.** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

**g.** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

**h.** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

#### 8. Sponsoring organizations maintaining donor advised funds.

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

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<th>Yes</th>
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<td>8</td>
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</table>

#### 9. Sponsoring organizations maintaining donor advised funds.

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<th>Yes</th>
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#### 10. Section 501(c)(7) organizations.

Enter:

**a.** Initiation fees and capital contributions included on Part VIII, line 12

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**b.** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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#### 11. Section 501(c)(12) organizations.

Enter:

**a.** Gross income from members or shareholders

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**b.** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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#### 12a. Section 4947(a)(1) non-exempt charitable trusts.

Is the organization filing Form 990 in lieu of Form 1041?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tr>
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<td>12a</td>
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**b.** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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#### 13. Section 501(c)(29) qualified nonprofit health insurance issuers.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
<td>13</td>
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</table>

**a.** Is the organization licensed to issue qualified health plans in more than one state?

**Note.** See the instructions for additional information the organization must report on Schedule O.

**b.** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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**c.** Enter the amount of reserves on hand

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#### 14a. Did the organization receive any payments for indoor tanning services during the tax year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<td>14a</td>
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</table>

**b.** If "Yes," has it filed a Form 720 to report these payments?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<td>14b</td>
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</table>

#### 15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tr>
<td></td>
<td>15</td>
<td>X</td>
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</table>

**Note.** If "Yes," see instructions and file Form 4720, Schedule N.

#### 16. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<tr>
<td></td>
<td>16</td>
<td>X</td>
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</table>

**Note.** If "Yes," complete Form 4720, Schedule O.
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Part VI | Governance, Management, and Disclosure  For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ................................................. 1a  16  Yes No

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

b Enter the number of voting members included in line 1a, above, who are independent ...................................................... 1b  15  Yes No

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ........................................................................................................... 2  X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ........................................ 3  X

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .................. 4  X

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ............................ 5  X

6 Did the organization have members or stockholders? .................................................................................................................. 6  X

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................................................................................................ 7a  X

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ........................................................................... 7b  X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ................................................................................................................................................................. 8a  X

b Each committee with authority to act on behalf of the governing body? .................................................................................. 8b  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 in Schedule O. 9  X

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

10a Did the organization have local chapters, branches, or affiliates? ............................................................................................ 10a  X

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? 10b  X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a  X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 .................................................................... 12a  X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .................................................................................................................. 12b  X

13a Did the organization have a written whistleblower policy? ........................................................................................................ 13a  X

14 Did the organization have a written document retention and destruction policy? ........................................................................ 14  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 .................................................................................. 15a  X

b Other officers or key employees of the organization 

If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions). 15b  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? ............................................................................ 16a  X

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? 16b  X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶  NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website  □ Another’s website □ Upon request □ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records ▶

CARMEN LOH  – 206-788-8900
810 3RD AVENUE SUITE 220, SEATTLE, WA  98104

832006 12-31-18
8  17410930 146892 643570  2018.04030 GROUP HEALTH COMMUNITY FO 643570_1

17410930 146892 643570  2018.04030 GROUP HEALTH COMMUNITY FO 643570_1

17410930 146892 643570  2018.04030 GROUP HEALTH COMMUNITY FO 643570_1

17410930 146892 643570  2018.04030 GROUP HEALTH COMMUNITY FO 643570_1
## 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

