Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



AF	or the	e 2019 calendar year, or tax year beginning and	ending		
B C a	heck if oplicabl	e: C Name of organization		D Employer identified	cation number
	Addre	ORCAS ISLAND COMMUNITY FOUNDATION			
	Name Chang			91-16805	27
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final	PO BOX 1496		360-376-	
	termin ated	· · · · · · · · · · · · · · · · · · ·		G Gross receipts \$	7,825,125.
	Amen return	EASISOUND, WA 90245		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: HILARI CANII		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1) $	or 527	1	list. (see instructions)
				H(c) Group exemption	
	orm of I rt I	rorganization: X Corporation Trust Association Other ►	L Year	of formation: 1995 N	State of legal domicile: WA
Fd		Summary	DINO		7 00
e	1	Briefly describe the organization's mission or most significant activities: FOST ENHANCE AND PRESERVE THE QUALITY OF LIFE			10
anc	•				
Governance		Check this box if the organization discontinued its operations or dispos Number of voting members of the governing body (Part VI, line 1a)		1.1	18
g		Number of independent voting members of the governing body (Part VI, line 1a)			18
<u>م</u>		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			4
ties		Total number of volunteers (estimate if necessary)			29
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
A		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,704,770.	1,118,900.
nue		Program service revenue (Part VIII, line 2g)		681.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		722,051.	884,266.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,412.	33,200.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,442,914.	2,036,366.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,790,583.	2,784,062.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		198,493.	217,063.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 46,82	11.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		150,477.	177,815.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,139,553.	3,178,940.
		Revenue less expenses. Subtract line 18 from line 12		303,361.	-1,142,574.
s or Ices				ginning of Current Year	End of Year
Assets Balanc	20	Total assets (Part X, line 16)		16,520,633.	16,393,473.
t As	21	Total liabilities (Part X, line 26)		31,510.	76,529.
E ^{Re}		Net assets or fund balances. Subtract line 21 from line 20		16,489,123.	16,316,944.
Pa	rt II	Signature Block			

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

Sign	Signature of officer		Date	
Here	MARCIA WEST, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	
Paid	MATTHEW R. MATSON	MATTHEW R. MATSON	10/21/20 self-employed P00775671	
Preparer	Firm's name 🕒 BDO USA, LLP		Firm's EIN ▶ 13-5381590	
Use Only	Firm's address 🖕 601 UNION ST, ST	E 2300		
	SEATTLE, WA 9810	1-2345	Phone no. (206) 382-7777	
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes 🗌 N	0
932001 01-2	0-20 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form 990 (201	9)

) a	1990 (2019) ORCAS ISLAND COMMUNITY FOUNDATION 91-1680527 Pa
a	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: <u>FOSTERING PHILANTHROPY TO ENHANCE AND PRESERVE THE QUALITY OF LIFE ON</u> ORCAS ISLAND.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
1	(Code:) (Expenses \$2,784,062. including grants of \$2,784,062.) (Revenue \$]
	GRANT MAKING - THE ORCAS ISLAND COMMUNITY FOUNDATION DISTRIBUTED
	\$2,784,062 IN GRANTS AND DISTRIBUTIONS IN 2019. OVER 15% OF THE COMMUNITY (943 DONORS) CONTRIBUTED AS PARTNERS IN PHILANTHROPY,
	SUPPORTING THE GIVE ORCAS CAMPAIGN AND FOCUSED AREA INVESTMENTS
	ENSURING PROGRAMS IN SOCIAL SERVICES, THE ARTS, EDUCATION AND MORE
	CONTINUE TO THRIVE. WORKING AND GIVING TOGETHER TO MAKE OUR COMMUNITY
	MORE RESILIENT.
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	COMMUNITY AND NONPROFIT LEADERSHIP -THE ORCAS ISLAND COMMUNITY
	FOUNDATION HELPS TO BUILD THE CAPACITY OF COMMUNITY PROGRAMS AND ORGANIZATIONS THROUGH DIRECT CONSULTATIONS AND FACILITATION OF
	STRATEGIC PLANNING. IN ADDITION, OICF HOSTS TRAINING SESSIONS IN BOARD
	AND NONPROFIT DEVELOPMENT. IN 2019, THESE INCLUDED AN INTRO TO BOARD
	SERVICE EVENT, A FUNDRAISING WORKSHOP: HOW TO KEEP YOUR DONORS AND CPA
	CONSULTATIONS. OICF SPONSORS A SCHOLARSHIP FOR THE NONPROFIT EXECUTIVE
	LEADERSHIP PROGRAM AT THE UNIVERSITY OF WASHINGTON ANNUALLY AND IS
	CURRENTLY THE FISCAL SPONSOR FOR THE ISLAND REPRODUCTIVE HEALTH
	INITIATIVE.
	(Code:) (Expenses \$ 213, 222. including grants of \$) (Revenue \$)
	FIDUCIARY SERVICES - OICF STEWARDS BOTH PERMANENTLY RESTRICTED AND
	TEMPORARILY RESTRICTED FUNDS FOR THE COMMUNITY. 10 NEW FUNDS WERE
	ADDED IN 2019, BRINGING THE TOTAL TO 163 UNDER MANAGEMENT. OICF OFFERS A ROBUST SECURE CLOUD BASED SYSTEM TO PROVIDE ALL FUND HOLDERS WITH
	ONLINE ACCESS TO STATEMENTS, A SEAMLESS PROCESS TO REQUEST
	DISTRIBUTIONS AND GRANTS, AND FULL ACCESS TO FUND HISTORY.
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,997,284.
	(Expenses \$ including grants of \$) (Revenue \$)

