			EXTENDED TO MAY 15, 201			
000			Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ept private foundation	s) 2015	
Depa	rtment o	of the Treasury	Do not enter social security numbers on this form as in	Open to Public		
Intern	al Reve	nue Service	Information about Form 990 and its instructions is at ar year, or tax year beginning JUL 1, 2015 and end			Inspection
AF	or the	e 2015 calend	ÚN 30, 2016			
	heck if oplicabl	le: C Name o	forganization		D Employer identific	ation number
	Addre	cent	RAL WASHINGTON UNIVERSITY FOUNDATION	N		
	Name chang		usiness as		23-70	017467
	Initial		and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number	
	Final return	400	E UNIVERSITY WAY BARGE 401		509-9	963-2760
	termir ated	¹⁻ City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,797,896.
	Amen return	БЦЦБ	NSBURG, WA 98926		H(a) Is this a group re	turn
	Applic tion pendi	F Name a	nd address of principal officer: SCOTT WADE		for subordinates?	? Yes X No
		SAME	AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
		empt status: [527		list. (see instructions)
		<u>te: 🕨 WWW .</u>			H(c) Group exemption	
			X Corporation	L Year o	of formation: 1968 M	State of legal domicile: WA
Fd		Summary		0 11 0	T TNE 1	
ė	1	Briefly describ	e the organization's mission or most significant activities: SEE PA	GE Z	, LINE I.	
Governance	•					
/ern		Check this bo				ets. 17
Go	3 4		ing members of the governing body (Part VI, line 1a)			16
	-		5	0		
Activities &				17		
tivi			of volunteers (estimate if necessary)			0.
Ϋ́			business taxable income from Form 990-T, line 34			0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		2,446,058.	3,864,552.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		3,261,586.	504,460.
Я	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		289,763.	309,317.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,997,407.	4,678,329.
	13	Grants and si	nilar amounts paid (Part IX, column (A), lines 1-3)		949,442.	1,054,020.
			to or for members (Part IX, column (A), line 4)		0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)		215,744.	242,210.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ž			ing expenses (Part IX, column (D), line 25)		1 146 226	1 4 4 1 5 0 9
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,146,226.	<u>1,441,598.</u> 2,737,828.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,685,995.	1,940,501.
_ <u>_</u> s		Revenue less	expenses. Subtract line 18 from line 12			
t Assets or Id Balances	20	Total acceta (Part V lina 16)		jinning of Current Year 25 , 016 , 338 .	End of Year 26,399,019.
Asse Bali	20 21	Total assets (I			415,238.	253,680.
Net /	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		24,601,100.	26,145,339.
	rt II	Signature			, ,	
		-	I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is
			. Declaration of preparer (other than officer) is based on all information of which j			
Sigr	ı	Signatur	e of officer		Date	
Her		SCOT	T WADE, EXECUTIVE DIRECTOR			

Here	SCOTT WADE, EXECUTIVE	DIRECTOR							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	HANNA KORESKI	HANNA KORESKI	05/11/	17 self-employed	P01362850				
Preparer	Firm's name 🕒 MOSS ADAMS LLP		F	Firm's EIN 🕨 🤇	91-0189318				
Use Only	Firm's address P.O. BOX 22650								
	YAKIMA, WA 98907	-2650	P	- 9 hone no. 9	-248-7750				
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
532001 12-1	532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)								

	1990 (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE CENTRAL WASHINGTON UNIVERSITY FOUNDATION IS A PARTNERSHIP OF
	COMMITTED VOLUNTEERS WORKING IN CONCERT WITH DONORS, ALUMNI, FRIENDS,
	AND THE UNIVERSITY COMMUNITIES TO RAISE PRIVATE FUNDS THAT SUPPORT THE
2	STUDENTS, FACULTY AND PROGRAMS AT CENTRAL WASHINGTON UNIVERSITY. Did the organization undertake any significant program services during the year which were not listed on
2	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
	SCHOLARSHIPS FOR STUDENTS: MAJORITY IS ALLOCATED TO CWU TO ASSIST
	INDIVIDUALS.
4b	(Code:) (Expenses \$1, 264, 357. including grants of \$) (Revenue \$)
	PROGRAM SUPPORT FOR ACADEMIC PROGRAMS: SEMINARS, COLLOQUIMS, TRAVEL,
	WORKSHOPS, FELLOWSHIPS, HONORARIUMS, PUBLICATIONS AND CONFERENCES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,318,377.
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53200) 12-16-	2
	2

Form 990 (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-70174

23-7017467 Pag	е З
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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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in efforts a section 501(h) election 501(h)			
	during the tax year? If "Yes," complete Schedule C, Part II			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			X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, P	art I <u>6</u>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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 L),		
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<u>11c</u>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>	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			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	- v
	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			v
	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			v
	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,		1	- v
40	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		v	
	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,"			v
	complete Schedule G. Part III	19	1	X

Form **990** (2015)

Form 990 (2015)			UNIVERSITY	FOUNDATION	23-
Part IV Checklist of	Required Sche	edules (continued)			

