# **EXTENSION ATTACHED**

			Return of C	Drganization E	Exempt	From I	ncoi	me Tax		OMB No. 1545-0047			
_	Q	90	Under section 501(c), 52	•	-				ione)	2016			
For	-			Social Security numbers					10115)	Open to Public			
		of the Treasury nue Service		bout Form 990 and its i		-		•		Inspection			
AF	or the	e 2016 cale	ndar year, or tax year begin	nning 09,	/01,2016	, and endin	g		08/3	31, <b>20</b> <sub>17</sub>			
			e of organization	(				D Employer ide	entificati	on number			
<b>D</b> 0	heck if app	15	SAQUAH SCHOOLS FOUN	DATION									
	Addres	e Doin	g Business As					94-3050					
	Name	change	ber and street (or P.O. box if mail is	not delivered to street addres	is)	Room/suite		E Telephone n					
	Initial		BOX 835					(425) 39	1-85	57			
	Termir	, atou	or town, state or province, country, a	and ZIP or foreign postal code	9			•	•	1 000 005			
	Ameno return Applica	15	SAQUAH, WA 98027					G Gross receipt H(a) Is this a grou		1,996,825			
	pendin	ng	e and address of principal officer:	MICHAEL J. GI	LEASON			subordinates	Ż				
-	Taylaya		~ ,	WA 98027	40.47(.)(4)			H(b) Are all subord					
<u> </u>		empt status:	X 501(c)(3) 501(c) ( ISFDN.ORG	)	4947(a)(1)	or 527				ee instructions)			
<u>к</u>			X Corporation Trust	Association Other		I Voor of		H(c) Group exemption: 1987 M					
	art I	Summary			-		Tormatic		State Of	legal domicile. MA			
	_		, ibe the organization's mission o	r most significant activities	N THE IS	SAOUAH	SCHOO	US FOUND		J DRIVES			
e			ES TO HELP STUDENTS										
anc			SHIP WITH THE ISSAQU										
Activities & Governance			$\rightarrow$ if the organization d				n 25% (		 `				
Š			oting members of the governing	•	•				3	31.			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of in	dependent voting members of t	the governing body (Part )	VI line 1b)				4	31.			
ties			r of individuals employed in cale						5	16.			
tivit			r of volunteers (estimate if neces						6	922.			
Act	7a -	Total unrelat	ed business revenue from Part V	III. column (C). line 12					7a	0			
			d business taxable income from						7b	0			
				· · · · · · · · · · · · · · · · · · ·				Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line 1h)					1,574,82	8.	1,971,094			
Revenue	9	Program serv	vice revenue (Part VIII, line 2g)		COP	Y FOR			0.	C			
eve	10	Investment in	ncome (Part VIII, column (A), line	es 3, 4, and 7d)		ISPECTION		70	8.	649			
R			ie (Part VIII, column (A), lines 5,					29,14	9.	-87,176			
			e - add lines 8 through 11 (must					1,604,68	5.	1,884,567			
	13	Grants and s	imilar amounts paid (Part IX, col	umn (A), lines 1-3)				750,53	7.	762,821			
			I to or for members (Part IX, colu						0.	C			
ŝ	15		er compensation, employee ben					539,88	4.	504,380			
Expenses	16a	Professional	fundraising fees (Part IX, column	n (A), line 11e)					0.	C			
ă X	b	Total fundrai	sing expenses (Part IX, column (	D), line 25) ►	246,976	·							
ш	17		ses (Part IX, column (A), lines 11					373,49		513,217			
			es. Add lines 13-17 (must equal					1,663,91		1,780,418			
	19	Revenue les	s expenses. Subtract line 18 from	n line 12				-59,22		104,149			
Assets or d Balances							Beginn	ing of Current Y		End of Year			
sset 3alai	20		(Part X, line 16)					1,727,31		1,802,373			
Net A: Fund E	21		es (Part X, line 26)					554,06		427,450			
			r fund balances. Subtract line 21	from line 20				1,173,25	5.	1,374,923			
	rt II	Signatur											
			y, I declare that I have examined th e. Declaration of preparer (other than						my kno	wledge and belief, it is			
			COPV	,					- / 0 0 1	0			
Sig	ın 🛛	Signatu	re of officer					07/1	5/201	-8			
He								Date					
			AEL J. GLEASON print name and title		TREASU	JRER							
		Print/Type pr	·	Preparer's signature		Date			;r PTII	N			
Paie	a l			i reparci s signature		Date		Check					
Pre	parer	LORILS						self-employe		01452038			
Use	Only	Firm's name	▶ BADER MARTIN, P.							501421			
N 4 -	( the a !"	Firm's address	■ 1000 2ND AVE 34TH FLOO	R SEATTLE, WA 98104-10	022					521-1900			
			his return with the preparer show		s)	<u></u>	<u></u>			X Yes No			
For	Paper	work Reduc	tion Act Notice, see the separat	e instructions.						Form <b>990</b> (2016)			

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(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

				Enter filer's identifyin	g nun	nber, see inst	ructions
-	Name of exempt organization or other filer, see in	structions.	Emp	loyer identification nu	mber	(EIN) or	
Type or			<b>OPY</b>				
print	ISSAQUAH SCHOOLS FOUNDATION			94-3050254	1		
File by the	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions. Soci	al security number (SS	SN)		
due date for filing your	PO BOX 835			67 A			
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instructions.	ISSAQUAH, WA 98027						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for ea	ch return)	• •	L	01
Application		Return	Application			Re	eturn
ls For		Code	Is For			c	ode
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-Bl		02	Form 1041-A				08
Form 4720		03	Form 4720 (other than ind	lividual)			09
Form 990-PI		04	Form 5227				10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
	(trust other than above)	06	Form 8870				12
<ul> <li>If the orga</li> <li>If this is for the whole</li> <li>a list with the</li> <li>1 I reques</li> <li>for the organization</li> <li>X</li> <li>2 If the tag</li> </ul>	a No. ► _425_391-8557 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ► If a names and EINs of all members the extension st an automatic 6-month extension of time un organization named above. The extension is calendar year 20 or tax year beginning09/0 ax year entered in line 1 is for less than 12 m hange in accounting period	business ir ur digit Gro f it is for pa ion is for. ntil for the org	up Exemption Number (GEN irt of the group, check this b 07/16_, 20 18_ anization's return for: 5, and ending	s box	orga	. If this is and attach anization re	• 🛄
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	), or 6069, enter the tenta	tive tax, less any	Т		
nonrefundable credits. See instructions.							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							Ο.
c Balanc	e due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if require	d, by using EFTPS			
	onic Federal Tax Payment System). See instru				3c	6	0.
	are going to make an electronic funds withdrawa		t) with this Form 8868, see For	m 8453-EO and Form	887	9-EO for pay	ment
instructions.		24	15 N			80 - 3724	
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Form	8868 (Rev.	1-2017)

