Form **990**

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
SEATTLE FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1601 FIFTH AVENUE NO 1900

City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 98101

D Employer identification number
91-6013536

E Telephone number
(206) 622-2294

G Gross receipts $ 1,211,173,968

F Name and address of principal officer:
DAVID BLEY
1601 FIFTH AVENUE NO 1900
SEATTLE,WA 98101

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.SEATTLEFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1946

M State of legal domicile: WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
IGNITE POWERFUL & REWARDING PHILANTHROPY TO MAKE SEATTLE A STRONGER VIBRANT COMMUNITY FOR ALL.

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)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	58
6	Total number of volunteers (estimate if necessary)	**6**	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	11,463
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	165,343,444	256,220,290
	9	Program service revenue (Part VIII, line 2g)	1,612,107	1,475,465
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,871,582	45,819,959
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,054	182,424
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	223,919,187	303,698,138
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	113,129,729	177,748,312
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,294,480	10,069,186
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	120,000
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,363,016		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	20,628,588	21,185,011
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	143,052,797	209,122,509
	19	Revenue less expenses. Subtract line 18 from line 12	80,866,390	94,575,629
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	1,124,646,564	1,281,544,781
	21	Total liabilities (Part X, line 26)	137,597,232	136,861,948
	22	Net assets or fund balances. Subtract line 21 from line 20	987,049,332	1,144,682,833

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2021-11-15

▶ JOSEPHINE WONG CHIEF FINANCIAL OPS OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-10-05		P00235495

Firm's name ▶ CLARK NUBER PS — Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1400
BELLEVUE, WA 98004 — Phone no. (425) 454-4919

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEATTLE FOUNDATION'S MISSION IS TO IGNITE POWERFUL AND REWARDING PHILANTHROPY TO MAKE GREATER SEATTLE A STRONGER, MORE VIBRANT COMMUNITY FOR ALL.

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

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 $ 144,173,611 including grants of $ 132,111,240) (Revenue $ 1,090,114)

DONOR-DIRECTED GRANTMAKING: SEATTLE FOUNDATION'S MISSION IS TO IGNITE POWERFUL, REWARDING PHILANTHROPY. WITH MORE THAN 600 INDIVIDUAL, FAMILY, AND CORPORATE FUNDS, THIS AREA OF INVESTMENT REFLECTS THE GRANTMAKING DIRECTED BY OUR DONORS TO SUPPORT A BROAD RANGE OF COMMUNITY INTERESTS AND SCHOLARSHIPS PRIMARILY IN OUR REGION AND WASHINGTON STATE, AND ALSO EXTENDING NATIONALLY AND INTERNATIONALLY.

4b (Code:) (Expenses $ 17,870,204 including grants of $ 16,490,252) (Revenue $ 155,731)

FOUNDATION-DIRECTED GRANTMAKING: SEATTLE FOUNDATION MANAGES TARGETED FUNDS, CALLED AREA OF INTEREST FUNDS, ON BEHALF OF THE COMMUNITY, TO SUPPORT DEFINED INTEREST AREAS. SIMILARLY, OUR IMPACT STRATEGIES REFLECT OUR PRIORITY TO CENTER EQUITY AND SUPPORT ORGANIZATIONS LED BY, AND CREATED FOR, HISTORICALLY AND CURRENTLY UNDERSERVED COMMUNITIES, INCLUDING BLACK, NATIVE, LATINX, IMMIGRANT, AND LOW-INCOME COMMUNITIES. SEATTLE FOUNDATION EVALUATES ORGANIZATIONS AND THEN MAKES GRANTS TO BEST REFLECT THE INTENDED PURPOSE OF THE FUNDS. THE FOUNDATION FREQUENTLY LEADS SPECIAL INITIATIVES DESIGNED TO ADDRESS SPECIFIC COMMUNITY NEEDS IN KING COUNTY, INCLUDING EMERGENCY RESPONSE FUNDS.

4c (Code:) (Expenses $ 16,942,852 including grants of $ 15,072,424) (Revenue $ 295,888)

COMMUNITY LEADERSHIP: SEATTLE FOUNDATION DRAWS ON OUR DEEP COMMUNITY INSIGHT AND LONG HISTORY AS A CIVIC LEADER TO LAUNCH AND PARTICIPATE IN CROSS-SECTOR INITIATIVES THAT AMPLIFY OUR REACH AND IMPACT. LED BY OUR COMMITMENT TO EQUITY AND OPPORTUNITY, OUR ROLE AS A CIVIC LEADER IS TO ALIGN KEY STAKEHOLDERS AROUND STRATEGIES TO ADDRESS OUR REGION'S GREATEST CHALLENGES.

(Code:) (Expenses $ 13,142,287 including grants of $ 12,425,371) (Revenue $)

TRUEBLOOD: SEATTLE FOUNDATION IS THE FINANCIAL STEWARD TO PARTNERS ACLU OF WASHINGTON AND DISABILITY RIGHTS WASHINGTON (DRW), SERVING AS THE FISCAL SPONSOR ON THE 2015 SETTLEMENT OF TRUEBLOOD V. WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS). THIS FISCAL SPONSORSHIP SUPPORTS THE FOUNDATION'S MISSION OF EQUITY AND OPPORTUNITY BY SUPPORTING THE PROVISION OF NEEDED MENTAL HEALTH COMPETENCY EVALUATION AND SERVICES TO VULNERABLE POPULATIONS WHO ARE IN THE CRIMINAL JUSTICE SYSTEM.

(Code:) (Expenses $ 2,862,623 including grants of $) (Revenue $)

HEALTHIERHERE: HEALTHIER HERE IS A NON-PROFIT LIMITED LIABILITY COMPANY (LLC) UNDER THE FISCAL SPONSORSHIP OF SEATTLE FOUNDATION. IT IS AN EMERGING REGIONAL PARTNERSHIP COMMITTED TO WORKING IN NEW WAYS TO IMPROVE THE HEALTH AND WELL-BEING OF KING COUNTY RESIDENTS. HEALTHIER HERE ADVOCATES FOR A MORE INTEGRATED AND PERSON-CENTERED SYSTEM OF CARE, REWARDING VALUE OVER VOLUME, PARTNERING WITH COMMUNITIES IN NEW WAYS TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, AND ELIMINATING HEALTH INEQUITIES.