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	165	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	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 23	
240				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
L	Schedule K. If "No", go to line 25a	24a		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	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(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		- v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			- v
~=	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
-	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		37	
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		77	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check Exclude IC contains a response or note to any line in this Part V The the number of pomy exclusion is a response or note to any line in this Part V If the number of pomy exclusion is a contract or the note of any line in this Part V If the number of pomy exclusion is a contract of the note of the contract of the number of pomy exclusion is a contract of the number of pomy exclusion is a contract of the number of pomy exclusion is a contract of the number of pomy exclusion is a contract of the number of pomy exclusion is a contract of the number of pomy exclusion is a contract of the number of pomy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of momy excluses of the contract of the number of mome excluses of the contract of the number of mome excluses of the contract of	Form	990 (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017	467	P	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter -D- if not applicable 1a 1a 1a Enter the number of Forms W23 included in line 1a. Enter -D. if not applicable 1b 1b 1c	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number oproduct in Exx 3 of Form 1096. Enter 0-in not applicable 1a 4 b Enter the number of forms SV2 of Schulded in line La Enter 0-in not applicable 1b 0 c Difference on the second on the second on the second on the second reportable gamming (gambing) with only within due within the year covered by this return 1c X 2a Enter the number of oms/year and the second on the second seco		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Porms V2G included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 0 2a Enter the number of enphysics reported on from V4, Transmittal of Wags and Tax Statements, field for the calendar year anding with or within the year covered by this returns? 2a 0 3b Enter the number of enphysics reported on fine 2a, (d) the organization file all required fedral employment tax returns? 2a 0 3c Dif the scientary set, did the organization file all required fedral employment tax returns? 2a 0 3b If "ves," that file all employment tax end 2b is greater than 250, your may be callwaits in constants of the organization have an interest in, or a signature or other stathority over, a financial accounts (FBAR). 3a X 3c If "ves," their the mane of the foreign country: lew See instructions for filing requirements for Filing requirematin filing accounts (FBAR). <t< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></t<>				Yes	No
c bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year enting with or within the year covered by this return 2a 0 bit of teast on is reported on line 2, did the organization like all required federal employment tax returns? 2b 0 Note. If the sum of lines 1 and 2 is greater than 250, you may be required to <i>e_xlis</i> (see instructions) 3a X 3 Did the organization have interest in, or a signature or other authority over, a financial account in a toreign ocurity (such as a bank account, securities account, or other financial account)? 3a X bit "Yes," that the did pay of the organization have an interest in, or a signature or other authority over, a financial ab pay in or is on bitted tax so eris a pay of the dire dire authority over, a financial account? 5a X bit "Yes," to line 5a of 5, did the organization have an interaction at any time during the tax so eris a pay of the dire organization have annual gross receipts that are normally greater than \$100,000, and did the organization have end tax deductible? 5a X bit "Yes," to line 5a of 5b, did the organization have an outper set or sorkice provided? 5a X c 11 "Yes," to line 5a, of the verego solutin the vay oret the pay of the dire organization have a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
gambing winnings to prize winners? ic X 2a Enter the number of employees reported on from W3, Transmitta of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 2a 0 ic X 3b It at least one is reported on line 2a, did the organization line all required federal employment tax returns? 2b ic X 3c Did the organization have unslated business gross income of \$1,000 or more during the year? 3a X 3f Did the organization have unslated business gross income of \$1,000 or more during the year? 3a X 3f Did the organization country such as bank account, securities account, or other functial accounts (FBAR). 5a X 3a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid ary contributions that was not tax deductibles or that advectabulons? 5a X 3b It "Yes," in did the organization induk with wery solicitation an express statement that such contributions or gifts were not tax deductibles or this during the year 5a X 3c Did the organization include with werey solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods and services provided? 7a X 3c Did the organization include with					
2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, tead on the 2a, dot the expandation file all required federal employment tax returns? 2a 0 bit at least one is reported on line 2a, dot the expandation file all required federal employment tax returns? 2b 3a X bit at least one is reported on line 2a, dot the expandation file all required federal employment tax returns? 3a X bit 7'ves, 'has It filed a form 900 To the isyan? /f 'No, 'no line 2b, provide an explanation in Schedule O 3b X bit 7'ves, 'has It filed a form 900 To the syan? /f 'No, 'no line 2b, provide an explanation in Schedule O 3b X bit 7'ves, 'has It filed a form 900 To the syan? /f 'No, 'no line 2b, provide an explanation or soft meta subnotty over, a financial account? 4a X bit 7'ves, 'the It filed a form 900 To the syan? /f 'No, 'no line 2b, provide an explanation in the tax year? 5a X bit 7'ves, 'to line 6a or 5b, old the organization hile To massed on an other daving the tax year? 5a X bit 7'ves, 'to line 6a or 5b, old the organization file 7bm 808677 5c 5c 5c c 11 *ves, 'to line 6a partition indev at mean solicitation an explose statement that such contributions or offs 6a X bit 7'ves, 'to line 6a organization hile 7bm 808677 5c 5c 5c 7c<	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 0 b if at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2a 0 b if at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 2a 0 b if at least one is reported on line 2a, did the organization file all required fedral employment tax returns? 3a X b if "Yes," has it filed a form 90-1 for this yea? if an interest in, or a signature or other authority over, a financial account! 3a X b if "Yes," has it filed a form 90-1 for this yea? if an interest in, or a signature or other authority over, a financial account! 5a X b if "Yes," has it filed a regranization has bark transaction at any time during the tax year? 5a X b di any taxable party noitry the organization file form 8980.77 5a X 5b c if "Yes," hold the organization in apter from 100,000, and did the organization apter on tax sectores provided tax shelter transaction? 5a X b if "Yes," indicate the number of the most one of the value of the poot of sectores provided to the party? 5a X b if "Yes,"		(gambling) winnings to prize winners?	1c	Х	
Ited for the calendar year ending with or within the year covered by this "etum 2a 0 b If at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b Note. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3c Number of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X 3c Number of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3b X 3c Number of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3b X 3c Number of lines 1 and 2a is greater than 300, pointed at such and Financial Accounts (FBAP). See instructions for lines requirements for FinCRN FC? See instructions for lines recover and tanother dustrest for lines and services provided to the	2a				
b If at least one is reported on line 2a, did the organization fie all required federal employment tax returns? 2b Sa Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b T*ves, 'has it field a Form 300-T for this year? If 'No, 'ro line 3b, provide an explanation in Schedule O 3a X 3c At any time the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a X 3c Maximum time the name of the foreign country (such as a bark account, securities account, or other financial account)? 4a X 3c Maximum time the name of the foreign country (such as a bark scount, securities account, or other financial account)? 4a X 3c Maximum time the name of the foreign Bark and Financial Accounts (FBAR). 5a X 3c Maximum time the name of the foreign Bark and Financial Accounts (FBAR). 5a X 3c Maximum time time time time time time time tim		filed for the calendar year ending with or within the year covered by this return 2a 0			
Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3a Did the organization have unrelated business gross income of 51,000 more during the year? 3a X 3b If "Yes," has it filed a Form 50 To this year? if "No," to line 3b, provide ar explanation in Schedule O 3b X 4a At any time during the calendar year, id the organization have an interest in, or a signature or other authority over, a financial account in a oring on country (schedule as bank account, securities account, or other financial accounts (FBAR), 5a Sa X 5e instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Sa X 5e usituations that ware not an other during the say seri? 5c Sa X 5e Usituations that ware on tax deductible contributions? 5c Sa X 7 7 X To organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X 7 7 7 X To organization stat may receive deductible contributions under section 170(c). Sa Sa 8 11 "Yes," id due ta organization that was contribution and partly to orgonisation for fills expanization, during the year, year sensolabenefit contract? To X	b		2b		
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	1990 (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017		Р	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a17			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		X
Sec			-	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	Yes	No X
10a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	10a	Yes	
10a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?		Yes	
10a b 11a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b		
10a b 11a b	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b		
10a b 11a b 12a	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b 11a	X	
10a b 11a b 12a b	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b 11a 12a	x	
10a b 11a b 12a b	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b 11a 12a	x	
10a b 11a b 12a b	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	X X X	
10a b 11a b 12a b c	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b 12c	X X X X	
10a b 11a b 12a c 13	Ition B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b 12c 13	X X X X X	
10a b 11a b 12a c 13 13	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written occument retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	X X X X X	
10a b 11a b 12a c 13 14 15	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? If the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a c 13 14 15 a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	X X X X X	
10a b 11a b 12a c 13 14 15 a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a b c 13 14 15 a b	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture	10b 11a 12a 12b 12c 13 14	X X X X X	X
10a b 11a b 12a c 13 14 15 a b 16a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written document retention and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization in	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	x
10a b 11a b 12a c 13 14 15 a b 16a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	x
10a b 11a b 12a c 13 14 15 a b 16a	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," d	10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X	x
10a b 11a b 12a b c 13 14 15 a b 16a b	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	x
10a b 11a b 12a b c 13 14 15 a b 16a b	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Forn 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization is CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X X X	x
10a b 11a b 12a b c 13 14 15 a b 16a b Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture organization follow a written policy or procedure requiring the organizati	10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b		x