_	n 990 (2016)				Page 2
Pa		tatement of Program Servi			
				s Part III	X
I	•	scribe the organization's mis	DATION DRIVES RESOURCES T		
	-		R POTENTIAL IN PARTNERSHI		
		DISTRICT.			
2	Did the o	rganization undertake any s	ignificant program services during t	he year which were not listed on the	 Э
	prior Form				X Yes No
3		-		in how it conducts, any program	
		escribe these changes on So			
4	Describe expenses.	the organization's program Section 501(c)(3) and 50	service accomplishments for each	n of its three largest program servi o report the amount of grants and	
4a	(Code:		1,254,699. including grants of \$	762,821. ) (Revenue \$	)
	SEE SCH	EDULE O			
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	<u>(0 - 1 - </u>	) ( 🗖			
4C	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
łd	Other pro	gram services (Describe in S	Schedule O.)		
	(Expenses		-	evenue \$ )	
le		ram service expenses <b>&gt;</b>	1,254,699.		
SA	020 1.000				Form <b>990</b> (2016)
		MP K378 3/28/2018	1:21:07 PM V 16-7.16	28336.01/LLS	PAGE 4

Form 9	90 (2016)		F	Page 3
Part	V 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	X	
2	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
-	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
2	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0	37	
h	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		X

Form **990** (2016)

Form 99	00 (2016)		F	Page <b>4</b>
Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d o T o	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	250		Х
Ь	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-•	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			_
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2016)

Form 990 (2016)

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable $1a$ 30		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a30Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
L	reportable gaming (gambling) winnings to prize winners?	1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
2a	Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b>			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
N	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
Ψu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
а	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	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
13		4.2		
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
JSA	0 1.000	Form	990	(2016)
22104	4118MP K378 3/28/2018 1:21:07 PM V 16-7.16 28336.01/LLS			GE

Form §	090 (2016) ISSAQUAH SCHOOLS FOUNDATION 94-3050	)254	F	Page <b>6</b>
Part	<b>VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Soct	ion A. Governing Body and Management	<u> </u>		Χ
Seci	ion A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
Ta		-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization make any signmeant changes to its governing documents since the proof of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
14	one or more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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	10		37
_	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	4.01-		
Secti	ion C. Disclosure	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ <sup>WA</sup> ,	504/	-)/2\-	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(0	2)(3)S	only)
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
10		orcot	nolici	/ <b>c</b>
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	holic	y, and
20	financial statements available to the public during the tax year.	c · 🕨		
20	State the name, address, and telephone number of the person who possesses the organization's books and record MICELLE WELDON PO BOX 835 ISSAQUAH, WA 98027 425-391-8557	.s. 🏴		
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	Employees,	and
	Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average	`				e than o		Reportable	Reportable	Estimated
	hours per week (list any					is both or/trust		compensation from	compensation from related	amount of other
	hours for						, T	the	organizations	compensation
	related	ndiv r di	nstit	Officer	íey e	inpl	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	Individual trustee or director	Institutional trustee	P	Key employee	Highest compensated employee	er	(W-2/1099-MISC)		organization and related
	line)	r trus	)al ti		oyee	mp				organizations
	,	stee	uste			ens				5
			ŏ			ated				
(1)RACHEL MERRILL	2.00	-								
TRUSTEE	0.	X						0.	0.	0.
(2)JODY MULL	5.00	-								
VP ALUMNI OUTREACH	0.	Х		Х				0.	0.	0.
(3)JODI PICKERING	8.00	-								
TRUSTEE	0.	Х						0.	0.	0.
(4)JULIA YU	3.00	-								
TRUSTEE	0.	X						0.	0.	0.
(5)SHARI TOKUMI	8.00							_		_
TRUSTEE	0.	X						0.	0.	0.
(6)LAWRIE ROBERTSON	3.00									
VP HUMAN RESOURCES	0.	X		Х				0.	0.	0.
(7)MAY GAUVIN	10.00									
PROG. CHAIR & PROG. OVERSIGHT	0.	X		Х				0.	0.	0.
(8)MATT COYNE	8.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(9)ALISON MERYWEATHER	2.00							_		_
VP ALUMNI OUTREACH	0.	X		Х				0.	0.	0.
(10)SUSAN GRIFFIN	2.00							_		_
TRUSTEE	0.	X		Х				0.	0.	0.
(11)ROD PUTNEY	4.00							_		_
VP MARKETING	0.	X		Х				0.	0.	0.
(12)MICHAEL J. GLEASON	3.00	-								
TREASURER	0.	X		Х				0.	0.	0.
(13)CORNELL ATWATER	5.00	-								
RES. DEVEL. & MAJ. GIFT CHAIR	0.	Х		Х				0.	0.	0.
(14)ERICA FEWEL	4.00	-								
VP MAJOR GIFTS	0.	Х		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr (A) Name and title	(B) Average hours per week (list any hours for related	(do r box,	not ch unles	Posi neck	ition more	e than o is both or/trust employee	one an	(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
15) ALEX FONG	1.00									
TECHNOLOGY CHAIR	0.	Х		Х				0.	0.	
16) SARAH JOHNSON	2.00	37								
TRUSTEE		X						0.	0.	
17) KARIN MANNING	2.00									
TRUSTEE	0.	X						0.	0.	
18) SARA MILLER	3.00									
TRUSTEE	0.	X						0.	0.	
19) MEREDITH SPENCER	3.00	37						0	0.	
TRUSTEE 20) JODY TURNER	2.00	Х						0.	0.	
TRUSTEE	0.	x						0.	0.	
	2.00							0.	0.	
21) CHRISTOPHER EMCH TRUSTEE	0.	x						0.	0.	
		A						0.	0.	
22) CAROLYN KENNEDY	10.00	v						0.	0.	
VP_OF_VOLUNTEER_LED_PROGRAMS 23) JENELL TAMAELA	0.	X		Х				0.	0.	
	-+	v						0.	0.	
TRUSTEE	0.	X						0.	0.	
24) BETH DONAHOE	2.00	v								
TRUSTEE	0.	Х						0.	0.	
25) DOUG EICKERMAN	2.00	v								
TRUSTEE	0.	Х					<u> </u>	0.	0.	
1b Sub-total								0.	0.	
c Total from continuation sheets to Part VII, S	Section A							0.	0.	

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 🕨 Ο.