(Code:) (Expenses $ 2,001,070 including grants of $ 1,649,025) (Revenue $ 15,573)

ENGAGED PHILANTHROPY: AS PART OF OUR PERSONALIZED SERVICES TO PHILANTHROPISTS, WE ASSIGN A PHILANTHROPIC ADVISOR TO PROVIDE STRATEGIC GUIDANCE AND DEEP COMMUNITY KNOWLEDGE. OUR PHILANTHROPIC ADVISORS WORK WITH PHILANTHROPISTS TO CREATE STRATEGIC, IMPACTFUL GIVING PLANS AND ENGAGE FAMILY MEMBERS ACROSS GENERATIONS. WE ALSO OFFER REGULAR EVENTS AND LEARNING OPPORTUNITIES ON VARIOUS PHILANTHROPY-RELATED TOPICS.

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

(Expenses $ 18,005,980 including grants of $ 14,074,396) (Revenue $ 15,573)

4e **Total program service expenses** ▶ 196,992,647

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	161		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
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.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		15		No
16	Is the organization an eligible issuer of tax exempt bonds subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ WA,CA,OK,NY

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain 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:
▶JOSEPHINE WONG 1601 FIFTH AVE STE 1900 SEATTLE,WA 981013615 (206) 622-2294

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) TONY MESTES PRESIDENT AND CEO	40.00 8.00			X				474,514	0	18,688
(2) KIRSTIN SANDAAS CHIEF FINANCIAL OPERATING OFFICER	40.00 6.00			X				288,852	0	14,570
(3) KRISTINE HERMANNS CHIEF IMPACT OFFICER	40.00 4.00				X			223,750	0	19,244
(4) MICHAEL BROWN CHIEF ARCHITECT OF CIVIC COMMONS	40.00 0.00					X		0	196,322	40,246
(5) SUSAN MCLAUGHLIN HEALTHIERHERE EXECUTIVE DIRECTOR	40.00 0.00					X		0	201,865	22,298
(6) MICHELE FRIX CHIEF OF STAFF	40.00 2.00				X			188,378	0	26,050
(7) THUY HUA-LY HEALTHIERHERE CFO	40.00 0.00					X		0	194,719	17,791
(8) NANCY BEACHAM MGNG DIR, PEOPLE AND CULTURE	40.00 0.00					X		169,763	0	19,801
(9) MICHELLE PURNELL-HEPBURN DEI DIRECTOR	40.00 0.00					X		160,388	0	18,963
(10) BRETT PRATHER SECRETARY	40.00 4.00			X				107,146	0	13,378
(11) FIDELMA MCGINN THRU 0120 VP PHILANTHROPIC SERVICES	0.00 0.00						X	112,832	0	1,118
(12) NANCY SAELEE ASSISTANT SECRETARY	40.00 4.00			X				97,173	0	14,121
(13) MARY GRACE ROSKE THRU 0120 VP DIRECTOR OF COMMUNICATIONS	0.00 0.00						X	105,055	0	1,000
(14) ED THOMAS CHAIR	4.00 4.00	X		X				0	0	0
(15) ED TAYLOR VICE CHAIR	4.00 4.00	X		X				0	0	0
(16) KELLEY HALL EFF 0620 TREASURER	4.00 4.00	X		X				0	0	0
(17) MARK GIBSON THRU 0620 TREASURER	4.00 4.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ALLYSON TUCKER TRUSTEE	4.00 0.00	X						0	0	0
(19) ASHA SHARMA TRUSTEE	4.00 0.00	X						0	0	0
(20) COLLEEN ECHOHAWK TRUSTEE	4.00 0.00	X						0	0	0
(21) DAVID BLEY TRUSTEE	4.00 0.00	X						0	0	0
(22) DEBRA SOMBERG TRUSTEE	4.00 0.00	X						0	0	0
(23) FRASER BLACK TRUSTEE	4.00 0.00	X						0	0	0
(24) JANET LEVINGER TRUSTEE	4.00 4.00	X						0	0	0
(25) JOHN HOTTA TRUSTEE	4.00 0.00	X						0	0	0
(26) LARRY ESTRADA TRUSTEE	4.00 0.00	X						0	0	0
(27) MARCIA FUJIMOTO TRUSTEE	4.00 0.00	X						0	0	0
(28) SCOTT SHAPIRO TRUSTEE	4.00 4.00	X						0	0	0
(29) STEVE HILL TRUSTEE	4.00 4.00	X						0	0	0
(30) TERRY MYERSON TRUSTEE	4.00 0.00	X						0	0	0
(31) ANN WATSON THRU 0620 TRUSTEE	4.00 0.00	X						0	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								1,927,851	592,906	227,268

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 19

		Yes	No
3 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*	**3**	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 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*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EE VENTURES 28 KNOLL ROAD SAN RAFAEL, CA 94901	EQUITABLE EVALUATION INITIATIVE PROGRAM	890,941
NELSON MULLINS RILEY AND SCARBOROUGH LLP 1320 MAIN ST FL 17 COLUMBIA, SC 29201	EQUITY POLICY WORK	523,000
COLONIAL CONSULTING 750 THIRD AVE - 20TH FLOOR NEW YORK, NY 10017	INVESTMENT MANAGEMENT	427,119
KINETIC WEST 3638 PALATINE AVE N SEATTLE, WA 98103	CAREER CONNECT WASHINGTON CONSULTING	423,000
CYNTHIA J WONG, 1592 UNION ST BOX 173 SAN FRANCISCO, CA 94123	STRATEGIC PLANNING CONSULTING	287,925