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

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

	JULIANA LOWE - (509)	963-2760	
20		number of the person who possesses the o	rganization's books and records: 🕨 🔄

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Form 990 (2	015) CENTRAL	WASHINGTON	UNIVERSITY	FOUNDATION	23-7017467	Page 7			
Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employe	ees, Highest Comp	ensated				
Employees, and Independent Contractors									
	Check if Schedule O contains a res	ponse or note to any l	ine in this Part VII						
Section A.	Officers, Directors, Trustees, Ke	v Employees, and Hi	ahest Compensated	Emplovees					

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

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

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

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

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

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

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

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

		l				nper	our	I	í í	(5)
(A)	(B)	1		Pos	C) itior	ı		(D)	(E)	(F)
Name and Title	Average		not c	heck more than one ss person is both an				Reportable	Reportable	Estimated amount of
	hours per week					is both pr/trus		compensation from	compensation from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				5		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)		organization
	organizations	trust	nal tru		oyee	ompe				and related
	below	vidual	In stitutional trustee	Ser	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) SCOTT WADE	1.00									
EXECUTIVE DIRECTOR				Х				0.	0.	0.
(2) JEFF HENSLER	1.00									
VICE-CHAIR / CHAIR		Х		Х				0.	0.	0.
(3) PATRICIA GALLOWAY	1.00									
TREASURER		Х		X				0.	0.	0.
(4) ANGY MEROLA	1.00									
SECRETARY		Х		x				0.	0.	0.
(5) ROBERTS NELLAMS (THROUGH 5/13)	1.00									
CHAIR		Х		x				0.	0.	0.
(6) RALPH A. CONNER	1.00									
BOARD MEMBER		х						0.	0.	0.
(7) OZO JACULEWICZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LYNNAE SCHNELLER	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) KELLY BENGSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JOHN DELANEY	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) JOE ADAMS	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) JAMES GAUDINO	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) GREG LECLAIR	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) GLADYS GILLIS	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) GARY WOLF	1.00									
BOARD MEMBER		х						0.	0.	0.
(16) BRADEN DRAGGOO	1.00									
BOARD MEMBER		х						0.	0.	0.
(17) BEA KOEMPEL-THOMAS	1.00	1								
BOARD MEMBER		х						0.	0.	0.
532007 12 16 15		•	•	•		•	•			Form 990 (2015)

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Form **990** (2015)

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2015.05070 CENTRAL WASHINGTON UNIVER 59877__1

Part VII Sector A. Officers, Directors, Truetes, Key Employees, and Highest Compensated Employees. Conductad: (A) (A) (B) (C) (D) (E) (E) Estimates Name and title Norms per investor (B) (C) (D) (P) (P) <th< th=""><th></th><th></th><th>VASHINGT</th><th>'ON</th><th>υ</th><th>JNI</th><th>VE</th><th>ERS</th><th>II</th><th>Y FOUNDATION</th><th>1 23-70</th><th>017</th><th>467</th><th>P</th><th>age 8</th></th<>			VASHINGT	'ON	υ	JNI	VE	ERS	II	Y FOUNDATION	1 23-70	017	467	P	age 8
Name and title Average Provide (N = 47) Continue (N = 47) Continue (N = 47) Reportable (N = 47)<	Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
Number of local parage Incluse parage								_			(E)			(F)	
week (Bit any production production organizations bit organizations bit (B) ADNE EATYINGS inter- instruction organizations bit (W2/1099-MISC) inter- organizations (W2/1099-MISC) other organizations (W2/1099-MISC) 118) ADNE EATYINGS 0.0 0.0 0.0 0.0 119) ADNE EATYINGS 0.0 0.0 0.0 0.0 119) ADNE EATYINGS 0.0 0.0 0.0 0.0 0.0 119) ADNE EATYINGS 0.0 0.0 0.0 0.0 0.0 0.0 119) ADNE EATYINGS 1.00 X 0 0.0 0.0 0.0 0.0 119) ADNE CREATERPERSENT 1.00 X 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 <t< td=""><td></td><td>Name and title</td><td>, e</td><td></td><td>not c</td><td>heck</td><td>more</td><td>than o</td><td></td><td>1 ·</td><td></td><td></td><td></td><td></td><td></td></t<>		Name and title	, e		not c	heck	more	than o		1 ·					
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d Total (add lines 1b and 1c) 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.															
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation I Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation I Compensation 1 Complete this table for your five highest compensate independent contractors D Complete															
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? (C) Mame and business address NONE Description of services Compensation O Cotal number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is may business address 0															0
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee,	or	highest compensated er	nployee on				
and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services		line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. 6 (C) (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 0 Image: Complete this table of provide the contractors in the organization of services Compensation 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services Compensation (A) (B) (C) Compensation 1 Name and business address NONE Description of services Compensation 1 Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > Image: Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > Image: Contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >	4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization				
rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Complete the independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Image: Compensation		and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation	5	Did any person listed on line 1a receive or a	iccrue compen	isati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 0 0 0 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0			plete Schedule	e J f	or sı	ich j	bers	on .					5	Х	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation Image: Compensation of services Compensation Compensation Compensation Image: Compensation from the organization image: Compens	Sec	tion B. Independent Contractors													
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Name and business address NONE Description of services Compensation			the calendar ye	ear e	endir	ng w	vith o	or wi	thin	the organization's tax y	ear.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0			a al al va a a			_						~			
\$100,000 of compensation from the organization		Name and business	address	N	JNF	5				Description of s	ervices	0	ompe	nsalio	r1
\$100,000 of compensation from the organization															
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\$100,000 of compensation from the organization	2	Total number of independent contractors (in		ot li-	nita	4 + ~	ther			above) who received	ore than				
	2		•	JUII	me	. 10			neu.						
								-			I		Form	990 (2015)