			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		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	individual	4		Х
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		Х
6	action D. Independent Contractors			

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization $\blacktriangleright$ 0.	e listed above) who received	

	rt VII Section A. Officers, Directors, Tru		ľ						-				
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles r and	ss pei d a d	ition more rson irect	e than o is both or/trust	an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	am com	(F) timated tount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org and	om the anizatio d related anization	d
26)	SUZIE KUFLIK TRUSTEE	2.00	x						0.	0.			C
27)	NEVA LUKE	2.00							0.	0.			
	TRUSTEE	0.	x						0.	0.			(
28)	KIRSTEN O'MALLEY	2.00											_
	TRUSTEE	0.	x						0.	Ο.			(
29)	DANA RUNDLE	2.00											
	TRUSTEE AT LARGE	0.	х		х				0.	0.			
30)	LISA SMALL	2.00											
	TRUSTEE	0.	X						0.	0.			
31)	HOLLY STIPE TRUSTEE	2.00	X						0.	0.			
32)	NATE PEREA	2.00											
	TRUSTEE (UNTIL 10/2016)	0.	Х						0.	0.			
33)	KAREN STEVENS	2.00											
	TRUSTEE (UNTIL 11/2016)	0.	Х						0.	0.			
34)	GOVIND AGARWAL	2.00											
	TRUSTEE (UNTIL 6/2017)	0.	Х						0.	0.			
35)	LIDA BUCKNER	3.00											
	VP OF MARKETING	0.	Х		Х				0.	0.			
36)	KRISTIN BEHN	20.00											
	VP BOARD DEVEL. & GOVERNANCE	0.	Х		Х				0.	0.			
1b	Sub-total							►					
	Total from continuation sheets to Part VII, S							►					_
	Total (add lines 1b and 1c)					• •							_
2	Total number of individuals (including but not reportable compensation from the organization		hose 0.		d at	0006	e) who	o re	ceived more than	\$100,000 of			
												Yes	1
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3		
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of rep eater than	ortab \$15	le c 0,0	om  00?	pen <i>If</i>	satior <i>"Ye</i> s	n ar ג," נ	nd other compens complete Schedu	sation from the le J for such	4		
5	Did any person listed on line 1a receive or												
	THE ALV DEISON ISTED ON THE 18 LECEIVE OF	accide col	nnnen	SAII	ын Т	TOT		un					1

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>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Form 990 (2016)	voto o Ka					lia			(		Page 8
Part VII Section A. Officers, Directors, Tr		ey Em ∣	ploy		and I	lig			ees (cor		
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless r and a	persor direc	re than on is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportatio compensatio related organizatio	n from	(F Estim amou oth compe	nated unt of ner
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I		from organi and re organiz	zation elated
37) ELIZABETH SWANSON	60.00										
EXECUTIVE DIRECTOR(EFF 4/2017)	0.	_	2				0.		0.		0.
		_									
	+	-		_							
				_							
1b Sub-total											
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A										
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t		isted			o re	eceived more than	\$100,000 o	f		
3 Did the organization list any former offic				00	kov (	amn	lovoo or highos	t compones	tod	Y	es No
employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ividua	1		••			•••	3	X
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	n \$15	0,000	)?	f "Yes	s,"	complete Schedu	ıle J for s	uch	4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>	accrue co	mpen	satior	fror	m any	un	related organizati	on or individ	lual	5	X
Section B. Independent Contractors											
<ol> <li>Complete this table for your five highest com compensation from the organization. Report of year.</li> </ol>										s tax	
(A) Name and business add	dress						<b>(B)</b> Description of se	ervices	Cor	(C) npensat	ion
2 Total number of independent contractors (i	ncluding bu	ut not	limit	ed t	o thos	se li	isted above) who	received			

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more than \$100,000 in compensation from the organization **>** 

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		Check if Schedule O co			-		(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u>1b</u>					
An An	с	Fundraising events	<u>1</u> c	681,943.				
ilar	d	Related organizations	1d					
Sir,	е	Government grants (contribu	itions) 1e	40,325.				
le utio	f	All other contributions, gifts,	grants,					
₿₽		and similar amounts not included		1,248,826.				
and	g	Noncash contributions included						
	h	Total. Add lines 1a-1f	<u></u>	■ Business Code	1,971,094.			
enu	_			Business Code				
Program Service Revenue	2a							
ice	b							
erv	C							
ε	d							
gra	e f	All other program service rev						
Pro	g	Total. Add lines 2a-2f			0.			
	3		cluding divider					
		and other similar amounts).			649.			649
	4	Income from investment of			0.			
	5	Royalties	<u></u>		25,082.			25,082
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss) .			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c d	Gain or (loss)		<b>⊳</b> [	0.			
		,			0.			
Other Revenue	oa	Gross income from fundra events (not including \$	-	ATCH 1				
eve		of contributions reported on						
R		See Part IV, line 18		0.				
the	b	Less: direct expenses						
0	с	Net income or (loss) from fu	ndraising events	ATCH 2 ►	-112,258.			-112,258
	9a	Gross income from gaming						
		See Part IV, line 19	a	0.				
	b	Less: direct expenses						
	С	Net income or (loss) from g	aming activities	▶	0.			
	10a	Gross sales of invent returns and allowances	a					
	b	Less: cost of goods sold	b	0.				
ŀ	C	( )		Business Code	0.			
ŀ		Miscellaneous Revenu		Business Codé				
	11a							
	b							
	C			1				
	d	All other revenue Total. Add lines 11a-11d			0.			
	е 12	Total revenue. See instructio			1.884.567.			-86.527

Form **990** (2016)

#### ISSAQUAH SCHOOLS FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a respo				
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	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	743,089.	743,089.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	19,732.	19,732.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	42,742.	19,919.	7,456.	15,36
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	392,149.	182,754.	68,409.	140,98
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	31,403.	3,834.	9,815.	17,75
0 Payroll taxes	38,086.	16,004.	10,121.	11,96
1 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	27,645.		27,645.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	49,379.		49,379.	
(A) amount, list line 11g expenses on Schedule O.)	21,154.		15,070.	6,08
2 Advertising and promotion	65,434.	475.	25,131.	39,82
3 Office expenses	6,808.	175.	6,808.	55,02
4       Information technology         5       Royalties	0,000:		0,000.	
6 Occupancy	4,866.		4,866.	
7 Travel	327.		327.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	2,295.		2,295.	
0 Interest	0.			
1 Payments to affiliates	0.			
2 Depreciation, depletion, and amortization	2,228.		2,228.	
3 Insurance	2,924.		2,924.	
4 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.)				
aOTHER PROGRAM COSTS	112,628.	112,628.		
bHEALTHY YOUTH INITIATIVE	54,845.	54,845.		
cCULTURAL BRIDGES	77,037.	77,037.		
dELEMENTARY ART	24,382.	24,382.		
e All other expenses	61,265.		46,269.	14,99
5 Total functional expenses. Add lines 1 through 24e	1,780,418.	1,254,699.	278,743.	246,97
6 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 F if	0			