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 17

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a	330,432				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d	6,488,582				
e Government grants (contributions)	1e	16,683,907				
f All other contributions, gifts, grants, and similar amounts not included above	1f	232,717,369				
g Noncash contributions included in lines 1a - 1f: $	1g	116,750,288				
h **Total.** Add lines 1a-1f ▶			256,220,290			
Program Service Revenue	Business Code					
2a PHILANTHROPIC FEES	561000		1,265,093	1,265,093		
b NEIGHBOR TO NEIGHBOR	541900		111,796	111,796		
c EMERALD CITIES CONS.	541900		98,576	98,576		
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f ▶	1,475,465					
3 Investment income (including dividends, interest, and other similar amounts) ▶			12,718,798			12,718,798
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
		(i) Real	(ii) Personal			
6a Gross rents	6a	93,304				
b Less: rental expenses	6b	0				
c Rental income or (loss)	6c	93,304				
d Net rental income or (loss) ▶			93,304	81,841	11,463	
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	940,576,991				
b Less: cost or other basis and sales expenses	7b	907,475,830				
c Gain or (loss)	7c	33,101,161				
d Net gain or (loss) ▶			33,101,161			33,101,161
Other Revenue						
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less						

returns and allowances . .	10a				
b Less: cost of goods sold . .	10b				
c Net income or (loss) from sales of inventory . . ▶					

Miscellaneous Revenue	Business Code				
11a CGA TRANSFERS	525920	70,615			70,615
b FUND SET UP FEE	900099	10,000			10,000
c MEMBERSHIP	900099	8,000			8,000
d All other revenue		505			505
e **Total.** Add lines 11a–11d . . . . . ▶		89,120			
12 **Total revenue.** See instructions . . . . . ▶		303,698,138	1,557,306	11,463	45,909,079

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	174,374,579	174,374,579		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,528,439	1,528,439		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,845,294	1,845,294		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,487,983	848,150	550,554	89,279
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,835,914	3,896,471	2,529,288	410,155
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	315,767	179,987	116,834	18,946
9 Other employee benefits	858,930	489,590	317,804	51,536
10 Payroll taxes	570,592	325,237	211,119	34,236
11 Fees for services (non-employees):				
a Management				
b Legal	231,105	131,730	85,509	13,866
c Accounting	174,849		174,849	
d Lobbying	30,000	30,000		
e Professional fundraising services. See Part IV, line 17	120,000			120,000
f Investment management fees	6,221,153	3,421,634	2,799,519	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,547,304	7,840,764	2,691,444	15,096
12 Advertising and promotion	628,799	122,556	79,554	426,689
13 Office expenses	159,707	91,033	59,092	9,582
14 Information technology	770,179	439,002	284,966	46,211
15 Royalties				
16 Occupancy	886,982	505,580	328,183	53,219
17 Travel	44,395	25,305	16,426	2,664
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,407	25,882	16,801	2,724
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	475,189	270,858	175,820	28,511
23 Insurance	111,628		111,628	
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.)				
a BANK & CREDIT CARD FEES	283,502	161,596	104,896	17,010
b SPONSORSHIP	154,038	154,038		
c DUES	111,982	63,830	41,433	6,719
d BEN'S FUND SERVICES	80,227	80,227		
e All other expenses	228,565	140,865	71,127	16,573
25 **Total functional expenses.** Add lines 1 through 24e	209,122,509	196,992,647	10,766,846	1,363,016
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		106,826,172	2	153,169,237
	3	Pledges and grants receivable, net		5,415,607	3	31,431,688
	4	Accounts receivable, net		260,231	4	323,197
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		219,868	7	969,868
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		311,734	9	227,965
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,146,374			
	b	Less: accumulated depreciation	10b 3,612,333	1,960,639	10c	1,534,041
	11	Investments—publicly traded securities		662,267,226	11	665,894,618
	12	Investments—other securities. See Part IV, line 11		340,269,499	12	419,663,747
	13	Investments—program-related. See Part IV, line 11		7,041,600	13	8,256,432
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		73,688	15	73,688
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,124,646,564	16	1,281,544,781
Liabilities	17	Accounts payable and accrued expenses		2,787,303	17	3,041,363
	18	Grants payable		8,948,496	18	4,182,316
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		52,083,444	21	55,145,949
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		73,777,989	25	74,492,320
	26	**Total liabilities.** Add lines 17 through 25		137,597,232	26	136,861,948
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		916,646,151	27	1,054,844,551
	28	Net assets with donor restrictions		70,403,181	28	89,838,282
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		987,049,332	32	1,144,682,833
	33	Total liabilities and net assets/fund balances		1,124,646,564	33	1,281,544,781

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	303,698,138
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,122,509
3	Revenue less expenses. Subtract line 2 from line 1	3	94,575,629
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	987,049,332
5	Net unrealized gains (losses) on investments	5	63,953,130
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-895,258
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,144,682,833

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	102,630,087	114,545,892	121,145,014	165,343,444	256,220,290	759,884,727
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	102,630,087	114,545,892	121,145,014	165,343,444	256,220,290	759,884,727
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						63,284,972
6 **Public support.** Subtract line 5 from line 4.						696,599,755

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	102,630,087	114,545,892	121,145,014	165,343,444	256,220,290	759,884,727
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	11,581,862	13,852,387	15,175,222	17,255,069	12,800,639	70,665,179
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .					11,463	11,463
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	100,646	95,543	111,871	80,593	89,120	477,773
11 **Total support.** Add lines 7 through 10						831,039,142

12 Gross receipts from related activities, etc. (see instructions) **12** 7,131,411

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 83.820 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 83.880 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	CGA TRANSFER - 2016 AMOUNT: $ 100,646. 2017 AMOUNT: $ 95,543. 2018 AMOUNT: $ 95,648. 2019 AMOUNT: $ 80,593. 2020 AMOUNT: $ 70,615. OTHER INCOME - 2018 AMOUNT: $ 16,223. 2020 AMOUNT: $ 18,505.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization	**Employer identification number**
SEATTLE FOUNDATION	91-6013536

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
SEATTLE FOUNDATION	91-6013536