<table>
<thead>
<tr>
<th>(A)</th>
<th>(B)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KATHERINE BELL</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>2</td>
<td>JOSEPH BOATENG</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>3</td>
<td>DR. AMERICA BRACHO PEREZ</td>
<td><strong>DIRECTOR</strong></td>
<td>28,578.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>4</td>
<td>MARTHA CHOE</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>5</td>
<td>MELVIN BRIAN CLADOOSBY</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>PORSCHE EVERSON</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7</td>
<td>DR. DAVID FLEMING</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>8</td>
<td>LEO GREENWALT</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>9</td>
<td>LATISHA HILL</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>SETH KIRBY</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>11</td>
<td>JUAN CARLOS OLIVARES</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>12</td>
<td>LUZ VEGA-MARQUIS</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>13</td>
<td>SUSAN BYINGTON</td>
<td><strong>DIRECTOR</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>14</td>
<td>DR. BENJAMIN DANIELSON</td>
<td><strong>CHIEF EXECUTIVE OFFICER</strong></td>
<td>37,050.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>15</td>
<td>JANETTE OLMSTEAD</td>
<td><strong>SECRETARY</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>16</td>
<td>PETER VAN OPPEN</td>
<td><strong>TREASURER</strong></td>
<td>28,500.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>17</td>
<td>NICHOLE MAHER</td>
<td><strong>SECRETARY</strong></td>
<td>114,178.</td>
<td>0.</td>
<td>4,054.</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Cory Sbarbado</td>
<td>38.00</td>
<td>President/CEO (Thru 9/18), SVP</td>
<td>462,093.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(19) Carmen Loh</td>
<td>29.00</td>
<td>Finance/Administration Director</td>
<td>139,680.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(20) Christopher Hanak</td>
<td>38.00</td>
<td>Acting CIO</td>
<td>396,941.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(21) Theresa Tamura</td>
<td>23.00</td>
<td>Senior Advisor (Thru 7/18)</td>
<td>112,864.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.**

**For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.**

**Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.**

#### Section B. Independent Contractors

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Street Global Advisors</td>
<td>Investment Management</td>
<td>516,760.00</td>
</tr>
<tr>
<td>1 Iron Street, Boston, MA 02210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moss Adams LLP, 999 3rd Avenue, Suite 2800, Seattle, WA 98104</td>
<td>Accounting Services</td>
<td>354,963.00</td>
</tr>
<tr>
<td>Colonial Consulting LLC 750 3rd Ave, New York, NY 10017</td>
<td>Investment Management</td>
<td>350,000.00</td>
</tr>
<tr>
<td>Philanthropy NW 2101 4th Ave, Suite 650, Seattle, WA 98121</td>
<td>Strategic Support</td>
<td>218,789.00</td>
</tr>
<tr>
<td>Korn Ferry International, 1900 Avenue of the Stars, Ste 2600, Los Angeles, CA 90067</td>
<td>HR Recruitment</td>
<td>200,000.00</td>
</tr>
</tbody>
</table>

**Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.**

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

---

**PUBLIC DISCLOSURE COPY**
## Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>2g Total. Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Total revenue</td>
<td>(B)</td>
<td>(C)</td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>95,487,134.</td>
<td>95,487,134.</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td>(i) Real</td>
<td>(ii) Personal</td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>908,219,903.</td>
<td>907,493,790.</td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>726,113.</td>
<td>726,113.</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>726,113.</td>
<td>726,113.</td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ ___________________ of contributions reported on line 1c). See Part IV, line 18 a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a KFHP TRANSACTION PROCE</td>
<td>900099</td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
</tr>
<tr>
<td>11e Total. Add lines 11a-11d</td>
<td>70,325,179.</td>
</tr>
<tr>
<td>12 Total revenue. See instructions</td>
<td>166,538,426</td>
</tr>
</tbody>
</table>

Noncash contributions included in lines 1a-1f: $832009 12-31-18
## 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).