0

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following SOP 98-2 (ASC 958-720)

Form 990 (2016)

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Form 990 (2016)

	rt X	Balance Sheet					Fage II	
Га		Check if Schedule O contains a response of	or note	to any line in this Pa	art X			
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			232,442.	1	302,828.	
	2	Savings and temporary cash investments			688,180.	2	412,581.	
	3	Pledges and grants receivable, net			68,940.	3	204,241.	
	4	Accounts receivable, net			0.	4	0.	
	5	Loans and other receivables from current and	former	officers, directors,				
		trustees, key employees, and highest c	ompen	sated employees.				
		Complete Part II of Schedule L			0.	5	0.	
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and c untary e	ontributing employers mployees' beneficiary	0.	6	0.	
ets	7	organizations (see instructions). Complete Part II of Scho Notes and loans receivable, net		•••••	0.	7	0.	
Assets	8	Inventories for sale or use		•••••	0.	8	0.	
۲	9	Inventories for sale or use Prepaid expenses and deferred charges	• • • •	•••••	1,428.	9	1,468.	
	-	Land, buildings, and equipment: cost or	i i		1,120.	9	1,400.	
	IVa		10a	15,475.				
	h	Less: accumulated depreciation		8,418.	9,285.	100	7,057.	
	11				727,041.		874,198.	
	12	Investments - other securities. See Part IV, line 11				12	0.	
	13	Investments - program-related. See Part IV, line 1	•••• 1		0.		0.	
	14	Intangible assets			0.		0.	
	15	Other assets. See Part IV, line 11		•••••	0.		0.	
	16	Total assets. Add lines 1 through 15 (must equal			1,727,316.		1,802,373.	
	17	Accounts payable and accrued expenses			65,344.		52,378.	
	18	Grants payable			488,717.		375,072.	
	19	Deferred revenue	0.		0.			
	20	Tax-exempt bond liabilities	eferred revenue ax-exempt bond liabilities					
	21	Escrow or custodial account liability. Complete P	0.	20 21	0.			
ŝ	22	Loans and other payables to current and f						
Liabilities		trustees, key employees, highest comper						
abil		disqualified persons. Complete Part II of Schedule			0.	22	0.	
Ë	23	Secured mortgages and notes payable to unrelat			0.	23	0.	
	24	Unsecured notes and loans payable to unrelated			0.	24	0.	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lines	s 17-24	). Complete Part X				
		of Schedule D			0.	25	0.	
	26	Total liabilities. Add lines 17 through 25			554,061.	26	427,450.	
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		here ► X and				
an	27	Unrestricted net assets			1,046,679.	27	1,178,644.	
Ba	28	Temporarily restricted net assets			126,576.	28	196,279.	
pu	29	Permanently restricted net assets		· · · · · · <u>· · ·</u> · · ·	0.	29	0.	
٥		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.	), check	here <b>&gt;</b> and				
	30	Capital stock or trust principal, or current funds				30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equivalent	uipment	t fund		31		
ťΑ	32	Retained earnings, endowment, accumulated inc				32		
Ne	33	Total net assets or fund balances			1,173,255.	33	1,374,923.	
	34	Total liabilities and net assets/fund balances	<u></u>	<u></u> .	1,727,316.	34	1,802,373.	

Form 990 (2016)

Form 99	90 (2016)			Pa	ge <b>12</b>		
Part							
	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		84,5			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,780,418.				
3	Revenue less expenses. Subtract line 2 from line 1	3	1	04,1	.49.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,173,255.				
5	Net unrealized gains (losses) on investments	5	97,519.				
6	Donated services and use of facilities	6	0.				
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	<u>33,</u> column (B))	10	1,3	74,9	923.		
Part							
	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 X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled 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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a					
	separate basis, consolidated basis, or both:						
	X       Separate basis       Consolidated basis       Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	countant?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	explain in					
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in					
	the Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b				

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Nam	ne of the organization Employer identification number											
ISS	SAQI	JAH SCHOOLS FOUNDAT	ION				94-30502	94-3050254				
Pa		Reason for Public Cha		organizations must c	omplete	e this pa	art.) See instructions	)				
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)					
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).					
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)					
3		A hospital or a cooperative	hospital service o	rganization described i	in <b>sectio</b>	n 170(b)	(1)(A)(iii).					
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	scribed in	n section 170(b)(1)(A)	(iii). Enter the				
		hospital's name, city, and st	tate:									
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	erated by a governme	ental unit described in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local go	overnment or gover	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).					
7	Х	An organization that norma	ally receives a sub	ostantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public				
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)		-						
8		A community trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	Part II.)							
9		-	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		or university or a non-land-	-			-	-					
		university:					-	-				
10	An organization that normally receives: (1) more than 331/3% 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the organizatio	n after June 30, 1	975. See <b>section 509</b>	(a)(2). (C	Complete	e Part III.)	1 DUSII 163363				
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).					
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes				
		of one or more publicly su	pported organizati	ons described in sect	ion 509	<b>(a)(1)</b> or	• section 509(a)(2). S	See section 509(a)(3).				
	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.											
а		<b>Type I</b> . A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving				
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the				
		supporting organization.	., .	• • • •								
b		<b>Type II</b> . A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having				
		control or management of										
		organization(s). You must		-				5 11				
с		Type III functionally integ	•		ted in co	onnectio	n with, and functiona	lly integrated with,				
		its supported organization										
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)				
		that is not functionally inte			-							
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.					
е		Check this box if the orga		-				II, Type III				
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting c	organizat	tion.					
f	En	ter the number of supported	l organizations									
g	Pro	ovide the following information	on about the suppo	orted organization(s).								
	<b>(i)</b> N	ame of supported organization	<b>(ii)</b> EIN	(iii) Type of organization	. ,	organization	(v) Amount of monetary	(vi) Amount of				
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)				
				,	Yes	No						
(A)												
()												
(B)												
· /												
(C)												
(D)												
(E)												
Tota	al											