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			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	└───
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X 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? If "Yes," complete Schedule C, Part II	4		X X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		37	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D		11b		x
c	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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	L
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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), ine 27 // Yee, " complete Schedule /, Part J and III 22 X 23 Did the organization aware "rise 2 without part 0, Becolus A, Iine 34, et of a shout compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensated employee? // If Yee," complete Schedule // Part J, Becolus A, Iine 34, et of the organization invest may proceeded of the events of the organization invest may proceeded of the events of the organization invest may proceeded of the events of the organization invest may proceeded of the events of the organization invest may proceeded of the events of the organization invest may proceeded of the organization. Did the organization events may the events of the organization events may the regulation aware that Lengaged in an excess benefit transaction with a disqualified person during the year // If Yee," complete Schedule /, Part I 24d 25d X 24d the organization organization arge that regular the resonance of the organization regular the resonance or the organization complete Schedule /, Part I 25d X 25d the organization report any amount on Part X, Iine 5 or 22, for resonables from or payelise to any ourset or former direct, director, trustee, key employee, control or funder, di				Yes	No
Part K, column (A), line 27, if Yies; Complete Schedule (Parts Land II) 22 X 20 Did the organization answer: Yies' For Part IV. Schedule A, line 34, ex 55 about compensation of the organizations current list day of the year, that was issued after December 31, 2002? If Yies, "answer lines 24b through 24d and complete Schedule J. 23 X 24a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a 24b	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		165	
23 Did the organization asswer 'Yes' to Fart WI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, thrates, key employees, and highest compensated employees? If 'Yes, ' complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last duri of the organization matrix any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization matrix any proceeds of tax-exempt bonds beyond a temporary period exception? 24 Did the organization matrix any period scale of the organization organization and the transaction that a disputched of the organization and the regard in an excess benefit transaction with a discussification. With the organization and period scale of the organization and the regard and the organization. So the regard the period on any of the organization and period and so the period on any of the organization and period the period and of the scale organization and period the period and of the organization and period the period any of the organization and period the period any of the organization and the the period scale of any of the appricable for the scale of the organization and the the period scale of any of the scale of any current to former officer, director, thustes, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol) or any current or former officer, director, thustes, key amployee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereol) or transition entity of the scale of the scale of the scheolule L, Part IV 26 X	LL	•	22		x
and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete Schedule 7. 23 X 240 Did the organization have a tax exempt bonds beyond a temporary period exception? 24a X 241 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 242 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24a X 243 Did the organization employ and encodered at temporary period exception? 24d X 244 Did the organization employ and encodered at temporary period exception? 24d X 255 Exception 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization employse in a process benefit transaction with a disqualified person in a prory year, and that the transaction has not been reported on any of the organization in a prory current or horm of the organization ary current or horm of the organization committees and the organization or employse terrary or any current or horm of the organization ary current or horm of the organization committee and the organization ary current or horm of the organization and ary of the beside to any of the persons? If 'Yes,' complete Schedule L, Part I 25b X 250 Did the organization process and or the satisfact on tourder, a substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV 26 X 250 Did the organization process and oreft ansistation comm	23				
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more that \$100,000 as of the Schedule K if Yos," por loine 25a X 4a did the eigenization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b b Did the organization mantain an escrow account other than a refurding escrow at any time during the year to defease any tax-exempt bonds? 24b 25 Section 50(2)(3), 501(4)(4), and 501(4)(2) organizations. Dud the organization argues in an escrow science to the transaction with a disqualified perion during the year? 24d 25 Section 50(2)(3), 501(4)(4), and 501(4)(2) organizations. Dud the organization argues in an escress burefit transaction wat and your of the science to the organization argues in an escress burefit transaction has not been reported on any of the organization argues that the transaction has not been reported on any of these persons? If 'Yes,' complete Schedule L, Part I 25a 260 Dut the organization argue that the science to transaction with a dispute key employee, creator or founder, substantial contributor, or solved to any other expense? If 'Yes,' complete Schedule L, Part I 25b 27 Dut the organization argue that the science that the transaction that of argue that the organization argue that any of these persons? If 'Yes,' complete Schedule L, Part I 26b X 27 Dut the organization argue that argues that the organization control transactin the transcorganization take to the organization transactin thates					
24.a Did the organization have is tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, hat was suited after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, if "No," go to line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person than give year? 24d 24d 25a Section 501(c)(3), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction any of the seg person? // * "yes," complete Schedule L, Part I 25a X 25a Did the organization raves that 1 engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a Group and the part of the satistatic tax your meth or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or classification raves and random engage in an excess benefit transaction with a disqualified person duit, or the seq person ? // * "yes," complete Schedule L, Part I 26a X 25b Did the organization rave or again or other assistance ta ny current or former officer, director, trustes, key employee, creator or founder, substantial contributor? // * "yes," complete Schedule L, Part I 27a X <			23		x
Is at day of the year, that was issued after December 31, 2002? // *Yes,* answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization ministin an escow account of ther than a refunding escow at any time during the year to delease any tax-exempt bonds? 24d d Did the organization and at as an "on behalf of" issue for bonds outstanding at any time during the year? 24d 25a Section 501(6)(3), 501(64k), and 501(c)(29) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? 24d 25a Section 501(6)(3), 501(64k), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization ange in a price rescens the fit transaction with a disqualified person during the year? 25b 25b Did the organization provide a grant or them assistance to any current or former officer, director, tuste, key employee, creator or founder, substantial contributor or a 35% concluded L, Part IV 25b 27 Did the organization provide a grant or them assistance to any our the following parties (see Schedule L, Part IV 28a X 28 Was the organization experise Pit Pit Yes, "complete Schedule L, Part IV 28a X 29 Did the organization experise than 425,000 in non-cash contributions? // Yes, "complete Schedule L, Part IV 28a X 29 Did the organization experise than 425,000 in non-cash contributions? // Yes, "complete Schedule L, Part	24a				
Schedule K. If You's on time 25a 24a X D Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualide person during the year? 25d 25d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the ergonization approx of the organization spiror Forms 900 r990/E2? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization report any amount on Pat X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization report any amount on Pat X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization report any amount on Pat X, line 6 or 22, for receivables foredule L, Part I 28a X 28 Was the organization in porvide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? H 26 X 29 Did the organization neeview contributions of art, historial					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Pate c Did the organization animation an escrow account other than a refunding escrow at any time during the year? Pate d Did the organization act as an 'on behaff of 'Issuer for bonds outstanding at any time during the year? Pate 25a Section 501(6)(3), 501(6)(4), and 501(6)(20) granizations. Dut the organization range in an excess benefit transaction with a disputalited person during the year? if 'Yes,' complete Schedule L, Part I Pate 25a Dut the organization area than a refunding escrow at any time during the year? Pate 25b Dut to (10(3), 501(6)(4), 401(6)(4), 400 (6)(20) granization. Substantial contributor, or 35% Control and the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27. If 'Yes,' complete Schedule L, Part I Pate 260 Dut the organization area that is engaged in an excess benefit transaction with a disqualified person of these persons? If 'Yes,' complete Schedule L, Part II Pate 270 Dut the organization apply to a business transaction with one committe member, or ba 39% controlled entity or number of any of these persons? If 'Yes,' complete Schedule L, Part II Pate 281 Was the organization report by a business transaction with one (20) or 14mily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part II Pate 282 A C A 39% controlled entty of one rome roindindividual described repore			24a		X
any tax exempt bonds? 24c Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(c)(4), and 501(e)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // Yes,' complete Schedule L, Part I 25a 25a Did the organization avere that the regard in an excess benefit transaction with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled ethity or family member of any of these persons? // Yes, 'complete Schedule L, Part I 26b 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled ethity or family member of any of these persons? // Yes, 'complete Schedule L, Part II 26 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II) 27 29 Was the organization receive more than 255,000 in non cash contributors? If 'Yes,' complete Schedule L, Part II 28a 29 Did the organization receive more than 255,000 in non cash contributors? If 'Yes,' complete Schedule M 28 20 Did the organization receive orthorbutos of an thistorial trassuse, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part II 20 Did the organization receive oritrobu	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(6x), 501(c)4x, and 501(c)20 granizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>II 'Yes</i> , ' <i>complete Schedule L, Part I</i> 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person any of the organization's prior Forms 900 or 99-E2? <i>II 'Yes</i> , ' <i>complete Schedule L, Part I</i> 25a 2 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereoi) f agrint selection committee member, or to a 35% controlled antity frankling member of any of these persons? <i>I' 'Yes</i> , 'complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 28a X 29 Was the organization report of any individual described in line 28a? <i>II'</i> 'Yes, 'complete Schedule L, Part II 28a X 29 Was the organization report of any individual described in line 28a? <i>II'</i> 'Yes, 'complete Schedule L, Part II 28a X 29 Did the organization receive orthibutions of an individual described in line 28a? <i>II'</i> 'Yes, 'complete Schedule L, Part II 28a X 20 Did the organization receive orthibutins of an inthibitof at resultion sester's or qualified conservati	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folcer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? II 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? II 'Yes,' complete Schedule L, Part IV 27 X 8 Was the organization provide the substance to on thoor of the following parties (see Schedule L, Part IV 28a X 9 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 28a X 28 X A family member of any individual described in line 28a? II 'Yes,' complete Schedule L, Part IV 28a X 29 Did the organization receive contributions of art, historical treasures, or charultimine sets, or qualified conservation contributions? II 'Yes,' complete Schedule M 20 X 10 Did the organization receive contributions of art, historical treasures, or charultimina assets, or qualified conservation contributions? II 'Yes,' complete Schedule M, Part I 31 X <td>b</td> <td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and</td> <td></td> <td></td> <td></td>	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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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 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 nealed the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 35b 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 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 19? 38 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X 38 Exterments Reg			30		x
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X	4 -	Enter the number reported in Roy 2 of Form 1006. Enter 0, if not emplicable		res	INO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?					
(gambling) winnings to prize winners?	a				
	C		10	x	
	932004				(2019)