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		2,890,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		36,022
j	Total. Add lines 1c through 1i			2,926,022
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	IN ACCORDANCE WITH AND TO FURTHER SEATTLE FOUNDATION'S MISSION, WE EMBARKED ON THE FOLLOWING LOBBYING ACTIVITIES: ENDORSEMENT YES FOR TRANSIT - PROPOSITION 1: SEATTLE FOUNDATION SUPPORTED PROPOSITION 1, WHICH WOULD RENEW OF THE SEATTLE TRANSPORTATION BENEFIT DISTRICT (STBD), ORIGINALLY PASSED IN 2014. THE ORIGINAL MEASURE EXPIRED IN 2020, THE YES FOR TRANSIT PROPOSAL REPLACED THE EXPIRING FUNDING FOR STBD. THE ORIGINAL FUNDING MEASURE INCLUDED A $60 VEHICLE LICENSE FEE AND 0.1% SALES TAX INCREASE TO GENERATE ABOUT $50 MILLION ANNUALLY TO IMPROVE TRANSIT AVAILABILITY AND ACCESS FOR 6 YEARS (2014-2020). PROPOSITION 1, WOULD GENERATE BETWEEN $20-$30 MILLION ANNUALLY OVER THE NEXT SIX YEARS TO FUND ESSENTIAL TRANSIT SERVICE, CAPITAL PROJECTS, AND TRANSIT ACCESS PROGRAMS INCLUDING ORCA IN THE CITY OF SEATTLE (INCLUDING ROUTES WHERE AT LEAST 65% OF THE STOPS ARE WITHIN THE CITY). COO SYSTEMS AND POLICY CHANGE GRANTS: SEATTLE FOUNDATION PROVIDES GRANT DOLLARS TO COMMUNITY-BASED ORGANIZATIONS TO SUPPORT UNDERREPRESENTED COMMUNITIES ADVOCATING FOR HEALTH, HOUSING AND ECONOMIC OPPORTUNITY POLICIES THAT ADDRESS THE UNIQUE NEEDS OF THEIR COMMUNITIES. THESE COMMUNITY ARE OFTEN LEFT OUT OF THE POLICY PROCESS AND GRANT SUPPORT TO HELP THEM ENGAGE, WORKS TO FULFILL SEATTLE FOUNDATION'S MISSION TO CREATE A MORE VIBRANT COMMUNITY FOR ALL. HEAL ACT: THE HEALTHY ENVIRONMENT FOR ALL, OR HEAL ACT AIMS TO IMPROVE HEALTH DISPARITIES IN WASHINGTON THROUGH TARGETED INVESTMENTS IN AREAS SUFFERING WORST FROM POLLUTION. IT DIRECTS EIGHT KEY STATE AGENCIES TO TARGET THEIR WORK USING AN ENVIRONMENTAL HEALTH DISPARITIES MAP. THIS HELPS CREATE A MORE VIBRANT COMMUNITY FOR ALL, FULFILLING THE FOUNDATION'S MISSION. CAREER CONNECT WASHINGTON: CAREER CONNECTED LEARNING HELPS YOUNG PEOPLE UNDERSTAND AND ACCESS MULTIPLE PATHWAYS TO ECONOMIC SUCCESS AND LIFE FULFILLMENT AND RELATES TO OUR THEORY OF CHANGE IN DRIVING NEAR TERM OUTCOMES AND MORE INCLUSIVE SYSTEMS. SEATTLE FOUNDATION WORKED WITH THE GOVERNOR'S OFFICE, OFM, LEGISLATORS, STATE AGENCY REPRESENTATIVES AND PROVIDE STAKEHOLDERS TO ADVANCE THE CAREER CONNECT WASHINGTON PROGRAM.

Additional Data

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Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	592	41
2	Aggregate value of contributions to (during year)	112,482,894	7,256,575
3	Aggregate value of grants from (during year)	111,059,957	11,901,335
4	Aggregate value at end of year	469,839,159	98,752,564

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ 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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $

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

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

b Assets included in Form 990, Part X ▶ $

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
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ **Yes** ☑ **No**

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

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☑ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☑

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	391,284,222	328,492,761	360,443,336	319,409,623	301,320,508
b Contributions	5,917,228	18,603,030	10,760,696	6,518,471	14,249,671
c Net investment earnings, gains, and losses	49,530,931	61,637,691	-20,727,804	53,970,449	23,483,264
d Grants or scholarships	10,146,357	11,930,535	16,953,297	14,206,453	15,098,947
e Other expenditures for facilities and programs			38,800	2,485,806	
f Administrative expenses	6,131,784	5,518,725	4,991,370	2,762,948	4,544,873
g End of year balance	430,454,240	391,284,222	328,492,761	360,443,336	319,409,623

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

- **a** Board designated or quasi-endowment ▶ 59.560 %
- **b** Permanent endowment ▶ 40.360 %
- **c** Term endowment ▶ 0.080 %

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

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

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,007,283	832,508	1,174,775
d Equipment		906,700	703,847	202,853
e Other		2,232,391	2,075,978	156,413
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,534,041

Part VII **Investments—Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CHARITABLE GIFT ANNUITIES	3,372,698	F
(B) CHARITABLE REMAINDER TRUSTS	15,122,382	F
(C) REAL ESTATE & NOTES	209,086	F
(D) ALTERNATIVE INVESTMENTS	135,084,171	F
(E) OTHER INVESTMENTS	162,830,931	F
(F) BENEFICIAL TRUST	29,340,893	F
(G) SUPPORTING ORG ASSETS HELD IN CUSTODY	39,922,881	F
(H) CHARITABLE LEAD TRUSTS	33,780,705	F
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	419,663,747	

Part VIII **Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	74,492,320

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 ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	395,321,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	63,953,130		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	34,691,454		
e	Add lines **2a** through **2d**			2e	98,644,584
3	Subtract line **2e** from line **1**			3	296,677,283
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	7,020,855		
c	Add lines **4a** and **4b**			4c	7,020,855
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	303,698,138

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	231,156,575
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	35,184,034		
e	Add lines **2a** through **2d**			2e	35,184,034
3	Subtract line **2e** from line **1**			3	195,972,541
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,129,113		
b	Other (Describe in Part XIII.)	4b	7,020,855		
c	Add lines **4a** and **4b**			4c	13,149,968
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	209,122,509