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1210 1.000 4118MP K378 3/28/2018 1:21:07 PM V 16-7.16 Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,413,748.	1,455,617.	1,815,566.	1,574,828.	1,971,094.	8,230,853.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	32,000.	46,000.	50,200.	50,053.	54,280.	232,533.
4	Total. Add lines 1 through 3	1,445,748.	1,501,617.	1,865,766.	1,624,881.	2,025,374.	8,463,386.
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						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from line 4.						396,089.
$\frac{6}{8}$	••						8,067,297.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,445,748.	1,501,617.	1,865,766.	1,624,881.	2,025,374.	8,463,386.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,445,748.	848.	21,175.	29,700.	2,025,374.	88,191.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			107.	157.		264.
11	Total support. Add lines 7 through 10						8,551,841.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea		
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2016 (lir	ne 6, column (f)	) divided by line	11, column (f))		14	94.33%
15	Public support percentage from 2015	Schedule A, Pa	rt II, line 14			15	92.32%
16a	331/3% support test - 2016. If the o	rganization did	not check the b	oox on line 13,	and line 14 is	331/3% or more	e, check
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		. ► X
b	331/3% support test - 2015. If the o	rganization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The orga	anization qualifi	es as a publicly s	supported organ	nization		► 📋
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets the organization						
a	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the orga	nization meets	the "facts-and	-circumstances"	test, check th	his box and sto	op here.
10	Explain in Part VI how the organization supported organization <b>Private foundation.</b> If the organization						► 🗌
18	•						
	instructions						

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

# Support Schedule for Organizations Described in Section 509(a)(2)

Part III (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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 20	)16 <b>(f</b> )	) 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							
	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							
~	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
Ũ	line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 20	016 <b>(f</b>	) Total
	Amounts from line 6.		(,	(-,	(.,	(-)		
9 10 a	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
h	sources Unrelated business taxable income (less							
U	· ·							
	section 511 taxes) from businesses							
-	acquired after June 30, 1975							
	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.)	. <u> </u>						
14	First five years. If the Form 990 is f	-						
	organization, check this box and stop here						<u></u>	. ►
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2016 (line 8					15		%
16	Public support percentage from 2015 Sche					16		%
Sec	tion D. Computation of Investme	nt Income Per	centage					
17	Investment income percentage for 2016 (li	ne 10c, column (	f) divided by line	13, column (f)) 🔒		17		%
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18		%
19 a	331/3% support tests - 2016. If the or	ganization did no	ot check the bo	x on line 14, and	d line 15 is more	e than 33	31/3 %, and lin	ie
	17 is not more than 331/3%, check th	is box and <b>sto</b>	<b>p here.</b> The org	anization qualifie	s as a publicly	supported	l organization	
b	331/3% support tests - 2015. If the orga	anization did not	check a box on	line 14 or line 19	9a, and line 16 is	s more that	an 331/3%, an	ıd
	line 18 is not more than 331/3%, check	this box and <b>s</b> f	top here. The or	ganization qualifi	es as a publicly	supported	d organization	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	ox and se	e instructions	\$ 🕨 🗌
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Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- **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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.*
- 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).*
- 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).
- **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.*
- **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.*
- **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.**
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **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 Schedule A (Form 990 or 990-EZ) 2016

Schedul	e A (Form 990 or 990-EZ) 2016	-	F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b> on <b>B. Type I Supporting Organizations</b>	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	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 <b>Part VI</b> 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,			
0	supervised, or controlled the supporting organization.	2		
Sectio	on C. Type II Supporting Organizations		Yes	No
			res	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sectio	on 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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
Castin		3		
	on E. Type III Functionally Integrated Supporting Organizations	4		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete <b>line 2</b> below.	Grucu	ons).	
a b	The organization satisfied the Activities rest. Complete <b>line 2</b> below. The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c	The organization is the parent of each of its supported organizations. Complete me of below. The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	rtions)	
Ũ		1100 00	Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? 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 <b>Part VI</b> the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E2	Z) 2016

Schedule A (Form 990 or 990-EZ) 2016			Page
Part V         Type III Non-Functionally Integrated 509(a)(3) Supporting Organ           1         Check here if the organization satisfied the Integral Part Test as a qualifyin			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organi	zations m	nust complete Sectio	
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		
<b>6</b> 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):			
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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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).

Schedule A (Form 990 or 990-EZ) 2016

Schedu Part	Ide A (Form 990 or 990-EZ) 2016 Type III Non-Functionally Integrated 509(a)(3) \$	Supporting Organizat	ions (continued)	Page <b>7</b>
	on D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.	<b>.</b> .		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
 h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
 C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
 b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			
			<b></b>	A (Form 990 or 990-EZ) 2016

Page 8

Schedule A (Form 990 or 990-EZ) 2016

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.)

Schedule E	3
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form	990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990)	, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

Name of the organization

ISSAQUAH SCHOOLS FOUNDATION

Employer identification number

94-3050254

Organization	type	(check	one):
--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ISSAQUAH SCHOOLS FOUNDATION

Employer identification number 94-3050254

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1			Person
		\$ 120,561.	Payroll
		\$120,561.	Noncash
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2			Person
		\$ 40,000.	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
		♥	
			(Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
o.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for
			noncash contributions.)
a)	(b)	(c)	(d)
lo.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Borgen
—   ——			Person Payroll
		\$	Noncash
		Ψ	
			(Complete Part II for noncash contributions.)
			noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	
-------------------------------------------------	--

Name of organization ISSAQUAH SCHOOLS FOUNDATION

Employer identification number 94-3050254

Part II	Noncash Property (See instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(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
		_	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

JSA 6E1254 1.000

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)			
Name of organization ISSAQUAH SCHOOLS FOUNDATION	Employer identification number		
	94-3050254		

Part III	<b>Exclusively</b> religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatic	onship 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) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatic	onship 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, ar	nd ZIP + 4	Relatio	onship 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) Transf	er of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relatio	onship of transferor to transferee	
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	

SCHEE	DULE	D
(Form	990)	