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>651,332.</td>
<td>651,332.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>1,219,873.</td>
<td>166,361.</td>
<td>1,053,512.</td>
<td></td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>662,938.</td>
<td>65,787.</td>
<td>597,151.</td>
<td></td>
</tr>
<tr>
<td>8 Pension plan accrals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>46,389.</td>
<td>6,036.</td>
<td>40,353.</td>
<td></td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>80,547.</td>
<td>3,395.</td>
<td>77,152.</td>
<td></td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>72,312.</td>
<td>15,740.</td>
<td>56,572.</td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>200,971.</td>
<td></td>
<td>200,971.</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>243,699.</td>
<td></td>
<td>243,699.</td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>1,026,917.</td>
<td></td>
<td>1,026,917.</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)</td>
<td>689,492.</td>
<td>125,754.</td>
<td>563,738.</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>6,775.</td>
<td>3,655.</td>
<td>3,120.</td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>27,780.</td>
<td></td>
<td>27,780.</td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>77,445.</td>
<td></td>
<td>77,445.</td>
<td></td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>123,623.</td>
<td></td>
<td>123,623.</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>59,454.</td>
<td>10,681.</td>
<td>48,773.</td>
<td></td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>104,682.</td>
<td>46,467.</td>
<td>58,215.</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>36,080.</td>
<td></td>
<td>36,080.</td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>46,393.</td>
<td></td>
<td>46,393.</td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a DUES AND SUBSCRIPTIONS</td>
<td>16,731.</td>
<td></td>
<td>16,731.</td>
<td></td>
</tr>
<tr>
<td>b TAXES &amp; LICENSES</td>
<td>16,356.</td>
<td></td>
<td>16,356.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>3,284.</td>
<td>5.</td>
<td>3,279.</td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>5,413,073.</td>
<td>1,095,213.</td>
<td>4,317,860.</td>
<td>0.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Form 990 (2018)  
GROUP HEALTH COMMUNITY FOUNDATION  
30-0889914  
Page 11

Part X  Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>678,166.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>287,361.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>0.</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>55,930.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>133,992.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>72,682.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>809,597,316.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>942,889,047.</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14,537.</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,753,614,434.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>560,741.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>5,895.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>566,636.</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.</td>
<td>1,753,047,798.</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.</td>
<td>1,753,047,798.</td>
</tr>
<tr>
<td>32</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>1,753,614,434.</td>
</tr>
<tr>
<td>35</td>
<td>Total net assets or fund balances</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Total liabilities and net assets/fund balances</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2018)
### Part XI | Reconciliation of Net Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII | Financial Statements and Reporting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>✔ Separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>✔ Separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
</tr>
<tr>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
</tr>
</tbody>
</table>

---

Form 990 (2018) GROUP HEALTH COMMUNITY FOUNDATION 30-0889914 Page 12

---

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**PUBLIC DISCLOSURE COPY**

**SCHEDULE D**

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

### Name of the organization

GROUP HEALTH COMMUNITY FOUNDATION

### Employer identification number

30-0889914

#### Part I

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

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

- Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes  No

#### Part II

**Conservation Easements.**

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

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

- 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.

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

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

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

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

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

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

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

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

#### Part III

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

- Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   - (i) Revenue included on Form 990, Part VIII, line 1
   - (ii) Assets included in Form 990, Part X

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

   - (a) Revenue included on Form 990, Part VIII, line 1
   - (b) Assets included in Form 990, Part X
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

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?  

** 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

If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  

- Yes
- No

2b 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.

1a Beginning of year balance  

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
</table>

b Contributions  

c Net investment earnings, gains, and losses  

d Grants or scholarships  

e Other expenditures for facilities and programs  

f Administrative expenses  

g End of year balance  

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
- b Permanent endowment
- c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  

** 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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>92,966.</td>
<td>59,357.</td>
<td>33,609.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td>41,026.</td>
<td>13,325.</td>
<td>27,701.</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*

| Total                      | 61,310. |
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### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) COMMINGLED TRUST FUNDS</td>
<td>1,590,430,176.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, (B) line 12.)</strong></td>
<td>1,590,430,176.</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Col. (b) must equal Form 990, Part X, (B) line 13.)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total. (Column (b) must equal Form 990, Part X, (B) line 15.)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. (a) Description of liability | (b) Book value

   (1) Federal income taxes

   (2) 

   (3) 

   (4) 

   (5) 

   (6) 

   (7) 

   (8) 

   (9) 

| **Total. (Column (b) must equal Form 990, Part X, (B) line 25.)** |                |

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

Schedule D (Form 990) 2018
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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

** 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.

Name of the organization
GROUP HEALTH COMMUNITY FOUNDATION

Employer identification number
30-0889914

Part I
General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  
   - Yes  
   - No