Form 990 (2				COMMUNITY		
Part V	Statements	Regarding	Other IRS	Filings and Tax	Compliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoui	t)?	4a		X
b	If "Yes," enter the name of the foreign country					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			5-		х
5a ⊾				5a 5b		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			50		
u	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 contribution					
	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 set	rvices (provided to the payor?	7a		Х
b				7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•				
•				8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a b				9a 9b		
10	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person			- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
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:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 i	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				<u>13a</u>		
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	400	1			
_	organization is licensed to issue qualified health plans	13b	+	-		
	Enter the amount of reserves on hand	13c		14-		x
	Did the organization receive any payments for indoor tanning services during the tax year?			14a 14b		- 23
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
10	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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ORCAS ISLAND COMMUNITY FOUNDATION

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

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		18			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with an	y other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, 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 9				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		Х
6	Did the organization have members or stockholders?				6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				74		
D.					7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				70		- 23
		,	0-		0-	Х	
a	The governing body?				<u>8a</u>	X	
D	Each committee with authority to act on behalf of the governing body?				8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						v
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)				
				1		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	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	y before	filing the fo	orm?	11a	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflie	cts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	Yes," des	cribe				
	in Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-				
а	The organization's CEO, Executive Director, or top management official				15a	Х	
	Other officers or key employees of the organization				15b		Х
~	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 arrangen	nent with	าล				
					16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-				
					16h		
Sec	exempt status with respect to such arrangements?				16b		
17		ad 000 T	(Carting 7	01/-\/0\	- 1- A	o. /=!!-!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	na 990-1	(Section 5	01(0)(3)S	oniy)	avalla	ule
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain				-		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	interest po	licy, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and i	records	►			
	HILARY CANTY - 360-376-6423						
	33 URNER STREET, SUITE 4, EASTSOUND, WA 98245						
	55 ORMER STREET, SOTTE 4, EASTSOOND, WA 50245					990	

	Check if Schedule O contains a response or note to any line in this Part VII	
Section A	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Compl	plete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's ta	ax year.
• List a	t all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensati	on.
Enter -0- in	in columns (D), (E), and (F) if no compensation was paid.	

ORCAS ISLAND COMMUNITY FOUNDATION

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

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

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

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

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

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

Employees, and Independent Contractors

Form 990 (2019)

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	(do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [:]	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HILARY CANTY	40.00									
EXECUTIVE DIRECTOR		Х		Х				90,000.	0.	13,313.
(2) JUDY SCOTT	6.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) STEVE JUNG	3.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(4) LYNNETTE WOOD	3.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) SUSAN SINGLETON	3.00									
2ND VICE PRESIDENT		Х		Х				0.	0.	0.
(6) MARCIA WEST	3.00									
TREASURER		Х		Х				0.	0.	0.
(7) JOE THORON	3.00									
SECRETARY		Х		Х				0.	0.	0.
(8) SUSAN ALTER	3.00									
TRUSTEE		Х						0.	0.	0.
(9) ED ANDREWS	3.00									
TRUSTEE		Х						0.	0.	0.
(10) STEPHEN BENTLEY	3.00									
TRUSTEE		Х						0.	0.	0.
(11) DIANE BERRETH	3.00									
TRUSTEE		Х						0.	0.	0.
(12) JOHN CARL	3.00									
TRUSTEE		Х						0.	0.	0.
(13) MARY CLURE	3.00									
TRUSTEE		Х						0.	0.	0.
(14) ANGELA FOSTER	3.00									
TRUSTEE		Х						0.	0.	0.
(15) BERTO GANDARA	3.00									
TRUSTEE		Х						0.	0.	0.
(16) JEFF PIETSCH	3.00								-	
TRUSTEE		х					L	0.	0.	0.
(17) PAUL SHERIDAN	3.00							_		
TRUSTEE		Х						0.	0.	0.
932007 01-20-20										Form 990 (2019)