# 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.

	artment of the Treasury mal Revenue Service	Information about Schedul	Attach to Form 990. e D (Form 990) and its instructions is at www	v.irs.qov/form990.	Open to Public Inspection
	e of the organization			Employer identification	
IS	SAQUAH SCHOOLS	FOUNDATION		94-30502	54
_			ised Funds or Other Similar Funds of	or Accounts.	
		e 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 er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	Did the organizati	on inform all donors and donor	advisors in writing that the assets held	d in donor advised	
	funds are the orga	nization's property, subject to the	e organization's exclusive legal control?		Yes No
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writing that grant	funds can be used	
	-		fit of the donor or donor advisor, or for		
				<u></u>	Yes No
Pa		tion Easements.			
			"Yes" on Form 990, Part IV, line 7.		
1		-	e organization (check all that apply).	n of a historiaally im	nortant land area
		n of land for public use (e.g., rec of natural habitat	,	n of a historically im n of a certified histo	•
		n of open space			
2			eld a qualified conservation contribution	in the form of a con	servation
-		ast day of the tax year.			End of the Tax Year
а				2a	
b			5	2b	
с	-	-	historic structure included in (a)	2c	
d			) acquired after 8/17/06, and not on a		
	historic structure li	isted in the National Register		2d	
3	Number of conser	rvation easements modified, trar	nsferred, released, extinguished, or term	inated by the organ	nization during the
	tax year 🕨				
4			rvation easement is located ►		
5	-		garding the periodic monitoring, inspec		
_			sements it holds?		└── Yes └── No
6	Staff and volunteer	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements	during the year
_	►				
7		es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easem	ients during the year
8		votion accompant reported on line	2(d) above satisfy the requirements of sec	tion 170(b)(4)(P)(i)	
0		-			Yes No
9			conservation easements in its revenue a		
-			of the footnote to the organization's finan		
	organization's acc	ounting for conservation easeme	nts.		
Pa			of Art, Historical Treasures, or Oth	er Similar Assets	
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SI	FAS 116 (ASC 958), not to report in its	s revenue statemen	t and balance sheet
	works of art, hist	orical treasures, or other similar vide in Part XIII the text of the fu	FAS 116 (ASC 958), not to report in its ar assets held for public exhibition, ed potnote to its financial statements that de	lucation, or researc	ch in furtherance of
b			SFAS 116 (ASC 958), to report in its		
			ar assets held for public exhibition, ed		
	public service, pro	vide the following amounts relat	ng to these items:		
2	•		rt, historical treasures, or other similar		al gain, provide the
			FAS 116 (ASC 958) relating to these iter		
a h					
b For	Paperwork Reduction	Act Notice, see the Instructions fo	r Form 990.		edule D (Form 990) 2016
JSA				501	222.0 5 (1 0.111 000/ 2010

OMB No. 1545-0047

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Schee	dule D (Form 990) 2016		1 0 01.2111						2 0 0 0	0201	Р	age <b>2</b>
Par		ng Collections of	Art, Hist	orical T	reasur	es,	or Oth	ner Simil	ar Asse	ts (con	tinue	əd)
3	Using the organization's acquisition	n, accession, and o	other recor	ds, check	k any o	of the	follow	ing that a	re a sigr	ificant u	ise o	of its
	collection items (check all that app	ly):			-			-	-			
а	Public exhibition		d	Loan d	or excha	ange	program	ns				
b	Scholarly research		e	Other		•						
с	Preservation for future gene	rations										
4	Provide a description of the organ		and expla	ain how t	thev fur	ther	the or	anization'	s exempt	purpos	e in	Part
	XIII.				· · · <b>·</b> ·							
5	During the year, did the organization	on solicit or receive o	donations o	f art. histo	orical tr	easu	res. or o	other simil	ar			
-	assets to be sold to raise funds rath								_	Yes		No
Par	t IV Escrow and Custodial Ar				or gamize		0 00.00					
i ai	Complete if the organizat		s" on Form	n 990. Pa	art IV. I	ine 9	9. or re	ported ar	amoun <sup>.</sup>	t on For	m	
	990, Part X, line 21.				art ry, i		5, 61 10	portoù ai	lamoan			
1a	Is the organization an agent, truste	e custodian or othe	ar intermed	iary for c	ontribut	tions	or othe	r assets no	t			
īa	included on Form 990, Part X?			-					ν Γ	Yes		No
h	If "Yes," explain the arrangement in					• • •			• • • • L	163		
b		IF all All and com		iowing tac	JIE.			Δ	mount			
•	Paginning balanco					4.0		^	mount			
С Ы	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance Did the organization include an am					1f	atadial	o o o o unt lio		Yes		Na
									-			No
	If "Yes," explain the arrangement in	h Part XIII. Check h	ere if the ex	planation	nas be	en pi	ovided	on Part XII				
Par	t V Endowment Funds. Complete if the organizat	ion answard "Var	" on Form		art IV/ I	ino 1	10					
								(d) Thurson	aara baak	(a) [au		haali
		(a) Current year	(b) Prio		(c) ⊺w	-		(d) Three y		(e) Four		
1a	Beginning of year balance	727,041.		6,645.			,847.	30	б,477.			674.
b	Contributions	49,650.	1 / :	5,000.		/5	,000.			-	100,	000.
С	Net investment earnings, gains,		-			4	000	-	0 270		2.0	000
	and losses	97,507.	5.	5,396.		-4	,202.	5	9,370.		32,	803
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance	874,198.		7,041.		496	,645.	42	5,847.		366,	477.
2	Provide the estimated percentage			e (line 1g,	column	ı (a))	held as	:				
а	Board designated or quasi-endown		_%									
b	Permanent endowment											
С	Temporarily restricted endowment											
	The percentages on lines 2a, 2b, a											
3a	Are there endowment funds not in	the possession of the	ne organiza	tion that	are hel	d and	d admir	istered for	the			
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as require	ed on Sch	edule R	?				3b		
4	Describe in Part XIII the intended u	ises of the organiza	tion's endo	wment fur	nds.							
Par	t VI Land, Buildings, and Equi Complete if the organiza	ipment.		- 000 D	) a mt 1) /	line	11- 0	<b>-</b>	000 Da	tV line	40	
	Description of property	(a) Cost or	S ON FOIT	n 990, P (b) Cost o				ee Form		t A, IINE		
		(a) Cost of (inves	tment)		ther)	1515		eciation	(L	DOOK VAI	ue	
1a	Land											
b	Buildings											
с	Leasehold improvements											
d	Equipment				15,47	75.		8,418.			7,0	)57.
е	Other											
Tota	I. Add lines 1a through 1e. (Column		n 990, Part	X, columi	n (B), lir	ne 10	c.)				7,0	)57.
	0 - ( 0		,			-	/					

Schedule D (Form 990) 2016

~ ~ Schedule D (Form 990) 2016		Page
Part VII Investments - Other Securities.		
(a) Description of security or category	l "Yes" on Form 990 (b) Book value	0, Part IV, line 11b. See Form 990, Part X, line 12.
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	l "Ves" 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:
(a) Description of investment	(b) BOOK value	Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)(3)		
Part IX Other Assets.		
	"Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)(7)		
(7) (8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X Other Liabilities.	,	
Complete if the organization answered line 25.	I "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,
1. (a) Description of liability	(b) Book valu	le
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
$\frac{(6)}{(7)}$		
(7) (8)		
(9)		

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

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

Schedule D (Form 990) 2016

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ISSAQUAH SCHOOLS FOUNDATION	ISSAQUAH	SCHOOLS	FOUNDATION
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Schedu	le D (Form 990) 2016	21		Page 4
Part		eturn.		
1	Total revenue, gains, and other support per audited financial statements	. 1		2,178,438.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	19.		
b	Donated services and use of facilities	35.		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	26	•	244,954.
3	Subtract line 2e from line 1	3		1,933,484.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	17.		
с	Add lines <b>4a</b> and <b>4b</b>	. 40	:	-48,917.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,884,567.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.		
1	Total expenses and losses per audited financial statements	. 1		1,976,770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	35.		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	. 26	•	147,435.
3	Subtract line 2e from line 1	3		1,829,335.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	17.		
c	Add lines 4a and 4b	40	:	-48,917.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			1,780,418.
	XIII Supplemental Information.			
Drovid	a the descriptions required for Part II, lines 2, 5, and 0; Part III, lines 1a and 4; Part IV, lines 1h and 2	h. Dort V	/ lin	o 4: Dort V lino

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.