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

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

<table>
<thead>
<tr>
<th>Name and address of organization or government</th>
<th>EIN</th>
<th>IRC section (if applicable)</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of noncash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE - 808 N. 5TH AVE. - SEQUIM, WA 98382</td>
<td>47-0922046</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
<tr>
<td>ARCORA FOUNDATION</td>
<td>91-0621480</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
<tr>
<td>ASIAN COUNSELING AND REFERRAL SERVICE - 3639 MARTIN LUTHER KING JR. WAY S. - SEATTLE, WA 98108</td>
<td>91-0916176</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
<tr>
<td>BLUE MOUNTAIN ACTION COUNCIL</td>
<td>91-0793597</td>
<td>501(C)(3)</td>
<td>15,000.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
<tr>
<td>BOYER CHILDRENS CLINIC</td>
<td>91-1316838</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
<tr>
<td>BYRD BARR PLACE</td>
<td>91-0786727</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td>COMMUNITY LEARNING</td>
<td></td>
</tr>
</tbody>
</table>

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

832101 11-02-18

Schedule I (Form 990) (2018)
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATHOLIC COMMUNITY SERVICES OF WESTERN WASHINGTON - 604 S. 1ST ST. - MOUNT VERNON, WA 98273</td>
<td>91-1585652</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
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<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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</tr>
<tr>
<td>SOCIAL VENTURE PARTNERS 220 SECOND AVE SOUTH, 3RD FLOOR SEATTLE, WA 98104</td>
<td>91-1894424</td>
<td>501(C)(3)</td>
<td>15,000.</td>
<td>0.</td>
<td></td>
<td>WA NONPROFIT SECTOR CAPACITY BUILDING</td>
<td></td>
</tr>
<tr>
<td>SOLID GROUND 1501 N. 45TH ST. SEATTLE, WA 98103</td>
<td>23-7421892</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>SOMALI HEALTH BOARD 7050 32ND AVE. S., SUITE 103 SEATTLE, WA 98118</td>
<td>46-5114580</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
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<td></td>
<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>SOUTHEAST EFFECTIVE DEVELOPMENT 4703 47TH AVE. S. SEATTLE, WA 98118</td>
<td>91-0947619</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>SOUTHWEST WASHINGTON REGIONAL HEALTH ALLIANCE - 2404 E. MILL PLAIN BLVD. - PORTLAND, OR 97211</td>
<td>46-2164971</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>SPOKANE ALLIANCE 1526 E. 11TH AVE. SPOKANE, WA 99202</td>
<td>91-1937810</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
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<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>SPOKANE NEIGHBORHOOD ACTION PARTNERS (SNAP) - 3102 W. FT. GEORGE WRIGHT DR. - SPOKANE, WA 99224</td>
<td>91-1311127</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
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<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>STUDENT HEALTH OPTIONS (DBA THE HEALTH CENTER) - P.O. BOX 1075, 534 S. 3RD AVE. - WALLA WALLA, WA 99362</td>
<td>27-0401462</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
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<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>TACOMA-PIERCE COUNTY HEALTH DEPARTMENT - 3629 S. D STREET, MS 1001 - TACOMA, WA 98418</td>
<td>91-1488160</td>
<td>GOVERNMENT</td>
<td>7,500.</td>
<td>0.</td>
<td></td>
<td></td>
<td>COMMUNITY LEARNING</td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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</tr>
<tr>
<td>TENANTS UNION OF WASHINGTON STATE</td>
<td>91-0967863</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
<td></td>
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<tr>
<td>5425 RAINER AVE. S., SUITE B</td>
<td></td>
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<tr>
<td>SEATTLE, WA 98118</td>
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</tr>
<tr>
<td>THE ARC OF KING COUNTY</td>
<td>91-0594684</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
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<tr>
<td>233 6TH AVE. N.</td>