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	990 (2019) ORCAS ISI	LAND COM	IMU	NI	TY	F	'UU	NE	DATION	91-16	580!	527	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle:	Pos heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations		am	(F) timate iount o other pensat	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orga anc	om the anizati I relate nizatio	on ed
	LISA STECKLEY	3.00												
<u>TRUS</u>									0.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)								90,000. 0. 90,000.		0. 0. 0.		3,31 3,31	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable	•			0
3	Did the organization list any former officer,				•	-		•	• •		[Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr	accrue compen	isati	on fr	rom	any	unre	elate	ed organization or individ	dual for services		5		x
Sec	tion B. Independent Contractors			5/ 30		0013	011 .							
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper		<u>ו</u>
								_						
2	Total number of independent contractors (in \$100,000 of compensation from the organia	•	ot lin	niteo	d to f	thos (se lis [.]	ted	above) who received me	ore than				
												Form S	990 (2	2019)

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Pa	rt VII									
		Check if Schedule	O con	tains a r	esponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	[D]
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
ς, γ	1 a	Federated campaigns			1a					
ant	b				1b					
, G	с	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations			1d					
s, G	е	Government grants (co	ntribut	tions)	1e					
r Si	f	All other contributions, gif	its, grar	nts, and						
ibut		similar amounts not inclue	ded abo	ove	1f	1,118,900.				
ntr d C	g				1g \$					
a C	h	Total. Add lines 1a-1f					1,118,900.			
						Business Code				
ice	2 a									
erv ue	b									
m S ven	C L									
gra Re	d e									
Program Service Revenue	f			anua						
_	•	Total. Add lines 2a-2f								
	3	Investment income (inc								
		other similar amounts).	•				648,045.			648,045.
	4	Income from investmen								
	5	Royalties	<u></u>	<u></u>						
					Real	(ii) Personal				
	6 a	Gross rents	6a	a	31,488.					
	b	Less: rental expenses .	6k		0.					
	С				31,488.					
		Net rental income or (lo		(1) 0			31,488.			31,488.
	7 a	Gross amount from sales		<u> </u>	ecurities	(ii) Other				
		assets other than inventor	-	a 0,0	24,980.					
Ø	D	Less: cost or other basis		57	88,759.					
nue	~	and sales expenses Gain or (loss)		_	36,221.					
Revenue		Net gain or (loss)					236,221.			236,221.
er		Gross income from fundra					, -			, -
otp	• •	including \$								
-		contributions reported								
		Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
		Net income or (loss) fro		-		>				
	9 a	Gross income from gan	-							
		Part IV, line 19								
		Less: direct expenses				L				
		Net income or (loss) fro	-	-		▶				
	10 a	Gross sales of inventor								
	h	and allowances								
		 Less: cost of goods sol Net income or (loss) fro 								
			an sait	55 51 1117	sincory	Business Code				
snc	11 a	MISCELLANEOUS INCO	OME			900099	1,712.			1,712.
nec	b									
ella	с									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11	ld			• • • • • • • • • • • • • • • • • • •	1,712.			
	12	Total revenue. See instru	ctions			►	2,036,366.	0.	0.	917,466.
93200	9 01-20)-20								Form 990 (2019)

ORCAS ISLAND COMMUNITY FOUNDATION

Form 990 (2019)

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ORCAS ISLAND COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons		(=)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,784,062.	2,784,062.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	103,313.	61,988.	25,829.	15,496
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	~~ ===	FO 054		10.010
7	Other salaries and wages	88,757.	53,254.	22,190.	13,313.
8	Pension plan accruals and contributions (include	0 510	1 500	c	200
_	section 401(k) and 403(b) employer contributions)	2,513.	1,508.	628.	377.
9	Other employee benefits	9,870. 12,610.	5,922.	2,468.	<u> </u>
10	Payroll taxes	12,010.	7,564.	3,100.	1,891.
11	Fees for services (nonemployees):				
	Management				
		5,400.	3,240.	1,350.	810.
		5,400.	5,240.	1,550.	010.
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	56,806.		56,806.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,336.	1,336.		
12	Advertising and promotion	2,845.	1,706.	712.	427.
13	Office expenses	15,295.	9,173.	3,828.	2,294.
14	Information technology	9,881.	5,927.	2,472.	1,482.
15	Royalties				•
16	Occupancy	17,048.	10,227.	4,264.	2,557.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,393.	1,393.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	28,597.	17,158.	7,149.	4,290.
23	Insurance	6,893.	4,135.	1,724.	1,034.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	11,051.	10,221.	520.	310.
b	PROFESSIONAL DEVELOPMEN	7,243.	7,243.		
с	APPRECIATION	7,027.	7,027.		
d	DISTRIBUTIONS	7,000.	4,200.	1,750.	1,050.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,178,940.	2,997,284.	134,845.	46,811.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2019

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Cash - non-interest-bearing Savings and temporary cash investments

Pledges and grants receivable, net

ORCAS ISLAND COMMUNITY FOUNDATION Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year