m 990 (NGTON UNI	VERSITY FO	DUNDATION	23-7017	467 Page
art VII	Statement of Rever	nue					_
	Check if Schedule O cont	ains a response	or note to any line		((-)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
<u>ა</u> 1a	Federated campaigns	1a					
ung b	Membership dues						
c M	Fundraising events		46,413.				
b ar	Related organizations	1d					
e B	Government grants (contribut	ions) 1e					
ν f	All other contributions, gifts, gran	its, and					
the	similar amounts not included abo	ve 1f	3,818,139.				
and Other Similar Amounts d b d e d d d a d a d a d a d	Noncash contributions included in lines	1a-1f: \$	368,530.				
<mark>n a</mark>	Total. Add lines 1a-1f		►	3,864,552.			
			Business Code				
2 a							
2 a b c d e f							
o enn							
b š							
ц е							
	All other program service reve						
g	Total. Add lines 2a-2f						
3	Investment income (including						
	other similar amounts)			668,286.			668,2
4	Income from investment of tax	x-exempt bond p	roceeds 🕨 🕨				
5	Royalties						
		(i) Real	(ii) Personal				
	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)						
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	1,892,363.					
b	Less: cost or other basis	0.056.100					
	and sales expenses						
	Gain or (loss)			162 006			1.62.04
	Net gain or (loss)		▶	-163,826.			-163,8
b 8 a	Gross income from fundraisin including \$46	,413. of					
	contributions reported on line		81,664.				
L .	Part IV, line 18		<u> </u>				
	Less: direct expenses		•••••	18,286.			18,2
	Net income or (loss) from fund			10,200.			10,2
y a	Gross income from gaming ac						
h	Part IV, line 19 Less: direct expenses						
	Net income or (loss) from gar						
	Gross sales of inventory, less	-					
	and allowances						
h	Less: cost of goods sold						
	Net income or (loss) from sale						
	Miscellaneous Revenu		Business Code				
11 a			900099	291,031.			291,0
b							,•
c							
	All other revenue						
	Total. Add lines 11a-11d			291,031.			
12	Total revenue. See instructions.			4,678,329.	0.	0.	813,7
	I		F	,,	-•	- •	Form 990 (2

Form 990 (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 10 Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	•	nplete column (A).	
	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,054,020.	1,054,020.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	182,651.	92,197.	90,454.	
7	Other salaries and wages	102,001.	34,13/•	50,434.	
8	Pension plan accruals and contributions (include	15,010.	5 711	9,266.	
9	section 401(k) and 403(b) employer contributions)	27,056.	5,744. 15,751.	11,305.	
9 10	Other employee benefits	17,493.	9,507.	7,986.	
10	Payroll taxes Fees for services (non-employees):	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Legal	5,066.	2,210.	2,856.	
	Accounting	66,182.		66,182.	
	Lobbying	00,2020			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	91,460.		91,460.	
	Other. (If line 11g amount exceeds 10% of line 25,	_ /			
5	column (A) amount, list line 11g expenses on Sch O.)	13,832.	13,832.		
12	Advertising and promotion	29,039.	26,268.		2,771
13	Office expenses	114,497.	88,545.	20,592.	<u>2,771</u> 5,360
14	Information technology	26,693.	26,693.		
15	Royalties				
16	Occupancy				
17	Travel	190,158.	165,078.	6,336.	18,744.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,505.	61,032.	9,427.	12,046.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	a = : =			
23	Insurance	6,517.		6,517.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.)	715,416.	691,834.		23,582.
a ⊾	HOSTING AND CULTIVATING	17,239.	UJ1,0J4•		17,239
u o	MEMBERSHIP	14,650.	4,280.	245.	10,125
d		11,050.		245.	10,125
	All other expenses	68,344.	61,386.	3,684.	3,274
25	Total functional expenses. Add lines 1 through 24e	2,737,828.	2,318,377.	326,310.	93,141
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,020.	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			I		Form 990 (201)