SEE PAGE 5

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Schedule D (Form 990) 2016

PART XI, LINE 4B

FUNDRAISING EXPENSES: \$48,917

PART XII, LINE 4B

FUNDRAISING EXPENSES: \$48,917

PART X, LINE 2

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS AND A LOSS CONTINGENCY IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT A LIABILITY HAS BEEN INCURRED BY THE FOUNDATION AND THE AMOUNT CAN BE REASONABLY ESTIMATED.

	Supplemen	tal Information R	Regarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047		
SCHEDULE G (Form 990 or 990-EZ)	Complete if t	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. Open							
Department of the Treasury						"	Open to Public		
Internal Revenue Service	Information ab	out Schedule G (Form	990 or 990-E	2) and its in	structions is at www.ii	-	Inspection		
Name of the organization						Employer identification	on number		
ISSAQUAH SCHOOLS	ng Activities. Con	aplata if the orga	nization	neworod	L"Voc" on Form	94-3050254	17		
	)-EZ filers are not					550, 1 art 10, inte			
1 Indicate whether	the organization rais	sed funds through a		•					
a Mail solicitat	ions	е			non-government g	•			
b Internet and	email solicitations	f	Solic	itation of	government grants	S			
c Phone solici	tations	g	Spec	cial fundra	ising events				
d 🔄 In-person so	licitations								
	s listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No		
	0 highest paid indi east \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be		
						(v) Amount paid to			
<b>(i)</b> Name and addre or entity (fu		<b>(ii)</b> Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No					
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3 List all states in registration or lice	which the organiza	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from		

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#### Schedule G (Form 990 or 990-EZ) 2016

Page 2

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.

		groce receipte groater than \$6,6	00.			
			(a) Event #1 LUNCHEON	(b) Event #2 BREAKFAST	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c)
ne			(0.000 0) (0.000	(0.000 ())	(	
Revenue	1	Gross receipts	576,308.	105,635.		681,943.
œ	2	Less: Contributions	576,308.	105,635.		681,943.
		Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	-	Newseek arises				
	5	Noncash prizes				
es	6	Rent/facility costs	18,344.	10,687.		29,031.
ens	Ũ		10,511.	1070071		
Direct Expenses	7	Food and beverages	11,389.	4,818.		16,207.
∋ct						
Dire	8	Entertainment				
	9	Other direct expenses	67,020.			67,020.
	10	Direct expense summary. Add lines	4 through 9 in column (d)		🏲	112,258.
D	11	Net income summary. Subtract line 1				
Pa	τι	Gaming. Complete if the orgative than \$15,000 on Form 990-E	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
				<b>(1) (1)</b>		(d) Total coming (odd
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evel						
Å	1	Gross revenue				
es	2	Cash prizes				
ens						
Direct Expenses	3	Noncash prizes				
ц						
Dire	4	Rent/facility costs				
	F	Other direct evenences				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	Yes%	No	No 76	
	Ū					
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)		
				· ·		<u> </u>
9		nter the state(s) in which the organizat				
a		the organization licensed to conduct g	gaming activities in each	of these states?		Yes No
k	) If	"No," explain:				
	_					
40-	14	loro only of the pression institution and	liconoco rovolka	adad or tomaineted during	a the towner?	
		/ere any of the organization's gaming "Yes," explain:	ilcenses revoked, suspe	ended of terminated dufir	ig the tax year?	Yes No
L.	, 11	163, Capiain.				

Schedule G (Form 990 or 990-EZ) 2016

	ISSAQUAH SCHOOLS FOUNDATION	94-305	0254	
Sched	ule G (Form 990 or 990-EZ) 2016			Page 3
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 entit			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives g			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the		
	amount of gaming revenue retained by the third party $\blacktriangleright$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address			
16	Gaming manager information:			
10				
	Name N			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro-	ceeds to		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	nal inforr	mation	
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Comp	Vernmer lete if the or	nts, and Ir ganization ans ► Att	Assistance to Individuals in Wered "Yes" on F tach to Form 990.	orm 990, Part IV,	d States line 21 or 22.	·	OMB No. 1545-0047
Name of the organization							Employer ide	ntification number
ISSAQUAH SCHOOL	S FOUNDATION						94-305	0254
Part I General In	formation on Grants and	Assistance	9					
the selection crite	ation maintain records to su eria used to award the grants IV the organization's proced	or assistanc	e?					and X Yes No
	<b>d Other Assistance to Do</b> V, line 21, for any recipie							I "Yes" on Form
	address of organization overnment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistan	
(1) ISSAQUAH SCHOOL DI	STRICT							
565 NW HOLLY ST IS	SSAQUAH, WA 98027			743,089.				EDUCATION
(2)								

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(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

(12)

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

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

3 Enter total number of other organizations listed in the line 1 table ......

1.

Schedule I (Form 990) (2016)

#### Schedule I (Form 990) (2016)

#### 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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 TEACHER SUPPORT	163.	16,732.			
· TEACHER SUFFORT	105.	10,752.			
2 SCHOLARSHIPS	3.	3,000.			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide t information.	he information re	equired in Part I,	line 2, Part III, d	column (b); and any o	ther additional

PART I, LINE 1

THE FOUNDATION REQUESTS A GRANT EVALUATION FROM EVERY GRANT RECIPIENT.

THOSE EVALUATIONS ARE MONITORED BY THE PROGRAM COMMITTEE AND THE

EXECUTIVE DIRECTOR PRIOR TO RENEWING FUNDING ANNUALLY.

Schedule I (Form 990) (2016)

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2016

**Open To Public** 

Inspection

Employer identification number

94-3050254

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M	(Form 990)	and its instructions is a	at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

ISSAQUAH SCHOOLS FOUNDATION

		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con			0
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household							
	goods.							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded							
	Securities - Closely held stock							
	Securities - Partnership, LLC,							
	or trust interests							
	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other ►( <u>AUCTION ITEMS</u> )	Х		48,917.				
	Other ►( <u>BOOKS</u> )	Х	2,619.	15,714.	FMV			
	Other ►( <u>SUPPLIES</u> )	Х		13,979.	FMV			
	Other ►( OTHER )	Х	11.	3,180.	FMV			
	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part IV, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least the							
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement in							
	1 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			31	x			
	Does the organization hire or use							1
	contributions?				32a		X	
	If "Vee " describe in Dort II							
	If "Yes," describe in Part II.							
	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,			

Page 2

94-3050254

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II 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.