3	Pledges and grants receivable, net	L		3	
4	Accounts receivable, net		1,079,337.	4	149,249.
5	Loans and other receivables from any current or former	officer, director,			
	trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
	controlled entity or family member of any of these perso	ns		5	
6	Loans and other receivables from other disqualified pers	ons (as defined			
	under section 4958(f)(1)), and persons described in secti	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
l0a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	1,182,500.			
b	Less: accumulated depreciation 10b	45,019.	1,162,379.	10c	<u>1,137,481.</u> 14,775,615.
11	Investments - publicly traded securities		13,656,817.	11	14,775,615.
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 33	3)	16,520,633.	16	16,393,473.
17	Accounts payable and accrued expenses		2,524.	17	0.
18	Grants payable		0.	18	48,180.
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV o	f Schedule D		21	
22	Loans and other payables to any current or former office	er, director,			
	trustee, key employee, creator or founder, substantial co	ontributor, or 35%			
	controlled entity or family member of any of these perso	ns		22	
23	Secured mortgages and notes payable to unrelated third	d parties		23	
24	Unsecured notes and loans payable to unrelated third pa	arties		24	
25	Other liabilities (including federal income tax, payables to	o related third			
	parties, and other liabilities not included on lines 17-24).	Complete Part X			
	of Schedule D	······	28,986.	25	28,349.
26			31,510.	26	76,529.
	Organizations that follow FASB ASC 958, check here				
	and complete lines 27, 28, 32, and 33.		2 000 615		2 266 112
27	Net assets without donor restrictions		3,987,615.	27	3,366,113.
28	Net assets with donor restrictions		12,501,508.	28	12,950,831.
	Organizations that do not follow FASB ASC 958, chec	ckhere 🕨 🛄			
	and complete lines 29 through 33.				
29	Capital stock or trust principal, or current funds			29	
30	Paid-in or capital surplus, or land, building, or equipment			30	
31	Retained earnings, endowment, accumulated income, or	E E E E E E E E E E E E E E E E E E E	16 400 100	31	10 210 044
32	Total net assets or fund balances	·····	16,489,123.	32	16,316,944.
33	Total liabilities and net assets/fund balances		16,520,633.	33	16,393,473.

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622,100.

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2 3 **(B)** End of year

331,128.

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Liabilities

Net Assets or Fund Balances

Assets

	990 (2019) ORCAS ISLAND COMMUNITY FOUNDATION	91-16	580527	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,036					
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>3,178</u> -1,142					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	16,316	,94	44.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X 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 audited on a separate	e basis,						
	consolidated basis, or both:							
	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	e audit,			1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			I			
	Act and OMB Circular A-133?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							
			Form	agn /	0010			

Form **990** (2019)

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SCH	EDU	LΕ	Α
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(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)(4) paparemet charitable truct

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service				► Go to www.irs.go		Open to Public Inspection				
Nam	e of t	the organizati		de le transige					Employer	identification numbe
		j		S TSLAND C	OMMUNITY FOUR	υσαπτα	אכ			1-1680527
Pa	τI	Reason			All organizations must co			ee instruction		1 100001
					For lines 1 through 12, cl					
1					on of churches described			1)(A)(i)		
2					(Attach Schedule E (Form			• \(• \(• \(• \) •		
3					anization described in se			ii)		
4					njunction with a hospital)(iii). Enter	the hospital's name.
•		city, and stat	0				ooollo		.,,,.	
5			-	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
Ū		•		Complete Part II.)		or operat	5 a 2 y a g a			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
	X			-	intial part of its support fr				ne deneral i	oublic described in
•				omplete Part II.)	india part of no support if	onna gova	Similar		ie general j	
8					(1)(A)(vi). (Complete Parl	• II)				
9		-			in section 170(b)(1)(A)(i		ed in conii	inction with a	land-grant	college
•		-	-	•	culture (see instructions).		-		-	-
		university:	or a normana g	grant bonogo or agric			name, eny	, and state of	the conege	
10			on that norma	Illy receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns. members	hip fees. an	d aross receipts from
		-		•	ct to certain exceptions,				-	
					(less section 511 tax) fro					-
				mplete Part III.)	(····, ···.	··········	,
11					ively to test for public sat	ety. See	section 50	09(a)(4).		
12					ively for the benefit of, to				rry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organization					
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its supp	oorted org	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	upporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or r	nanagement o	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
с] Type III fui	nctionally inte	grated. A supportin	ng organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
d] Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		that is not	functionally int	egrated. The organiz	zation generally must sati	isfy a distr	ibution red	quirement and	d an attentiv	/eness
		requiremen	nt (see instructi	ions). You must co i	mplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this	box if the orga	anization received a	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
g				n about the supporte		(iv) Is the orac	nization listed			
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions
Total										1

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

Schedule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv

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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7426609.	3719253.	2966594.	1705451.	1118900.	16936807.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	F 405500	0040000	0000000	1 8 9 5 4 5 1	1110000	1 600 600 7
	Total. Add lines 1 through 3	7426609.	3719253.	2966594.	1705451.	1118900.	16936807.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						5000460
•	column (f)						5820469. 11116338.
	Public support. Subtract line 5 from line 4.						<u>µтттоззо.</u>
		(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015 7426609.	(b) 2016 3719253.	(c) 2017 2966594.	(d)2018 1705451.	(e) 2019	(f) Total 16936807.
	Amounts from line 4 Gross income from interest.	7420009.	5719255.	2900394.	T10242T.	1110900.	10930007.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	616,492.	221,840.	509,878.	705,703.	679,533.	2733446.
9	Net income from unrelated business	010,102.	221,010.	505,070.	105,105.	075,555.	27554400
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					1,712.	1,712.
11	Total support. Add lines 7 through 10						19671965.
12		etc. (see instructio	uns)			12	
	First five years. If the Form 990 is for	,	,				
	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi	c Support Per	centage				·
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	56.51 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	59.33 %
1 6a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	publicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶∟
					Sche	edule A (Form 990	or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support			-			1
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			-	-		
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organiz	ation,
	0					
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2019 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2019. If the					3 1/3%, and line 1	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the	-	•		•••••		and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	on did not check a	box on line 14, 19	<u>)a, or 19b, chec</u> k t	this box and see ins	structions	
932023 09-25-19						0 or 990-EZ) 2019
		15	5		•	•

Schedule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY FOUNDATION

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1

2

Yes No

Part IV Supporting Organizations

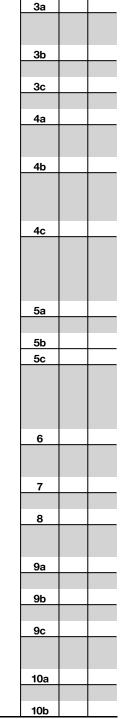
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **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.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY FOUNDATION Part IV Supporting Organizations (continued)

			Vac	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	a		
b	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.			
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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.			
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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations	<u> </u>	I	
			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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction and the balance of the balanc		Val	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b				
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.	-		
a				
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3	a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		

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Schedule A (Form 990 or 990-EZ) 2019

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	dule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY			91-1680527 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on I	Nov. 20, 1970 (explain in l	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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-functiona	lly integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 ORCAS ISLAND COMMUNITY FOUNDATION

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
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 th	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A Part VI	(Form 990 or 990-EZ) 2019 Supplemental Inform	nation. Provide the ex	planations required b	y Part II, line 10; Part II, lir	91-1680527 Page 8 ne 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	ines 2 and 3; Part IV, Sec	tion E, lines 1c, 2a, 2	2b, 3a, and 3b; Part V, line	B, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, y additional information.
932028 09-25-1	9		20		Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

Name of the organization	ר	
	ORCAS	ISI

Organization type (check one):

AS ISLAND COMMUNITY FOUNDATION

91-1680527

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

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

General Rule

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

Special Rules

X 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 for an *exclusively* set is received *nonexclusively* religious, charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* religious, charitable, etc., but no such contributions totaling \$5,000 or more during the year for an *exclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless the form and the year form the year fo

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).