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<td>SEATTLE, WA 98109</td>
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</tr>
<tr>
<td>THE COMMUNITY FOUNDATION OF SNOHOMISH COUNTY - 2823</td>
<td>94-3188703</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
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<tr>
<td>ROCKEFELLER AVE. - EVERETT, WA 98201</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>THE MEMORIAL FOUNDATION</td>
<td>91-1022358</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
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<tr>
<td>2701 TIDTON DR.</td>
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<tr>
<td>YAKIMA, WA 98902</td>
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</tr>
<tr>
<td>THE TRUST FOR PUBLIC LAND</td>
<td>23-7222333</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
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<td>901 5TH AVE., SUITE 1520</td>
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<td>SEATTLE, WA 98164</td>
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<tr>
<td>THRIVE WASHINGTON</td>
<td>20-4829769</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
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<tr>
<td>2815 2ND AVE., SUITE 210</td>
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<td></td>
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<td>SEATTLE, WA 98121</td>
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<tr>
<td>THURSTON ECONOMIC DEVELOPMENT COUNCIL CENTER FOR BUSINESS AND INNOVATION - 4220 6TH AVE. S.E. - LACEY, WA 98503</td>
<td>91-1561600</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED GENERAL DISTRICT 304</td>
<td>81-0622393</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>GOVERNMENT</td>
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<td>2241 HOSPITAL DR.</td>
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<td>SEDRO-WOOLLEY, WA 98284</td>
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<tr>
<td>UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE (UTOPIA) - P.O. BOX 68206 - SEATTLE, WA 98168</td>
<td>61-1668192</td>
<td>501(C)(3)</td>
<td>7,500.</td>
<td>0.</td>
<td>COMMUNITY LEARNING</td>
<td></td>
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</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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</table>
| **UNITY CARE NW**  
1616 CORNWALL AVE., SUITE 205  
BELLINGHAM, WA 98225 | 91-2168190 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
| **UNIVERSITY OF WASHINGTON, INFORMATION SCHOOL**  
4333 BROOKLYN AVE. N.E., BOX 359472 - SEATTLE, WA 98195 | 91-6001537 | GOVERNMENT | 7,500. | 0. | COMMUNITY LEARNING |
| **VOLUNTEERS OF AMERICA OF EASTERN WASHINGTON AND NORTHERN IDAHO**  
525 W. 2ND AVE. - SPOKANE, WA 99201 | 91-0577131 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
| **WASHINGTON STATE UNIVERSITY FOUNDATION**  
C/O OFFICE OF FOUNDATION RELATIONS, TOWN CENTRE, 255 E. MAIN ST. - PULLMAN, WA | 91-1075542 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
| **WHATCOM ALLIANCE FOR HEALTHCARE ACCESS (DBA WHATCOM ALLIANCE FOR HEALTH ADVANCEM**  
ST. LOWER LEVEL, SUITE 2 - 81-0677295 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
| **WHATCOM FAMILY & COMMUNITY NETWORK (WFCN)**  
1231 N. GARDEN ST., SUITE 210 - BELLINGHAM, WA 98225 | 91-1631944 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
| **WIN WIN ACTION**  
1402 3RD AVE., SUITE 201  
SEATTLE, WA 98101 | 26-3921408 | 501(C)(4) | 7,500. | 0. | COMMUNITY LEARNING |
| **YAKIMA NEIGHBORHOOD HEALTH SERVICES**  
503 S. 43RD ST. - YAKIMA, WA 98901 | 91-0928817 | 501(C)(3) | 15,000. | 0. | COMMUNITY LEARNING |
| **YAKIMA VALLEY COMMUNITY FOUNDATION**  
111 UNIVERSITY PARKWAY, SUITE 102  
YAKIMA, WA 98902 | 20-0697012 | 501(C)(3) | 7,500. | 0. | COMMUNITY LEARNING |
<table>
<thead>
<tr>
<th><strong>Part II</strong></th>
<th>Continuation of Grants and Other Assistance to Governments and Organizations in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(a)</strong> Name and address of organization or government</td>
<td><strong>(b)</strong> EIN</td>
</tr>
<tr>
<td>YAKIMA VALLEY FARM WORKERS CLINIC</td>
<td>91-1019392</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