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B:	SEATTLE FOUNDATION HOLDS FUNDS FOR OTHER 501(C)(3) ORGANIZATIONS AS AGENCY FUNDS. THE FUNDS ARE RECEIVED UNDER THE TERMS OF AGREEMENTS WITH CERTAIN QUALIFIED NOT-FOR-PROFIT ORGANIZATIONS THAT SPECIFY THEMSELVES AS THE ULTIMATE BENEFICIARY FOR THE FUNDS. IN ACCORDANCE WITH SFAS 136 (ASC 958), THESE FUNDS ARE CLASSIFIED AS AGENCY FUNDS, EVEN THOUGH THE FOUNDATION MAINTAINS LEGAL VARIANCE POWER OVER THESE ASSETS.
PART V, LINE 4:	ALL ENDOWMENT FUNDS WILL BE USED TO FUND THE ORGANIZATION'S MISSION THROUGH GRANTMAKING AND COMMUNITY LEADERSHIP.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INVESTMENT EXPENSES -6,129,113. SUPPORTING ORGANIZATIONS 42,721,448. CHANGE IN VALUE OF BENEFICIARY PAYMENTS -492,493. PERPETUAL TRUST IN TRANSIT -1,408,388.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ADMINISTRATIVE FEE REVENUE NETTED WITH EXPENSES 92,039. INTERCOMPANY ELIMINATIONS 6,928,816.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SUPPORTING ORGANIZATIONS 36,189,657. RETURNED GRANTS -192,085. CONDITIONAL GRANTS ADJUSTMENT -813,538.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ADMINISTRATIVE FEE REVENUE NETTED WITH EXPENSES 92,039. INTERCOMPANY ELIMINATIONS 6,928,816.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	30,922
(2) EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	555,400
(3) EUROPE	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	88,500
(4) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	50,000
(5) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	128,372
(6) SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	25,000
(7) SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	956,600
(8) SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	10,500
(9) NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GENERAL SUPPORT	600,000
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS	N/A	155,973,736
(11) EUROPE	0	0	INVESTMENTS	N/A	7,155,633
(12) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS	N/A	13,163,176
(13) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT MANAGEMENT SERVICES	N/A	1,024,964
(14) EUROPE	0	0	INVESTMENT MANAGEMENT SERVICES	N/A	17,753
(15)					
(16)					
(17)					
3a Sub-total	0	0			1,845,294
b Total from continuation sheets to Part I . . .	0	0			177,935,262
c Totals (add lines 3a and 3b)	0	0			179,780,556

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CANADA AND MEXICO	SCHOLARSHIPS/EDUCATIONAL SUPPORT	26,872				
(2)		CENTRAL AMERICA AND THE CARIBBEAN	TO PROVIDE GENERAL SUPPORT.	20,000				
(3)		EAST ASIA AND THE PACIFIC	TO PROVIDE GENERAL SUPPORT.	500,000				
(4)		EAST ASIA AND THE PACIFIC	CORONAVIRUS	25,000				
(5)		EAST ASIA AND THE PACIFIC	SENIOR CARE	4,500				
(6)		EAST ASIA AND THE PACIFIC	SENIOR CARE	4,500				
(7)		EAST ASIA AND THE PACIFIC	HUMAN TRAFFICKING	4,500				
(8)		EAST ASIA AND THE PACIFIC	HUMAN TRAFFICKING	3,000				
(9)		EUROPE	TO PROVIDE GENERAL SUPPORT.	35,000				
(10)		EUROPE	TO PROVIDE GENERAL SUPPORT.	53,000				
(11)		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE GENERAL SUPPORT.	10,000				
(12)		MIDDLE EAST AND NORTH AFRICA	TECH/INFRASTRUCTURE	10,000				
(13)		MIDDLE EAST AND NORTH AFRICA	TO PROVIDE GENERAL SUPPORT.	20,000				
(14)		SOUTH AMERICA	TO PROVIDE GENERAL SUPPORT.	500				
(15)		SOUTH AMERICA	TO PROVIDE GENERAL SUPPORT.	10,000				
(16)		SOUTH ASIA	TO PROVIDE GENERAL SUPPORT.	10,000				
(17)		SOUTH ASIA	TO PROVIDE GENERAL SUPPORT.	5,000				
(18)		SOUTH ASIA	TO PROVIDE GENERAL SUPPORT.	250				
(19)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	150,000				
(20)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	10,000				
(21)		SUB-SAHARAN AFRICA	UNRESTRICTED.	10,000				
(22)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	123,000				
(23)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	500				
(24)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	40,000				
(25)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	7,000				
(26)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	100,000				
(27)		CANADA AND MEXICO	TO PROVIDE GENERAL OPERATION SUPPORT.	100,000				
(28)		SUB-SAHARAN AFRICA	TO PROVIDE GENERAL SUPPORT.	500,000				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 23

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

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

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

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

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2:	WE CONDUCT PRE-GRANT INQUIRIES, HAVE GRANT AGREEMENTS, PROVIDE A SEPARATE ACCOUNTING OF THE FUNDS, AND INVESTIGATE ANY DIVERSIONS FOR ALL GRANTS LEAVING THE UNITED STATES AS REQUIRED. THE GRANTEE IS EXPECTED TO PROVIDE A REPORT ON HOW THE MONEY WAS SPENT AND WHAT PROGRAM AREAS WERE IMPACTED. FOR ANY GRANT DISTRIBUTIONS FROM DONOR ADVISED FUNDS HELD AT SEATTLE FOUNDATION TO FOREIGN CHARITIES, SUCH GRANTS ARE SUBJECT TO THE EXPENDITURE RESPONSIBILITY RULES AND ADEQUATE RECORDS ARE MAINTAINED WITH THE REQUIRED DOCUMENTATION. ADDITIONALLY, NO GRANTS ARE MADE BY DONOR ADVISED FUNDS TO INDIVIDUALS OR FOR SCHOLARSHIPS.
PART I, LINE 3:	EXPENDITURES ARE BASED ON THE ACCRUAL METHOD OF ACCOUNTING.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 NEWMAN PARTNERS 712 35TH AVE SEATTLE, WA 98122	ALL IN WASHINGTON FUNDRAISING		No	0	120,000	-120,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					120,000	-120,000

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

WA

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule G (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

[illegible]

[illegible]