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532010 12-16-15

				(A) Beginning of year		(B) End of year
	1	Cash non interest hearing			1	
	2	Cash - non-interest-bearing		578,594.	2	1,130,096.
	2	Savings and temporary cash investments		1,108,829.	2	1,923,546.
	3 4	Pledges and grants receivable, net		1,100,025.	4	1,525,540.
	- 5	Accounts receivable, net Loans and other receivables from current and for		4		
	5	trustees, key employees, and highest compensation				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
<	8	Inventories for sale or use		15.050	8	
	9	Prepaid expenses and deferred charges		17,350.	9	10,184.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	• • • • • • • • • • • • • • • • • • • •		0.	10c	225,000.
	11	Investments - publicly traded securities		23,252,243.	11	23,027,345.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets		FO 200	14	00.040
	15	Other assets. See Part IV, line 11		59,322.	15	82,848.
	16	Total assets. Add lines 1 through 15 (must equa		25,016,338.	16	26,399,019.
	17	Accounts payable and accrued expenses		313,919.	17	154,388.
	18	Grants payable	101 210	18	00 000	
	19	Deferred revenue		101,319.	19	99,292.
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees				
lat		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		415,238.	25 26	253,680.
	20	Organizations that follow SFAS 117 (ASC 958)	check here X and	113/1301	20	23370001
		complete lines 27 through 29, and lines 33 and				
ces	27	Unrestricted net assets		1,975,370.	27	1,922,071.
alan	28			9,314,759.	28	10,538,153.
B	29			13,310,971.	29	13,685,115.
un		Organizations that do not follow SFAS 117 (AS				
н Г		and complete lines 30 through 34.	<i>"</i>			
tsc	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq			31	
ĬĂ	32	Retained earnings, endowment, accumulated inc			32	
ž	33			24,601,100.	33	26,145,339.
	34			25,016,338.	34	26,399,019.
						Form 990 (2015)

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

Form 990 (2015)
Part X Balance Sheet

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25)	328. 501. L00.
1 Total revenue (must equal Part VIII, column (A), line 12)	328. 501. L00.
	328. 501. L00.
	328. 501. L00.
2 Total expenses (must equal Part IX, column (A), line 25)	501. L00.
	L00.
3 Revenue less expenses. Subtract line 2 from line 1	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	262.
5 Net unrealized gains (losses) on investments 5 -396, 2	
6 Donated services and use of facilities	
7 Investment expenses 7	
8 Prior period adjustments 8	
9 Other changes in net assets or fund balances (explain in Schedule O)9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	
column (B))	<u>339.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	$-\square$
Yes	No 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 O.	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	
separate basis, consolidated basis, or both:	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
X Separate basis Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	4
review, or compilation of its financial statements and selection of an independent accountant?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	
Act and OMB Circular A-133? 3a	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	

Form **990** (2015)

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(Form	990	or	990-EZ)
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Public Charity Status and Public Support

	4947(a)(1) nonexempt charitable trust.			
epartment of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public		
ernal Revenue Service	▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fo		Inspection	
ame of the organizat	ion	Employer	identification number	
	CENTRAL WASHINGTON UNIVERSITY FOUNDATION		3-7017467	
Part I Reason	for Public Charity Status (All organizations must complete this part.) See instruction	S.		
e organization is not	a private foundation because it is: (For lines 1 through 11, check only one box.)			
1 🗌 A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).			
2 📃 A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)			
A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
1 🗌 A medical re	search organization operated in conjunction with a hospital described in section 170(b)(1)(A	A)(iii). Enter	the hospital's name,	
city, and sta	te:			
5 🚺 An organizat	ion operated for the benefit of a college or university owned or operated by a governmental u	unit describe	d in	
section 170	(b)(1)(A)(iv). (Complete Part II.)			
6 🗌 A federal, st	ate, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7 📃 An organizat	ion that normally receives a substantial part of its support from a governmental unit or from t	he general p	oublic described in	
section 170	(b)(1)(A)(vi). (Complete Part II.)			
3 📃 A communit	y trust described in section 170(b)(1)(A)(vi). (Complete Part II.)			
An organizat	ion that normally receives: (1) more than 33 1/3% of its support from contributions, members	hip fees, an	d gross receipts from	
activities rela	ated to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	its support f	rom gross investment	
income and	unrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization a	fter June 30, 1975.	
See section	509(a)(2). (Complete Part III.)			
) An organizat	ion organized and operated exclusively to test for public safety. See section 509(a)(4).			
1 An organizat	ion organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the	ourposes of one or	
more public	y supported organizations described in section 509(a)(1) or section 509(a)(2). See section	509(a)(3). C	Check the box in	
lines 11a thr	ough 11d that describes the type of supporting organization and complete lines 11e, 11f, and	d 11g.		
a 🔄 Type I. As	supporting organization operated, supervised, or controlled by its supported organization(s), t	ypically by	giving	
the suppo	rted organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the su	pporting	
organizatio	on. You must complete Part IV, Sections A and B.			
b Type II. A	supporting organization supervised or controlled in connection with its supported organization	on(s), by hav	ing	
control or	management of the supporting organization vested in the same persons that control or mana	ige the supp	orted	
organizatio	on(s). You must complete Part IV, Sections A and C.			
c 🔄 Type III fu	nctionally integrated. A supporting organization operated in connection with, and functiona	Illy integrate	d with,	
its suppor	ted organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.			
d 🔄 Type III no	on-functionally integrated. A supporting organization operated in connection with its suppo	rted organiz	ation(s)	
that is not	functionally integrated. The organization generally must satisfy a distribution requirement and	d an attentiv	eness	
requireme	nt (see instructions). You must complete Part IV, Sections A and D, and Part V.			

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

f Enter the number of supported organizations

g Provide the following information	n about the supporte	d organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		support (see	(vi) Amount of other support (see instructions)	
			Yes	No	instructions)	instructions)	
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

2015

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Schedule A (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1800515.	1916891.	2251371.	2446058.	3864552.	<u>12279387.</u>		
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	1000515	1010001	0051051	0446050	2064550	1000000		
	Total. Add lines 1 through 3	1800515.	1916891.	2251371.	2446058.	3864552.	12279387.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included on line 1 that exceeds 2% of the								
	amount shown on line 11, column (f)						59,478.		
~	·····						12219909.		
	Public support. Subtract line 5 from line 4. ction B. Total Support						<u>µ⊿∠⊥уу0у∙</u>		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	1800515.	1916891.	2251371.	2446058.	3864552.	12279387.		
	Gross income from interest,	1000313.	1910091.	22313/1.	2110030.	50045524	122/990/1		
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	414,691.	444,744.	418,600.	514,084.	668,286.	2460405.		
9	Net income from unrelated business	,	,	,	,				
Ū	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						14739792.		
12	Gross receipts from related activities,	etc. (see instructio	ins)	-		12	317,913.		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)			
	organization, check this box and stop	ohere							
See	ction C. Computation of Publi	c Support Per	centage						
	Public support percentage for 2015 (I		-			14	82.90 %		
	Public support percentage from 2014					15	81.07 %		
16 a	33 1/3% support test - 2015. 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			
	stop here. The organization qualifies		•						
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test	0					-		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
b		-							
	more, and if the organization meets the						*		
10	organization meets the "facts-and-circ								
18	Private foundation. If the organization	IT UIU HOL CHECK A		a, 100, 17a, or 170		edule A (Form 990			
					SCRE	aule A (l'0111 990	UI 330-LZ ZU 13		