Schedule M (Form 990) (2016)

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

FORM 990, PART III, LINE 2:

IN FY16 THE FOUNDATION EXPANDED WITH THREE NEW PROGRAMS: FUTUREMAP, CULTURAL BRIDGES AND ELEMENTARY ART DOCENT PROGRAM. FUTUREMAP CONNECTS THE BUISNESS COMMUNITY TO OUR STUDENTS PROVIDING ACCESS TO INTERNSHIPS, SPEAKERS, JOB SHADOWING AND CAREER EXPERTS. CULTURAL BRIDGES HELPS FAMILIES OVERCOME LANGUAGE BARRIERS AND EMPOWERS THEM TO BECOME PART OF OUR COMMUNITY WHILE HELPING THEIR KIDS BE SUCCESSFUL IN SCHOOL THROUGH OUTREACH, EVENTS, MENTORING, TRANSLATION SERVICES AND MAGAZINES. THE ELEMENTARY ART DOCENT PROGRAM SUPPORTS A COORDINATOR WHO TRAINS THE VOLUNTEER DOCENTS AND PROVIDES CURRICULUM FOR THEIR LESSONS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE AND THEN PRESENTED TO THE FULL BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12: THE DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY AT THE START OF THEIR EMPLOYMENT OR BOARD TERM AND AGAIN ANNUALLY AT THE START OF EACH FISCAL YEAR. IF A DIRECTOR OR EMPLOYEE BELIEVES THAT HE OR SHE HAS A CONFLICT OF INTEREST, THE DIRECTOR OR EMPLOYEE MUST REPORT THE CONFLICT TO THE EXECUTIVE COMMITTEE. UPON REVIEW, IF THE EXECUTIVE COMMITTEE DETERMINES THAT THERE IS A CONFLICT OF INTEREST, THE DIRECTOR OR EMPLOYEE IS PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE FOUNDATION HAS A COMPENSATION POLICY WHICH STATES THAT THE FOUNDATION WILL PAY AT THE MIDPOINT OF THE NON-PROFIT SALARY SURVEY. WE BENCHARK AGAINST OTHER NON-PROFITS ACHIEVING COMPARABLE REVENUE WHO DO SIMILAR WORK. THE HUMAN RESOURCES COMMITTEE OVERSEES THE SALARY REVIEW ANNUALLY WITH APPROVAL FROM THE EXECUTIVE COMMITTEE.

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

THE FOUNDATION MAKES IT'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC BY REQUEST, OUR FINANCIAL STATEMENTS ARE AVAILABLE ONLINE AT WWW.ISFDN.ORG AND ARE MAILED TO DONORS VIA AN ANNUAL REPORT.

#### FORM 990, PART III, LINE 4:

KATERI BROW GRANTS ARE BIG IDEA GRANTS, AWARDED FOR PROGRAMS THAT REFLECT VISION AND INNOVATION IN EDUCATION. FRONTLINE EMPLOYEES - TEACHERS AND PRINCIPALS - ARE BEST AT IDENTIFYING PROBLEMS AND DEVELOPING GRASSROOTS AND PRACTICAL SOLUTIONS. THE FOUNDATION PARTNERS WITH THE DISTRICT TO FIRST FUND THESE GRANTS, AND IF PROVEN VALUABLE TO STUDENT LEARNING, REPLICATE THESE SOLUTIONS ACROSS THE DISTRICT. LAST YEAR, THE FOUNDATION GAVE \$59,785 TO FUND 13 GRANTS, WITH MOST GRANTS HAVING MULTI-YEAR IMPACT.

PRE-K SUMMER SCHOOL PROVIDED 126 STUDENTS FROM EVERY SCHOOL IN THE DISTRICT WITH FOUR WEEKS OF INTENSIVE PRE-SCHOOL INSTRUCTION. THIS INSTRUCTION TOOK PLACE AT THREE DIFFERENT SITES. STUDENTS WERE IDENTIFIED Page 2

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Schedule O (Form 990 or 990-EZ) 2016		Page <b>2</b>
Name of the organization	Employer identification number	
ISSAQUAH SCHOOLS FOUNDATION	94-3050254	

DURING SPRING KINDERGARTEN REGISTRATION AS BEING THE "LEAST READY" AMONG THEIR PEERS TO START KINDERGARTEN THE FOLLOWING FALL. IN ADDITION TO LEARNING NUMBERS, COLORS, LETTERS AND SOUNDS, STUDENTS ALSO LEARNED CRITICAL CLASSROOM BEHAVIORS WHICH HELP FACILITATE A CONDUCIVE LEARNING ENVIRONMENT FOR OTHER STUDENTS. TRANSPORTATION WAS PROVIDED TO ENSURE ALL STUDENTS HAD ACCESS TO THIS OPPORTUNITY. EIGHTY PERCENT OF PARENTS WERE PRESENT DURING THE LAST WEEK OF PRE-K SUMMER SCHOOL TO BECOME ACQUAINTED WITH THE SCHOOL AND RESOURCES AVAILABLE TO THEIR CHILDREN.

DEDICATED FINE ARTS FUND IS AN ANNUAL INVESTMENT IN BAND, ORCHESTRA, CHOIR, DRAMA AND VISUAL ARTS PROGRAMS AT EVERY MIDDLE AND HIGH SCHOOL IN THE DISTRICT. PROGRAMS ARE FUNDED ON A FOUR-YEAR ROTATIONAL BASIS. FUNDS THIS YEAR WERE USED TO PURCHASE INSTRUMENTS TO SUPPORT BAND FOR FIVE MIDDLE SCHOOLS AND FOUR HIGH SCHOOLS. THIS INVESTMENT ENRICHES THE EDUCATION AND LIVES OF OVER 2,000 STUDENTS, GRADES 6-12.

ATTACHMENT 1

FORM 990, PART VIII - EXCLUDED (	CONTRIBUTIONS
DESCRIPTION	AMOUNT
SPECIAL EVENTS	681,943.
TOTAL	681,943.

FORM 990, PART VIII - FUNDRAISING EVENTS

ATTACHMENT 2

DESCRIPTION_	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	112,258.	-112,258.
TOTALS	112,258.	-112,258.

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Schedule O (Form 990 or 990-EZ) 2016