[illegible]

| [illegible] | [illegible] | [illegible] |

1	1	1	1	1	[illegible]
1	1	1	1	1	[illegible]
1	1	1	1	1	[illegible]

| | | |

1	1	1	1	1	[illegible]
2	1	1	1	1	[illegible]
3	1	1	1	1	[illegible]

| | | |

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

| | | |

| | | |

| | | |

1	1	1	1	1	Ophiocordyceps

1	1	1	1	1	1	[illegible]
2	1	1	1	1	1	[illegible]
3	1	1	1	1	1	[illegible]

| | | |

1	1	1	1	1	
2	1	1	1	1	
3	1	1	1	1	

| | | |

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS TO INDIVIDUALS	324		1,297,600	BOOK VALUE	TUITION SCHOLARSHIPS
(2) SPECIAL NEEDS EQUIPMENT	264		230,839	BOOK VALUE	EQUIPMENT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	DUE DILIGENCE IS PERFORMED ON ALL GRANTS. THIS CONSISTS OF VERIFYING TAX STATUS AND OBTAINING FINANCIAL INFORMATION (I.E. AUDITED FINANCIAL STATEMENTS OR FORM 990). COMPETITIVE GRANTS ALSO RECEIVE SITE VISITS. GRANTS ARE APPROVED BY THE GRANT COMMITTEE OR BOARD BEFORE DISTRIBUTION AND FILED IN THE BOARDBOOK FOR FUTURE REVIEW.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
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 ☐ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TONY MESTES PRESIDENT AND CEO	(i)	474,514	0	0	0	18,688	493,202	0
	(ii)	0	0	0	0	0	0	0
2 KIRSTIN SANDAAS CHIEF FINANCIAL OPERATING OFFICER	(i)	288,852	0	0	6,514	8,056	303,422	0
	(ii)	0	0	0	0	0	0	0
3 KRISTINE HERMANNS CHIEF IMPACT OFFICER	(i)	223,750	0	0	11,188	8,056	242,994	0
	(ii)	0	0	0	0	0	0	0
4 MICHAEL BROWN CHIEF ARCHITECT OF CIVIC COMMONS	(i)	0	0	0	0	0	0	0
	(ii)	196,322	0	0	20,762	19,484	236,568	0
5 SUSAN MCLAUGHLIN HEALTHIERHERE EXECUTIVE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	201,865	0	0	10,277	12,021	224,163	0
6 MICHELE FRIX CHIEF OF STAFF	(i)	188,378	0	0	15,995	10,055	214,428	0
	(ii)	0	0	0	0	0	0	0
7 THUY HUA-LY HEALTHIERHERE CFO	(i)	0	0	0	0	0	0	0
	(ii)	194,719	0	0	9,736	8,055	212,510	0
8 NANCY BEACHAM MGNG DIR, PEOPLE AND CULTURE	(i)	169,763	0	0	8,627	11,174	189,564	0
	(ii)	0	0	0	0	0	0	0
9 MICHELLE PURNELL-HEPBURN DEI DIRECTOR	(i)	160,388	0	0	8,158	10,805	179,351	0
	(ii)	0	0	0	0	0	0	0
10 FIDELMA MCGINN THRU 0120 VP PHILANTHROPIC SERVICES	(i)	16,080	0	96,752	1,000	118	113,950	0
	(ii)	0	0	0	0	0	0	0
11 MARY GRACE ROSKE THRU 0120 VP DIRECTOR OF COMMUNICATIONS	(i)	15,226	0	89,829	1,000	0	106,055	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	MARY GRACE ROSKE RECEIVED A SERVERANCE PAYMENT OF $89,829; FIDELMA MCGINN RECEIVED A SEVERANCE PAYMENT OF $96,752.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	747	114,250,287	MARKET QUOTATIONS
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (NOTE REC.)	X	1	2,500,000	BOOK VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | **29** | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE AMOUNTS REPORTED IN SCHEDULE M, PART I, COLUMN (B) REPRESENT THE NUMBER OF SEPARATE GIFTS RECEIVED DURING THE YEAR.