Schedule A (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2015 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
16 Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	015 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2015. If the	organization did r				33 1/3%, and lin	e 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2014. If the						%, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organizat	ion ►
20 Private foundation. If the organization						
532023 09-23-15						990 or 990-EZ) 2015
		15	5			-

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Schedule A (Form 990 or 990 EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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) 2015

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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.	11c		
Sec	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		L
			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			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	5		L
1				
' a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c b				
2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction Technicity Construction Statement of the second s	uctions).	Yes	No
	Activities Test. Answer (a) and (b) below.		162	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	0-		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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	04		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025	5 09-23-15 Schedule A (Form 9	90 or 99	0-EZ)	2015

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Sche Pa	dule A (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIV			3-7017467 Page 6
				- M
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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-functional	ly-integrat	ed Type III supporting orgai	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 7

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 exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
C				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Schedule A	(Form 990 or 990-EZ) 2015	CENTRAL WASHI	NGTON UNIVERSI	TY FOUNDATION 23-7017467 Page	ge 8
	Part IV, Section A, lines 1, line 1; Part IV, Section D, li	2, 3b, 3c, 4b, 4c, 5a, 6, 9a nes 2 and 3; Part IV, Sectio	, 9b, 9c, 11a, 11b, and 11c; I on E, lines 1c, 2a, 2b, 3a and	ine 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Section C, 3b; Part V, line 1; Part V, Section B, line 1e; Part V, e this part for any additional information.	
532028 09-23-1	5			Schedule A (Form 990 or 990-EZ) 2	2015

SCHEDULE D)
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Department of the Treasury

(Form	990)
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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.

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



Internal Revenue Service Name of the organization

Employer identification number

Der		UNIVERSITY FOUNDATIO	
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		/b) Evends and allow as a surface
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	, , , , , , ,	
Par			
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recreation or ec		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ►	and the fact of the second s	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, h		
6		and ing of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and onforcing consonua	tion assemants during the year
'	Amount of expenses incurred in monitoring, inspecting, narioi	ing of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
U			
9	In Part XIII, describe how the organization reports conservatio		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		
Par		Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		, , , , , , , , , , , , , , , , , , , ,
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
			N .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		

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

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Schedule D (Form 990) 2015

		WASHINGTON					23-70			_{age} 2
	t III Organizations Maintaining C								,	
3	Using the organization's acquisition, accession (check all that apply):	on, and other records	s, check any of the	following that	are a sig	Inificant L	ISE OF ITS C	ollection	items	
2	Public exhibition	d		shango progra	me					
a h	Scholarly research	a		change progra						
b	Preservation for future generations	е								
C A	Provide a description of the organization's co	lloctions and ovalain	how thoy further t	ho organizatio	n'e ovom	ont nurna	co in Dort	~		
4 5	During the year, did the organization solicit of						se in Fart.	<u> </u>		
5	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		te il the organizatio	on answered		F0111 990), Faitiv, i	ine 9, 0i		
19	Is the organization an agent, trustee, custodia		any for contribution	s or other ass	ets not ir	acluded				
Ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a						∟] 103		
D			owing table.					Amoun	+	
с	Beginning balance					1c		Amoun		
	Additions during the year									
f	Distributions during the year					1f				
	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.						·····] 103		
Par						<u></u> 0				
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	vears	hack
19	Beginning of year balance	17,909,017.	17,764,437.				91,998.		,902,	
b	Contributions	361,870.	832,137	· · ·	,659.		22,671.		722,	
	Net investment earnings, gains, and losses	67,852.	-166,631.	-			99,810.		376,	
						155,				
d	Grants or scholarships	511,001.	510,510.	100	,050.				100,	100.
е	Other expenditures for facilities									
	and programs	353,106.					51,620.		54	780.
	Administrative expenses	17,462,971.	17,909,017.	17,764	137		59,338.	13	,791,	
-	End of year balance				,437.	14,5	59,550.	13	, ''',	990.
2	Provide the estimated percentage of the curr	,	0, 1	i)) held as:						
a	Board designated or quasi-endowment	3.44	_%							
	Permanent endowment 77.59	<u>%</u>								
с	Temporarily restricted endowment 13									
_	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administere	ed for the	e organiza	ation	ſ		
	by:								Yes	No
	(i) unrelated organizations							3a(i)	X	37
	(ii) related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered									
	Description of property	(a) Cost or ot		t or other	• •	cumulate		(d) Boo	k value	е
		basis (investm	,	(other)	dep	preciation		0.01		
1a	Land		22	25,000.				22	5,00	00.
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line 1	10c.)				22	5,00	00.
							Schedule	D (Forn	n 990)	2015

Schedule D (Form 990) 2015

	HINGTON UNIVE	RSITY	FOUNDATION	23-7017467	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See F	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) M	lethod of valuation: Cost	t or end-of-year market v	alue
(1) Financial derivatives					
(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 "Yes"	on Form 990, Part IV, line	e 11c. See F	Form 990, Part X, line 13		