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

Schedule B	(Form 9	990, 990-l	EZ, or 990	-PF) (2019)
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Employer identification number

91-1680527

ORCAS ISLAND COMMUNITY FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$400,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>261,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$75,182.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			
		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions 990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2019)
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Employer identification number

91-1680527

ORCAS ISLAND COMMUNITY FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>36,758.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Name of organization

Page 3

Employer identification number

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ORCAS ISLAND COMMUNITY FOUNDATION

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

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

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Name of or	rganization			Employer identification number
ORCAS	ISLAND COMMUNITY FOUND	TION		91-1680527
Part III		ons to organizations described i through (e) and the following line charitable, etc., contributions of \$1,000	entry. For organizations	(10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of nd ZIP + 4		of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of		
-	Transferee's name, address, and ZIP + 4		Relationship o	of transferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of	-	of transferor to transferee
-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of		of transferor to transferee

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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



Department of the Treasury Internal Revenue Service

Name of the organization

ORCAS ISLAND COMMUNITY FOUNDATION

Employer identification number 91-1680527

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	50		
2	Aggregate value of contributions to (during year)	332,403.		
3	Aggregate value of grants from (during year)	542,234.		
4	Aggregate value at end of year	1,657,467.		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used on	ly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferrin	
_				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, l	ine 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	a histor	ically important land area
	Protection of natural habitat	Preservation of	a certifi	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	of a cons	
	day of the tax year.		- F	Held at the End of the Tax Year
а	Total number of conservation easements		L	<u>2a</u>
b				<u>2b</u>
С	Number of conservation easements on a certified historic stru-			<u>2c</u>
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiza	ation during the tax
	year 🕨	_		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easements during the year
-				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	ion ease	ements during the year
8	\$	a satisfy the requirements of section 170/h)///D)/i)	
0	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
Ŭ	balance sheet, and include, if applicable, the text of the footr	-		
	organization's accounting for conservation easements.			
Par		Art, Historical Treasures, or Oth	her Sii	milar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	i8, not to report in its revenue statement ar	nd balar	nce sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtheranc	e of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	s.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance o	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, pr	rovide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line 1			► \$
b	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2019
932051	10-02-19	25		
		27		

		SLAND COMMU				1680527 _{Page} 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use of	its
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
с	Preservation for future generations					
4	Provide a description of the organization's co	llections and explair	how they further th	e organization's ex	empt purpose in P	art XIII.
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?		Yes No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" o	on Form 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.				
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for contributions	s or other assets no	t included	
	on Form 990, Part X?		-			Yes No
b	If "Yes," explain the arrangement in Part XIII					
						Amount
с	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
	Ending balance					
	Did the organization include an amount on Fo					Yes No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	
Par						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance	15,261,503.	16,681,732.	15,284,142	. 12,557,53	
	Contributions	1,118,900.	1,704,770.	2,115,627	. 3,718,23	34. 7,425,222.
	Net investment earnings, gains, and losses	1,797,855.	-684,764.	1,281,044	. 653,58	425,597.
	Grants or scholarships		1,790,583.	1,779,711	1,430,47	1,022,153.
	Other expenditures for facilities					
	and programs	2,383,888.	649,592.	219,370	. 214,73	133,545.
f	Administrative expenses		· · · · ·			
g	End of year balance	15,794,370.	15,261,563.	16,681,732	. 15,284,14	13,408,728.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1g. column (a)		•	·
а	Board designated or quasi-endowment	18.00	%			
	Permanent endowment 49.81	%				
	Term endowment 32.19					
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the organization	
	by:	5			5	Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					
b	If "Yes" on line 3a(ii), are the related organiza					
4	Describe in Part XIII the intended uses of the					
Par	t VI Land, Buildings, and Equipm					
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part 3	K, line 10.	
	Description of property	(a) Cost or o			Accumulated	(d) Book value
		basis (investr	· · · ·		lepreciation	
1 a	Land		<i>'</i>	1,500.		331,500.
	Buildings			7,833.	34,910.	802,923.
	Leasehold improvements			,	,	
	Equipment		1	3,167.	10,109.	3,058.
	Other			- ,	,_0,.	
	. Add lines 1a through 1e. (Column (d) must e		V column (D) line 1			1,137,481.
Total	. Aud miles ra through re. (Column (d) MUSI e	<u>qual Form 990, Part</u> /	<u>∧, column (B), line 1</u>	<u>UC.</u>)		ule D (Form 990) 2019
					Schet	uie D (F0111 330) 2019

(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related	•		
Complete if the organization answered "Y			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B	line 15)		
Part X Other Liabilities.		F 1	
Complete if the organization answered "Y	es" on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	, ,	, , ,	(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			1,250.
(3) FUNDS HELD AS AGENT FOR	OTHER		_,
(4) CHARITABLE ORGANIZATION			27,099.
(4) CIMINE IIIDEE CITCIENT EITH FORM	-		_,,,,,,,,,,
(6)			
(7)(8)			
(8)			
(9) Totol (2) (1) (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	\//		28,349.
Total. (Column (b) must equal Form 990, Part X, col. (B,			
2. Liability for uncertain tax positions. In Part XIII, pro-	vide the text of the foothole to	o the organization's financial statements th	at reports the

ORCAS ISLAND COMMUNITY FOUNDATION Schedule D (Form 990) 2019

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

(b) Book value

Part VII Investments - Other Securities.

(1) Financial derivatives

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

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

Sche	dule D (Form 990) 2019 ORCAS ISLAND COMMUNITY		91-1680527 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	itements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	
Pa	rt XIII Supplemental Information.		

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

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PART V, LINE 4:

OPERATIONS SUPPORT, ANNUAL GRANT CAMPAIGN SUPPORT, CAPITAL EXPENSES,

SUPPORT FOR HEALTH CARE, EDUCATION, LIBRARY AND SENIOR CITIZENS.