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

Return Reference	Explanation
FORM 990, PART I, LINE 6:	BOARD AND COMMITTEE MEMBERS AND MEMBERS OF THE ADVISORY COMMITTEE SERVED AS VOLUNTEERS DURING 2020.
FORM 990, PART V, LINE 4B:	THE FORM 114A IS NOT REQUIRED TO BE FILED BECAUSE THE ACCOUNTS DO NOT MEET THE DEFINITION OF "FINANCIAL ACCOUNT" FOR PURPOSES OF THE FORM 114A.
FORM 990, PART V, LINE 3B	SEATTLE FOUNDATION INVESTS IN A NUMBER OF PASS THROUGH ENTITIES THAT GENERATE UNRELATED BUSINESS INCOME. THE SCHEDULES K-1 FROM THESE INVESTMENTS ARE NOT PREPARED UNTIL LATER IN THE YEAR, AFTER SEATTLE FOUNDATION FILES ITS FORM 990. THE 2020 FORM 990-T WILL BE FILED BY THE EXTENDED DUE DATE OF NOVEMBER 15, 2021, ONCE ALL THE SCHEDULES K-1 ARE RECEIVED.
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE FORM 990 IS PROVIDED TO THE ENTIRE BOARD. THE AUDIT COMMITTEE, WHICH IS COMPRISED OF MEMBERS OF THE BOARD, REVIEWS AND APPROVES THE FORM 990. A MEETING IS SET ASIDE FOR THE SOLE PURPOSE OF REVIEWING THE RETURN. THE MEETING IS ATTENDED BY FINANCE STAFF, THE AUDIT COMMITTEE, AND A SENIOR MEMBER OF THE ACCOUNTING FIRM THAT PREPARES THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C	"COVERED PERSONS" IS DEFINED AS ANY FOUNDATION TRUSTEE, OFFICER, OR MEMBER OF ANY COMMITTEE OF THE FOUNDATION'S BOARD OF TRUSTEES THAT HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD OF TRUSTEES AND THOSE FOUNDATION EMPLOYEES WHO MAY BE DESIGNATED BY THE FOUNDATION'S PRESIDENT. EVERY COVERED PERSON IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY. THE PRESIDENT SHALL DISCLOSE TO THE EXECUTIVE COMMITTEE CONFLICTS OF INTEREST REPORTED TO HIM OR HER. THE EXECUTIVE COMMITTEE WILL EVALUATE THE DISCLOSURE TO DETERMINE WHETHER THEY INVOLVE ACTUAL CONFLICTS OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES TO REMOVE CONFLICT FROM THE SITUATION. ANY TRUE CONFLICTS OF INTEREST ARE REFERRED TO THE BOARD OF TRUSTEES FOR FURTHER CONSIDERATION. THE PERSON WITH THE CONFLICT OF INTEREST, TO THE EXTENT THAT HE OR SHE IS A VOTING MEMBER OF THE BOARD, RECUSES HIMSELF OR HERSELF FROM DELIBERATION AND VOTING.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES HAS DELEGATED TO ITS EXECUTIVE COMMITTEE (THE "COMMITTEE") THE AUTHORITY AND RESPONSIBILITY TO REVIEW AND APPROVE THE COMPENSATION AND BENEFITS LEVELS OF ITS OFFICERS, I.E., THE FOUNDATION'S PRESIDENT/CHIEF EXECUTIVE OFFICER (THE "CEO") AND ITS CHIEF FINANCIAL OPERATING OFFICER (CFOO). (THE FOUNDATION'S CEO AND CFOO ARE COMPENSATED IN THEIR ROLE AS THE FOUNDATION'S EXECUTIVES. NONE OF THE FOUNDATION'S OFFICERS OF THE BOARD RECEIVE COMPENSATION FOR HIS OR HER SERVICE TO THE FOUNDATION.) THE PROCESS TO BE FOLLOWED IS SET FORTH IN THE FOUNDATION'S EXECUTIVE COMPENSATION POLICY (THE "COMPENSATION POLICY"), WHICH WAS ADOPTED BY THE FOUNDATION'S BOARD OF TRUSTEES ON JUNE 9, 2004, AND IS DESCRIBED BELOW. AS SET FORTH IN THE COMPENSATION POLICY, THE COMMITTEE, WITH THE ASSISTANCE FROM SUCH EXPERTS AS IT DEEMS NECESSARY, CONDUCTS AN ANNUAL REVIEW OF THE COMPENSATION AND BENEFITS LEVELS OF THE EXECUTIVES. THIS REVIEW ENCOMPASSES ALL ELEMENTS OF EACH EXECUTIVE'S COMPENSATION PACKAGE, INCLUDING BASE SALARY, EMPLOYEE BENEFITS AND PERQUISITES. THE PROCESS TO BE FOLLOWED BY THE COMMITTEE IN APPROVING THE EXECUTIVE'S COMPENSATION IS INTENDED TO BE CONSISTENT WITH THE FOUNDATION'S MISSION, AND ALSO TO COMPLY WITH THE "INTERMEDIATE SANCTIONS" RULES OF SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE") AND THE TREASURY REGULATIONS THEREUNDER, I.E., TO CREATE A "REBUTTABLE PRESUMPTION" THAT THE EXECUTIVES' COMPENSATION PACKAGES ARE REASONABLE. SPECIFICALLY, THE COMMITTEE FOLLOWS A THREE-STEP PROCESS IN APPROVING THE EXECUTIVES' COMPENSATION: FIRST, THE COMMITTEE IS COMPRISED EXCLUSIVELY OF INDIVIDUALS WITHOUT A CONFLICT OF INTEREST AS DEFINED IN TREAS. REG. SECTION 53.4958-6(C)(1)(III) (I.E., ANYONE WHO HAS A PERSONAL OR MATERIAL FINANCIAL INTEREST AFFECTED BY THE PAYMENT OF THE COMPENSATION TO THE EXECUTIVES, AND WITHOUT THE PARTICIPATION OF THE EXECUTIVES); SECOND, THE COMMITTEE RELIES UPON COMPARABILITY DATA (I.E., DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT) TO DETERMINE THAT THE COMPENSATION AND BENEFITS PAID BY THE FOUNDATION ARE REASONABLE IN COMPARISON WITH THE COMPENSATION AND BENEFITS PAID BY SIMILARLY-SITUATED ORGANIZATIONS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE TO THOSE OF EACH OF THE EXECUTIVES); AND THIRD, THE COMMITTEE'S DECISION IS DOCUMENTED IN WRITTEN RESOLUTIONS AND MINUTES OF THE COMMITTEE, WHICH ARE PREPARED BY THE LATER OF ITS NEXT MEETING OR 60 DAYS AFTER THE COMMITTEE'S APPROVAL OF THE COMPENSATION (AND A COPY OF WHICH ARE PROVIDED TO THE FULL BOARD OF TRUSTEES AT ITS NEXT SCHEDULED MEETING). CEO - THE FOUNDATION'S EXECUTIVE COMMITTEE REVIEWED AND APPROVED THE CEO'S TOTAL COMPENSATION AT A MEETING HELD ON FEBRUARY 12, 2020. AT THIS MEETING, THE EXECUTIVE COMMITTEE, WITHOUT THE PARTICIPATION OF THE CEO OR ANYONE ELSE WITH A CONFLICT OF INTEREST (AS DEFINED ABOVE), REVIEWED MARKET COMPENSATION DATA PROVIDED BY MERCER CONSULTING ("MERCER") (A RECOGNIZED COMPENSATION CONSULTING FIRM WITH SIGNIFICANT EXPERIENCE IN THE FIELD OF EXECUTIVE COMPENSATION AMONG NONPROFIT ORGANIZATIONS) AND ALL OF THE RELEVANT FACTS AND CIRCUMSTANCES IN REACHING A CONCLUSION THAT THE COMPENSATION AND BENEFITS TO BE PAID TO THE CEO WERE REASONABLE AND APPROPRIATE. THE MARKET COMPENSATION DATA INCLUDED DATA ON COMPENSATION PAID BY ORGANIZATIONS COMPARABLE IN SIZE AND MISSION TO THE FOUNDATION FOR SERVICE IN COMPARABLE POSITIONS TO THAT OF THE CEO. THE EXECUTIVE COMMITTEE'S DECISION WAS DOCUMENTED IN WRITTEN MINUTES PREPARED BY THE FOUNDATION'S SECRETARY PRIOR TO THE NEXT MEETING. CFOO - THE FOUNDATION'S EXECUTIVE COMMITTEE REVIEWED THE CEO'S RECOMMENDED COMPENSATION FOR THE CHIEF FINANCIAL OPERATING OFFICER ("CFOO") AT A MEETING HELD ON FEBRUARY 12, 2020. AT THIS MEETING, WITHOUT THE PARTICIPATION OF THE CFOO OR ANYONE ELSE WITH A CONFLICT OF INTEREST (AS DEFINED ABOVE), THE CEO REPORTED ON HIS REVIEW AND EVALUATION OF THE CFOO'S PERFORMANCE FOR 2019. THE CEO'S RECOMMENDED TOTAL COMPENSATION FOR THE CFOO WAS BASED ON HIS REVIEW OF THE COMPARABILITY DATA PROVIDED BY MERCER, THE PROJECTED NEEDS OF THE FOUNDATION, AND THE PERFORMANCE OF THE CFOO. THE EXECUTIVE COMMITTEE MADE A DETERMINATION BASED ON ALL OF THE INFORMATION PRESENTED THAT THE RECOMMENDED COMPENSATION FOR THE CFOO IS REASONABLE. THE COMPARABILITY DATA PROVIDED BY MERCER INCLUDED DATA ON COMPENSATION PAID BY COMPARABLE ORGANIZATIONS FOR SERVICE IN COMPARABLE POSITIONS TO THAT OF THE CFOO. THE EXECUTIVE COMMITTEE'S APPROVAL OF THE RECOMMENDED COMPENSATION WAS DOCUMENTED IN WRITTEN MINUTES PREPARED BY THE FOUNDATION'S SECRETARY PRIOR TO THE NEXT MEETING.
FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION MAINTAINS COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS WHICH ARE AVAILABLE FOR INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. THE ORGANIZATION COMPLIES WITH ALL REQUESTS (WRITTEN OR VERBAL) FOR COPIES OF THESE DOCUMENTS. ALTERNATIVELY, THE FINANCIAL STATEMENTS ARE AVAILABLE AT THE FOUNDATION'S WEBSITE - WWW.SEATTLEFOUNDATION.ORG.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIARY PAYMENTS -492,493. PERPETUAL TRUST IN TRANSIT -1,408,388. RETURNED GRANTS 192,085. CONDITIONAL GRANT ADJUSTMENT 813,538.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SEATTLE FOUNDATION