PART I, LINE 2:

THE FOUNDATION PROVIDED UNRESTRICTED FUNDS TO ENTITIES CARRYING OUT HEALTH EQUITY WORK IN WASHINGTON DURING 2018. ALL ORGANIZATIONS THAT RECEIVED GRANTS CARRY OUT THEIR WORK IN THE UNITED STATES.
Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

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.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] 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?
- [ ] Yes
- [ ] No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- [ ] Yes
- [ ] No

c Participate in, or receive payment from, an equity-based compensation arrangement?
- [ ] Yes
- [ ] No

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?
- [ ] Yes
- [ ] No

b Any related organization?
- [ ] Yes
- [ ] No

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?
- [ ] Yes
- [ ] No

b Any related organization?
- [ ] Yes
- [ ] No

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
** PUBLIC DISCLOSURE COPY **

### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Cory Sbarbaro, President/CEO (THRU 9/18), SVP</td>
<td>(i) 440,643. 0. 21,450. 27,500. 7,574. 497,167. 0.</td>
<td>(C) Retirement and other deferred compensation</td>
<td>(D) Nontaxable benefits</td>
<td>(E) Total of columns (B)(i)-(D)</td>
<td>(F) Compensation in column (B) reported as deferred on prior Form 990</td>
</tr>
<tr>
<td>(2) Carmen Loh, Finance/Administration Director</td>
<td>(i) 139,680. 0. 0. 9,548. 0. 10,171. 159,399. 0.</td>
<td>(C) Retirement and other deferred compensation</td>
<td>(D) Nontaxable benefits</td>
<td>(E) Total of columns (B)(i)-(D)</td>
<td>(F) Compensation in column (B) reported as deferred on prior Form 990</td>
</tr>
<tr>
<td>(3) Christopher Hanak, Acting CIO</td>
<td>(i) 381,394. 0. 15,547. 27,500. 0. 12,158. 436,599. 0.</td>
<td>(C) Retirement and other deferred compensation</td>
<td>(D) Nontaxable benefits</td>
<td>(E) Total of columns (B)(i)-(D)</td>
<td>(F) Compensation in column (B) reported as deferred on prior Form 990</td>
</tr>
</tbody>
</table>

Schedule J (Form 990) 2018
<table>
<thead>
<tr>
<th>Part III</th>
<th>Supplemental Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td></td>
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<tr>
<td><strong>PART I, LINE 4A:</strong></td>
<td></td>
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<tr>
<td><strong>THERESA TAMURA, $15,000.</strong></td>
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<tr>
<td><strong>PART I, LINE 8:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>THE FOUNDATION PAID $32,500 IN INCENTIVE COMPENSATION TO THE PRESIDENT/CEO.</strong></td>
<td></td>
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</table>
### Part I: Excess Benefit Transactions

<table>
<thead>
<tr>
<th>(a) Name of disqualified person</th>
<th>(b) Relationship between disqualified person and organization</th>
<th>(c) Description of transaction</th>
<th>(d) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

1. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

2. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

### Part II: Loans to and/or From Interested Persons

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship with organization</th>
<th>(c) Purpose of loan</th>
<th>(d) Loan to or from the organization?</th>
<th>(e) Original principal amount</th>
<th>(f) Balance due</th>
<th>(g) In default?</th>
<th>(h) Approved by board or committee?</th>
<th>(i) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NICHOLE MAHER</td>
<td>PRESIDEN</td>
<td>INCENTIV</td>
<td>X To From</td>
<td>91,554.</td>
<td>68,690.</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>

Total: $68,690.