932054 10-02-19

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comp	lete if the organization	n answered "Yes" Attach to Formation		't IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	ation.		Inspection
Name of the organization	AS ISLAND COMMU	NITY FOUNDA	TION				Employer identification number 91-1680527
	on Grants and Assistance						
 Does the organization mainta criteria used to award the gra Describe in Part IV the organi 	ants or assistance?						
	istance to Domestic Organ	<u>u</u> <u>u</u>			nization answered "Y	es" on Form 990 Parl	IV line 21 for any
	more than \$5,000. Part II car						
1 (a) Name and address of orgative or government		(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 of noncash assistance	(h) Purpose of grant or assistance
AIRHAWKS FLYING CLUB							
470 SHOOTING STAR LANE							
EASTSOUND, WA 98245	91-1671160	501(C)(3)	8,285.	0.			TO SUPPORT OPERATIONS
COBSCOOK COMMUNITY LEARNING 10 COMMISSARY POINT RD	G CENTER						
LUBEC, ME 04652	01-0449348	501(C)(3)	25,000.	0.			TO SUPPORT OPERATIONS
		501(0)(0)		``			
DEER HARBOR MARINA 4150 - 85TH AVENUE SE							
MERCER ISLAND, WA 98040			12,000.	0.			TO SUPPORT OPERATIONS
EMMANUEL EPISCOPAL PARISH PO BOX 8							
EASTSOUND, WA 98245			15,550.	0.			TO SUPPORT OPERATIONS
FRIENDS OF MORAN STATE PARK PO BOX 1961	x						
EASTSOUND, WA 98245	91-1708068	501(C)(3)	10,565.	0.			TO SUPPORT OPERATIONS
INDRALAYA/ORCAS ISLAND FOUN 360 INDRALAYA ROAD	NDATION						
EASTSOUND, WA 98245	91-6076839	501(C)(3)	15,500.	0.			TO SUPPORT OPERATIONS
2 Enter total number of section	501(c)(3) and government or	ganizations listed in the	,			•	▶ _ 41.
3 Enter total number of other of	•	•	·····				
LHA For Paperwork Reduction	Act Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

ORCAS ISLAND COMMUNITY FOUNDATION

		NITY FOUNDA					1-1680527 Page
Part II Continuation of Grants and Oth	er Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
ISLAND STEWARDS							
3222 PT. LAWRENCE RD.							
DLGA, WA 98279	91-1264260	501(C)(3)	6,300.	0.			TO SUPPORT OPERATIONS
516M, WA 50275	51 1204200	501(0)(3)	0,500.				
ALEIDOSCOPE PRESCHOOL							
P.O. BOX 1476							
EASTSOUND, WA 98245	91-1510335	501(C)(3)	34,701.	Ο.			TO SUPPORT OPERATIONS
,,							
KIWANIS CLUB OF ORCAS ISLAND							
PO BOX 1375							
EASTSOUND, WA 98245	91-1509451	501(C)(3)	5,125.	Ο.			TO SUPPORT OPERATIONS
1			, -				
WIAHT							
PO BOX 415							
LOPEZ ISLAND, WA 98261	30-0355067	501(C)(3)	7,777.	٥.			TO SUPPORT OPERATIONS
·			,				
LAHARI							
PO BOX 1252							
EASTSOUND, WA 98245	91-1669795	501(C)(3)	9,680.	Ο.			TO SUPPORT OPERATIONS
ONG LIVE THE KINGS							
PO BOX 644							
CASTSOUND, WA 98245	91-1353982	501(C)(3)	59,698.	Ο.			TO SUPPORT OPERATIONS
DIEF/ART FOR ORCAS KIDS (AOK)							
PO BOX 782							
ASTSOUND, WA 98245	91-1276459	501(C)(3)	7,855.	0.			TO SUPPORT OPERATIONS
PAL COMMUNITY LAND TRUST							
PO BOX 1133							
ASTSOUND, WA 98245	94-3116010	501(C)(3)	424,436.	0.			TO SUPPORT OPERATIONS
PALCO PROJECT PAL							
.83 MOUNT BAKER ROAD							
EASTSOUND, WA 98245	56-6208927	501(C)(3)	20,000.	0.			TO SUPPORT OPERATIONS

Schedule I (Form 990)

ORCAS ISLAND COMMUNITY FOUNDATION

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Schedule I (Form 990) ORCAS ISL	AND COMMU	NITY FOUNDA	TION			9	1-1680527 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
ORCAS ANIMAL PROTECTION SOCIETY 84 A HOPE LANE EASTSOUND, WA 98245	91-1717046	501(C)(3)	20,775.	0.			TO SUPPORT OPERATIONS
ORCAS CENTER 917 MT. BAKER ROAD, PO BOX 567 EASTSOUND, WA 98245	91-0930009	501(C)(3)	67,893.	0.			TO SUPPORT OPERATIONS
ORCAS COMMUNITY RESOURCE CENTER PO BOX 931							
EASTSOUND, WA 98245	27-2823485	501(C)(3)	209,703.	0.			TO SUPPORT OPERATIONS
ORCAS FAMILY HEALTH CENTER 1286 MT BAKER ROAD, SUITE B102 EASTSOUND, WA 98245	20-1484437	501(C)(3)	5,641.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND BOOSTER CLUB PO BOX 43 EASTSOUND, WA 98245	90-0782772	501(C)(3)	7,870.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND CHAMBER MUSIC FESTIVAL - PO BOX 646 - EASTSOUND,							
WA 98245 ORCAS ISLAND CHAMBER OF COMMERCE PO BOX 252	91-1886480	501(C)(3)	149,650.	0.			TO SUPPORT OPERATIONS
EASTSOUND, WA 98245	91-0783237	501(C)(3)	9,000.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND CHILDREN'S HOUSE 36 PEA PATCH LANE EASTSOUND, WA 98245	91-0929364	501(C)(3)	60,100.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND COMMUNITY CHURCH 176 MADRONA STREET, POB 205 EASTSOUND, WA 98245	91-1235269	501(C)(3)	10,492.	0.			TO SUPPORT OPERATIONS

Schedule I (Form 990)