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2015

532053 09-21-15

Sche	dule D (Form 990) 2015 CENTRAL WASHINGTON UNIVER				7017467 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents Wit	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,820,937.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-396,262.		
b	Donated services and use of facilities	2b	1,475,492.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	63,378.		
е	Add lines 2a through 2d			2e	1,142,608.
3	Subtract line 2e from line 1			3	4,678,329.
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			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	4,678,329.
_	THIS MUST COULD FURTHER TO THE TELL				
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi	th Expenses per F		
Pa	tt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wi	th Expenses per F	Retur	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial State	ements Wi 12a.	th Expenses per F		
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1	ements Wi 12a.	th Expenses per F	Retur	n.
1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements	ements Wi	th Expenses per F	Retur	n.
1 2	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements Wi 12a. 2a	th Expenses per F	Retur	n.
1 2 a	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2b	th Expenses per F	Retur	n.
1 2 a b	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2a 2a 2b 2c	th Expenses per F	Retur	n. 4,276,698.
1 2 a b c d	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2a 2b 2c 2d	th Expenses per F 1,475,492. 63,378.	Retur	n. <u>4,276,698.</u> 1,538,870.
1 2 a b c d	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2d	th Expenses per F	1	n. 4,276,698.
1 2 b c d e	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>4,276,698.</u> 1,538,870.
1 2 b c d 3	t XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per F	1 2e	n. <u>4,276,698.</u> 1,538,870.
1 2 a b c d e 3 4	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 12a. 2a 2b 2c 2d	th Expenses per F	1 2e	n. 4,276,698. 1,538,870. 2,737,828.
1 2 a b c d e 3 4 a	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d 4a 4b	th Expenses per F	1 2e	n. <u>4,276,698.</u> <u>1,538,870.</u> <u>2,737,828.</u> 0.
1 2 a b c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F	1 2e 3	n. 4,276,698. 1,538,870. 2,737,828.

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

PART V, LINE 4:

ENDOWMENTS PROVIDE A LONG-TERM STREAM OF INCOME FOR MEETING UNIVERSITY

NEEDS. ENDOWMENTS MAY BE DESIGNATED FOR SCHOLARSHIPS, ACADEMIC PROGRAM

SUPPORT, GRADUATE FELLOWSHIPS, ENDOWED CHAIRS OR OTHER SPECIFIC AREAS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY

RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE WOULD BE SUBJECT TO

TAXATION AS UNRELATED BUSINESS INCOME. THE FOUNDATION DID NOT ENGAGE IN AN

ACTIVITY UNRELATED TO ITS TAX-EXEMPT PURPOSE; ACCORDINGLY, NO PROVISION

FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. 532054 09-21-15 Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Page 5 Part XIII Supplemental Information (continued) (contin)
IN ACCORDANCE WITH REQUIREMENTS RELATED TO ACCOUNTING FOR UNCERTAINTIES IN
INCOME TAXES, THE FOUNDATION HAS DETERMINED THEY HAVE NO UNCERTAIN TAX
POSITIONS AT JUNE 30, 2016 AND 2015. THE FOUNDATION FILES INCOME TAX
RETURNS IN THE U.S. FEDERAL JURISDICTIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES REPORTED AGAINST REVENUE ON THE TAX
RETURN 63,378.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
FUNDRAISING EXPENSES REPORTED AGAINST REVENUE ON THE TAX
<u>RETURN</u> 63,378.
532055 09-21-15 Schedule D (Form 990) 2015

SCHEDULE G	Supplama	ntal Information Departing	Euro	Iraiai	ing or Coming A	otiv	ition	OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding e organization answered "Yes" on I						2015
Department of the Treasury	-	organization entered more than \$1 Attach to Form 990	5, 000 d	on Foi	rm 990-EZ, line 6a.	,		Open to Public
Internal Revenue Service		► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)				ov/fc		Inspection
Name of the organization		WASHINGTON UNIVER	SITY	Y FO	OUNDATION		Employer ic 23-701	lentification number 7467
Part I Fundrais	ing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa n highest paid indi	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	es 🗌 No be
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
Total								
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. 9	Schee	dule G (Form	990 or 990-EZ) 2015

 Schedule G (Form 990 or 990-EZ) 2015
 CENTRAL
 WASHINGTON
 UNIVERSITY
 FOUNDATION
 23-7017467
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			KITNA GOLF	HALL OF FAME BANQUET	1	(add col. (a) through col. (c))
a			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts		35,115.	26,050.	128,077
	2	Less: Contributions	20,928.	20,485.	5,000.	46,413
	3	Gross income (line 1 minus line 2)	45,984.	14,630.	21,050.	81,664
	4	Cash prizes				
	5	Noncash prizes				
nireut Experises	6	Rent/facility costs	21,750.	807.	10,550.	33,107
	7	Food and beverages		7,718.	4,138.	20,302
5	8	Entertainment				900
	9	Other direct expenses	5,261.	2,851.	957.	9,069
- 1		Direct expense summary. Add lines 4 thro	• • • • • • • • • • • • • • • • • • • •		►	63,378
	<u>11</u> rt II	Net income summary. Subtract line 10 fro II Gaming. Complete if the organizati		990 Part IV line 19 or re		18,286
		\$15,000 on Form 990-EZ, line 6a.				
anne		+ - ,- 00 0 0 000 11 ,0 00.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad

nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
zpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	└── Yes % │── No	Yes %	
	7	Direct expense summary. Add lines 2 through	15 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	tivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7	<u>017467</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		_
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15, and 17k are explicitly and explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15, and 17k are explicitly and explanations required by Part I.	1es 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
53209	33 09-14-15 Schedule G (Forr	n 990 or 990	-EZ) 2015
	32		, _0.0

	(Form 990 or 990-EZ) Supplemental Inform	CENTRAL	WASHINGTON	UNIVERSITY	FOUNDATION	23-7017467	Page 4
Part IV	Supplemental Infor	mation (contin	ued)				
					Sch	edule G (Form 990 or	- 990-E7)

edule G (Form 990 or 990-EZ)

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB No. 154	45-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								15
Department of the Treasury Internal Revenue Service		Informati	on about Schedule I (► Attach to Form (Form 990) and its		www.irs.gov/form99	0	Open to I Inspect	
Name of the organizat		·						Employer identification 23-701	
Part I General I	nformation on Grants a		UNIVERSITY	FOUNDATIC				23-701	/40/
1 Does the organiz criteria used to a	zation maintain records t award the grants or assis IV the organization's pro	to substantiate the stance?				-		on X Yes	No No
Part II Grants an	d Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and ad	hat received more than S ddress of organization vernment	(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 gr or assistance	
CENTRAL WASHINGTC 400 E UNIVERSITY ELLENSBURG, WA 98	WAY BARGE 402	91-1980504	115	1,054,020.	0.			EDUCATIONAL SCHOLA	RSHIPS
2 Enter total numb	per of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table		L	I	└ ▶	1.
3 Enter total numb	per of other organizations	s listed in the line 1	table					►	0.
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (Form 9	90) (2015)