### Part III: Grants or Assistance Benefiting Interested Persons

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of assistance</th>
<th>(d) Type of assistance</th>
<th>(e) Purpose of assistance</th>
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</thead>
<tbody>
<tr>
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</table>

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

Schedule L (Form 990 or 990-EZ) 2018

SEE PART V FOR CONTINUATIONS
** Part IV **  
Business Transactions Involving Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Sharing of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Yes</td>
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** Part V **  
Supplemental Information.  
Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: NICOLE MAHER

(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT/CEO

(C) PURPOSE OF LOAN: INCENTIVE COMPENSATION WITH REPAYMENT STIPULATION
Form 990, Part I, Line 1, Description of Organization Mission:

The Foundation aims to shape and accelerate efforts to improve health equity and advance community aspirations for a vibrant, healthy future in Washington.

Form 990, Part VI, Section B, Line 11B:

The Form 990 is reviewed by management and the Audit and Risk Management Committee prior to sending a full copy of the 990 to the full board for review and comment.

Form 990, Part VI, Section B, Line 12C:

All conflicts of interest are documented and summarized. Upon review of the conflicts of interest, leadership determines whether board or staff will be excluded from decision making to preclude a conflict of interest.

Form 990, Part VI, Section B, Line 15:

The board of directors has oversight of the foundation's compensation policy and is responsible for setting the president/CEO's salary and the CIO's salary. The president/CEO implements the board's policies and oversees the administration of the human resources program for all other staff positions.

The foundation obtains market data through third-party surveys and other independent sources that provide relevant national and regional aggregated data.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
TO ENSURE THE CONTINUED COMPETITIVENESS AND EQUITY OF THE FOUNDATION’S
COMPENSATION AND BENEFITS PROGRAM, THE FOUNDATION CONDUCTS PERIODIC,

COMPREHENSIVE REVIEWS OF THE PROGRAM:
- THROUGH THE FOUNDATION’S STARTUP PHASE, REVIEWS OF THIS POLICY ARE
  CONDUCTED ON AN ANNUAL BASIS OR MORE OFTEN IF NECESSARY.
- SUBSEQUENT REVIEWS ARE CONDUCTED EVERY THREE YEARS.

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

STRATEGY PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 125,314.
MANAGEMENT AND GENERAL EXPENSES 232,408.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 357,722.

HUMAN RESOURCES PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 231,913.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 231,913.

COMMUNICATION AND ADMINISTRATIVE PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 440.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>MANAGEMENT AND GENERAL EXPENSES</td>
<td>99,417</td>
</tr>
<tr>
<td>FUNDRAISING EXPENSES</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL EXPENSES</td>
<td>99,857</td>
</tr>
<tr>
<td>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</td>
<td>689,492</td>
</tr>
</tbody>
</table>
** PUBLIC DISCLOSURE COPY **

**SCHEDULE R**

(Form 990)

**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.

Employer identification number

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
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</thead>
<tbody>
<tr>
<td>GROUP HEALTH COMMUNITY FOUNDATION</td>
<td>30-0889914</td>
</tr>
</tbody>
</table>

**Part I**

**Identification of Disregarded Entities.** Complete if the organization answered “Yes” on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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**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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
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<tr>
<td>GROUP HEALTH FOUNDATION – 91-1246278</td>
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<td>Yes</td>
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<tr>
<td>810 3RD AVENUE, SUITE 220</td>
<td>IMPROVE THE HEALTH OF</td>
<td>WASHINGTON COMMUNITIES</td>
<td>WASHINGTON</td>
<td>501(C)(3)</td>
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<td>Yes</td>
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<td>SEATTLE, WA 98104</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018
### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-U1B amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Percentage ownership</th>
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Schedule R (Form 990) 2018  
GROUP HEALTH COMMUNITY FOUNDATION  
30-0889914  
Page 2  
832162  10-02-18  
Schedule R (Form 990) 2018  
Page 40
**Schedule R (Form 990) 2018**

**GROUP HEALTH COMMUNITY FOUNDATION**

**30-0889914**

**Page 3**

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

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.

<table>
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<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of related organization</td>
<td>Transaction type (a-s)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>(1) GROUP HEALTH FOUNDATION</td>
<td>Q</td>
<td>182,083</td>
<td>FAIR MARKET VALUE</td>
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**Schedule R (Form 990) 2018**
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.