Employer identification number
91-6013536

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) KING COUNTY ACCOUNTABLE COMMUNITY OF HEALTH LLC 1601 5TH AVENUE SUITE 1900 SEATTLE, WA 98101 91-6013536	IMPROVE HEALTH AND HEALTH EQUITY	WA	5,153,397	2,712,418	SEATTLE FOUNDATION
(2) SEATTLE FOUNDATION IMPACT FUNDS MANAGER LLC 1601 5TH AVENUE SUITE 1900 SEATTLE, WA 98101 91-6013536	EVERGREEN IMPACT FUND MANAGER	WA	192,026	0	SEATTLE FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)THE GEORGE P HARDGROVE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 91-6061389	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(2)SEATTLE INTERNATIONAL FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 20-8350995	GRANTMAKING TO ORGS TO ENHANCE INTERNATIONAL PHILANTHROPY IN PNW	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(3)TSF PROPERTIES 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 91-2016094	RECEIVE, HOLD, & DISPOSE OF PROPERTY DONATIONS FOR THE SEATTLE FOUNDATION	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(4)TSF SERVICES 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 91-2008707	SUPPORT GRANTMAKING AND ADMINISTRATIVE ACTIVITIES OF THE SEATTLE FOUNDATION	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(5)THE WHITEHORSE FOUNDATION 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 94-3101726	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(6)PERIGEE FUND 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 83-0847498	GRANTMAKING AND CONVENING FOR EARLY CHILDHOOD AND MATERNAL MENTAL HEALTH	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(7)IPD BREAKTHROUGH FUND 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 85-4217292	GRANTMAKING TO NONPROFITS IN THE GREATER PUGET SOUND COMMUNITY	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	
(8)EDENBURT CHARITABLE FUND 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101 85-4267020	SUPPORT THE ACTIVITIES OF SEATTLE FOUNDATION	WA	501(C)(3)	12A - TYPE I SUPPORT	SEATTLE FOUNDATION	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)SRF CHARITABLE TRUST 800 FIFTH AVE SEATTLE, WA 981043176 91-6059260	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	131,105	1,339,297	100.000 %		No
(2)REF TRUST FBO SEATTLE FOUNDATION 1301 FIFTH AVE FLR 24 SEATTLE, WA 98101 91-6027079	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	361,085	3,299,005	100.000 %		No
(3)MEF TRUST FBO SEATTLE FOUNDATION 1301 FIFTH AVE FLR 24 SEATTLE, WA 98101 91-6027080	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	445,374	4,052,158	100.000 %		No
(4)DMH CHARITABLE TRUST FBO SEATTLE FOUNDATION 999 THIRD AVE STE 4000 SEATTLE, WA 98104 91-6023538	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	89,648	1,128,942	100.000 %		No
(5)HP CHARITABLE TRUST FBO SEATTLE FOUNDATION 999 THIRD AVE STE 4000 SEATTLE, WA 98104 91-6023566	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	27,878	511,143	100.000 %		No
(6)AWW TRUST FBO SEATTLE FOUNDATION 800 FIFTH AVE SEATTLE, WA 981043176 91-1034032	MANAGE INVESTMENTS	WA	SEATTLE FOUNDATION	T	166,421	1,632,775	100.000 %		No
(7)CHARITABLE REMAINDER TRUST (16) 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	MANAGE INVESTMENTS	WA	N/A	T					No
(8)CHARITABLE LEAD TRUST (1) 1601 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	MANAGE INVESTMENTS	WA	N/A	T					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) THE WHITEHORSE FOUNDATION	B	1,408,388	COST
(2) THE WHITEHORSE FOUNDATION	L	83,142	COST
(3) THE WHITEHORSE FOUNDATION	Q	245,161	COST
(4) PERIGEE FUND	C	1,500,000	COST
(5) SEATTLE INTERNATIONAL FOUNDATION	C	2,500,000	COST
(6) TSF PROPERTIES	C	2,488,582	COST

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data

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