ORCAS ISLAND COMMUNITY FOUNDATION Schedule I (Form 990) Т

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORCAS ISLAND EDUCATION FOUNDATION							
PO BOX 782							
EASTSOUND, WA 98245	91-1276459	501(C)(3)	35,505.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND FIRE & RESCUE 45 LAVENDER LANE							
EASTSOUND, WA 98245		GOVERNMENT	15,350.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND FOOD BANK PO BOX 424							
EASTSOUND, WA 98245	91-1255700	501(C)(3)	17,578.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND LIBRARY 500 ROSE STREET							
EASTSOUND, WA 98245	91-1400683	501(C)(3)	13,985.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND LIT FEST PO BOX 225							
EASTSOUND, WA 98245	82-1587219	501(C)(3)	10,905.	0.			TO SUPPORT OPERATIONS
ORCAS ISLAND SCHOOL DISTRICT 137 557 SCHOOL ROAD EASTSOUND, WA 98245	91-1041037	GOVERNMENT	1,056,399.	0.			TO SUPPORT OPERATIONS
ORCAS MONTESSORI SCHOOL 1147 NORTH BEACH ROAD EASTSOUND, WA 98245	91-1490036	501(C)(3)	30,276.	0.			TO SUPPORT OPERATIONS
		,					
ORCAS OPEN ARTS PO BOX 1843							
EASTSOUND, WA 98245	94-3164084	501(C)(3)	12,550.	0.			TO SUPPORT OPERATIONS
ORCAS RECYCLING SERVICES / THE EXCHANGE - PO BOX 91 - EASTSOUND, WA 98245	30-0785104	501(C)(3)	21,152.	0.			TO SUPPORT OPERATIONS
	1 30 0,03104		21,152.	· ·			

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Schedule I (Form 990)

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ORCAS ISLAND COMMUNITY FOUNDATION Schedule I (Form 990)

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
ORCAS SENIOR CENTER							
PO BOX 1653							
EASTSOUND, WA 98245	91-1057199	501(C)(3)	15,650.	0.			TO SUPPORT OPERATIONS
SAFE SAN JUANS							
PO BOX 1516							
EASTSOUND, WA 98245	91-1212454	501(C)(3)	24,745.	0.			TO SUPPORT OPERATIONS
SAIL ORCASA SAILING EDUCATION							
FOUNDATION - PO BOX 1226 -							
EASTSOUND, WA 98245	91-2169349	501(C)(3)	47,200.	0.			TO SUPPORT OPERATIONS
SALMONBERRY SCHOOL AND LEARNING							
CENTER - PO BOX 1197 - EASTSOUND,							
WA 98245	91-2136181	501(C)(3)	11,195.	0.			TO SUPPORT OPERATIONS
SAN JUAN COUNTY PARKS							
350 COURT ST, #8							
FRIDAY HARBOR, WA 98250	91-1953899	GOVERNMENT	40,000.	0.			TO SUPPORT OPERATIONS
			,				
SAN JUAN PRESERVATION TRUST							
PO BOX 759							
FRIDAY HARBOR, WA 98250	91-1078355	501(C)(3)	5,250.	0.			TO SUPPORT OPERATIONS
SEADOC SOCIETY							
942 DEER HARBOR ROAD							
EASTSOUND, WA 98245	94-6036494	GOVERNMENT	15,200.	0.			TO SUPPORT OPERATIONS
EASISOUND, WA 96245	94-0030494	GOVERNMENT	15,200.	0.			IO SUPPORT OPERATIONS
THE FUNHOUSE COMMONS							
30 PEA PATCH LANE							
EASTSOUND, WA 98245	91-1806943	501(C)(3)	90,841.	0.			TO SUPPORT OPERATIONS
UNIVERSITY OF MICHIGAN							
3003 SOUTH STATE ST SUITE 900							
ANN ARBOR, MI 48109	38-6006309	GOVERNMENT	30,750.	0.			TO SUPPORT OPERATIONS
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Schedule I (Form 990)

Schedule I (Form 990) ORCAS ISLAND COMMUNITY FOUNDATION

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON VOCATIONAL SERVICES PO BOX 906							
EASTSOUND, WA 98245	51-0192526	501(C)(3)	5,435.	0.			TO SUPPORT OPERATIONS

Schedule I (Form 990)

Schedule I (Form 990) (2019) ORCAS ISLAND COMMUNITY FOUNDATION

91-1680527

Page 2

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

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

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

PART I, LINE 2:

OICF REQUESTS A FOLLOW UP REPORT ON THE USE OF FUNDS GRANTED TO EACH

ORGANIZATION. THE FOUNDATION READS THE REPORTS AND EVALUATES THE

EFFECTIVENESS OF THE GRANT ON THE COMMUNITY, IF DATA IS AVAILABLE.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 19 Open to Public Inspection

ORCAS ISLAND COMMUNITY FOUNDATION

Employer identification number 91-1680527

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED BY THE TREASURER AND CIRCULATED TO THE FINANCE

COMMITTEE. ONCE THE FINANCE COMMITTEE APPROVES FORM 990, IT IS CIRCULATED

TO THE ENTIRE BOARD FOR REVIEW AND COMMENT AT THE MONTHLY BOARD MEETING.

FORM 990 IS DISCUSSED AND ANY QUESTIONS RAISED BY THE BOARD ARE ANSWERED.

A MOTION TO APPROVE THE 990 FOR FILING IS ONCE DISCUSSION IS COMPLETED,

MADE AND A VOTE IS TAKEN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY REQUIRES THE PERSON WITH A POSSIBLE CONFLICT OF INTEREST OR ANY OTHER PERSON WITH KNOWLEDGE TO NOTIFY THE BOARD OF ALL CIRCUMSTANCES RESULTING IN THE POTENTIAL CONFLICT SO THAT THE BOARD CAN PROVIDE SUCH

GUIDANCE AND TAKE SUCH ACTION AS IT SHALL DEEM APPROPRIATE.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS TO BE REVIEWED (INCLUDING

BENCHMARKING) ANNUALLY. IN ADDITION, THE EXECUTIVE DIRECTOR'S EMPLOYMENT

AGREEMENT IS REVIEWED AND APPROVED BY THE FULL BOARD.

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

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE

PUBLIC AT THE ORCAS ISLAND COMMUNITY FOUNDATION OFFICE LOCATED AT 33 URNER

38

SUITE 4, EASTSOUND WA 98248, DURING NORMAL BUSINESS HOURS. STREET,

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

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

932211 09-06-19