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Schedule I (Form 990) (2015) CENTRAL WASHINGTON UNIVERSITY FOUNDATION

23-7017467

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 non-cash assistance					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	lditional information.						
PART I, LINE 2:										
QUARTERLY DISBURSEMENTS OF SCHOLARSHIPS ARE REPORTED AND REVIEWED FOR										

ACCURACY BY CWU FOUNDATION STAFF AND THE CWU SCHOLARSHIP OFFICE. REPORTS

CONSIST OF STUDENT ID NUMBERS, NAME OF THE SCHOLARSHIP, AMOUNT OFFERED AND

AMOUNT DISBURSED SO THAT THIS CAN BE TRACED TO THE STUDENT FINANCIAL REPORT

TO SHOW THE STUDENT RECEIVING THIS AWARD. MONITORING BY THE SYSTEM AND

INDIVIDUALS HELP INSURE THAT THE CRITERIA OF THE SCHOLARSHIP GIVEN IS BEING

HONORED.

SC	HEDULE J	Compensation Information		OMB No. 1	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	46	
•		Compensated Employees	_	20	IJ)
-		Complete if the organization answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.	Open to	Publ	ic
	tment of the Treasury al Revenue Service	Information about Schedule J (Form 990) and its instructions is at <u>www.irs.gov</u>	/form990.	Inspe		
Nam	e of the organizatio	•		identificatio	on nu	mber
		CENTRAL WASHINGTON UNIVERSITY FOUNDATION	23-	701746	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Fo	rm 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	charter travel Housing allowance or residence for pe	sonal use			
	Travel for com	panions Payments for business use of persona	residence			
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation	ees			
	Discretionary	spending account Personal services (e.g., maid, chauffeu	r, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors	,			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
-						
3		ny, of the following the filing organization used to establish the compensation of the organ				
		ector. Check all that apply. Do not check any boxes for methods used by a related organiz	ation to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	Form 990 of c	ther organizations Approval by the board or compensatio	n committee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
-				4a		x
a b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				x
U		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation			
	contingent on the r					
а	-					X
		ation?				X
		r 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ation			
	contingent on the r	net earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payme	nts			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to) the			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" to line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	n 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)) 2015

5 CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i)							
(ii)							

Page 3

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

FORM 990, PART VII, LINE 5

SCOTT WADE RECEIVED COMPENSATION OF \$77,309 FROM CENTRAL WASHINGTON

UNIVERSITY FOR SERVICES RENDERED TO CENTRAL WASHINGTON UNIVERSITY

FOUNDATION.

SCHE	DULE	Μ
(Form	990)	

Noncash Contributions

OMB No. 1545-0047

ΖU

Department of the Treasury
Internal Revenue Service

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

Open To Public Inspection

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Name of the	organization
-------------	--------------

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

Employer identification number

CENTRAL WASHINGTON UNIVERSITY FOUNDATION 23-7017467 Part I Types of Property

		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			5
		аррісаріс		Form 990, Part VIII, line 1g				,
1	Art - Works of art	X	4	1,261.	FAIR MARKET	VAL	UE	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	X		760.	FAIR MARKET	VAL	UE	
5	Clothing and household goods	X		9,108.	FAIR MARKET	VAL	UE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	68,144.	FAIR MARKET	VAL	UE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	2		FAIR MARKET			
19	Food inventory	X	12	5,225.	FAIR MARKET	VAL	UE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>VARIOUS</u>)	X	23		FAIR MARKET			
26	Other ► (EQUIPMENT)	X	5		FAIR MARKET			
27	Other ► (FURNITURE)	X	1	12,392.	FAIR MARKET	VAL	UE	
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which is not required to be	used for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review o	of any non-standard contribu	tions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

32a

х

532141 08-21-15

b If "Yes," describe in Part II.

Schedule M	(Form 990) (2015)	CENTRAL	WASHINGTON	UNIVERSITY ation required by Part I	FOUNDATION	23-7017467	Page 2
Part II	Supplemental is reporting in Part this part for any ac	I, column (b), th	e number of contribu	ation required by Part I itions, the number of ite	, lines 30b, 32b, and 33 ems received, or a coml	, and whether the organiza pination of both. Also com	tion plete
532142 08-21-1	5					Schedule M (Form S	990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990



Employer identification number

CENTRAL WASHINGTON UNIVERSITY FOUNDATION

23-7017467

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

THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE BEFORE FILING AND A

FINAL 990 IS GIVEN TO THE BOARD OF DIRECTORS AT THE APRIL MEETING.

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

CONFLICT OF INTEREST GENERAL POLICY STATEMENTS ARE GIVEN TO THE BOARD MEMBERS ANNUALLY. THE STATEMENT REVIEWS OUR POLICY THAT FOR BUSINESS TRANSACTIONS INVOLVING THE FOUNDATION AND THE PERSONAL OR BUSINESS AFFAIRS OF A DIRECTOR, OFFICER, OR STAFF MEMBER SHALL BE APPROVED IN ADVANCE BY THE BOARD OF DIRECTORS. FURTHER INFORMATION ABOUT SPECIFIC APPLICATION OF FINANCIAL INTERESTS AND RELATIONSHIPS, SPECIAL PRIVILEGES, FAVORS AND USE OF UNIVERSITY PROPERTY IS CONTAINED IN THE POLICY FOR REVIEW. EACH BOARD MEMBER REVIEWS THE POLICY, FILLS OUT THE OUESTIONNAIRE AND SIGNS THAT THEY AGREE TO INFORM THE BOARD CHAIR, EXECUTIVE DIRECTOR AND FELLOW DIRECTORS OF ANY CONFLICT THAT MAY BE DEVELOPING AND IN ALL SUCH CASES THEY WILL ABSTAIN FROM DISCUSSION AND VOTING AND THEIR DISCLOSURE AND ABSTENTION WILL BE A MATTER OF RECORD. THE SIGNED FORM IS RETAINED IN THE CWU FOUNDATION RECORDS.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST AS DESCRIBED ON PRIVACY POLICY

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STATEMENT ON THE CENTRAL WASHINGTON UNIVERSITY FOUNDATION WEBSITE.

HTTP://WWW.CWU.EDU/FOUNDATION

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15