Eastern Washington University Foundation Public Disclosure Copy 2017 Tax Return

STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation – keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Α	For th	e 2016 calendar year, or tax year beginning $$ JUL 1 , 2016 and ending	JUN 30, 2017	7
-	Check if applicab		D Employer identif	
Ę	Addre chang Name	EASTERN WASHINGTON UNIVERSITY FOUNDATION		
늗	chang Initial	2 0 11 3 2 2 2 11 2 2 2 2 2 2 2 2 2 2 2 2 2	91-1	.019819
	Final return	, 102 HARGREAVES HALL		er - 359 – 6890
	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	15,036,749.
F	return Applie		H(a) Is this a group r	
_	—i tiòn pendi	F Name and address of principal officer: ANGELA JONES	for subordinate	s? Yes X No
-		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
÷	lax-ex	empt status: X 501(c)(3)	527 If "No," attach a	a list. (see instructions)
		te: WWW. EWU. EDU/FOUNDATION	H(c) Group exemption	n number
100		organization: X Corporation Trust Association Other	/ear of formation: 1977 $_{ m I}$	M State of legal domicile; WA
	art I			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IDENT AND MANAGE ALL PRIVATE GIFTS MADE TO EASTERN	IFY, PROMOTE,	RECEIVE
nai	2	Check this box	WASHINGTON	NIVERSITY.
Ver	3	Check this box if the organization discontinued its operations or disposed of n Number of voting members of the governing body (Part VI, line 1a)		
ၓ	4	Number of independent veting members of the governing body (Part VI, line 1a)	3	24
ර ග	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
iţi	6	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
댨	7.2	Total number of volunteers (estimate if necessary)	6	39
Ř	h h	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		Net unrelated business taxable income from Form 990-T, line 34		0.
4	8	Contributions and grants (Part VIII line 1b)	Prior Year	Current Year
nue	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	3,695,438.	2,779,396.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,636,866.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	273,445.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,605,749.	588,908.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	983,464.	4,053,713.
	14	D (2)	903,404.	2,838,283.
Ø			0.	0.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 49, 613.	0.	U •
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,511,030.	565,121.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,494,494.	3,403,404.
	19	Revenue less expenses. Subtract line 18 from line 12	4,111,255.	650,309.
ts or			Beginning of Current Year	
sets	20	Total assets (Part X, line 16)	25,656,309.	End of Year 28, 319, 105.
Net Assets Fund Balan	21	Total liabilities (Part X, line 26)	201,233	224,322.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	25,455,076.	28,094,783.
	art II	Signature Block		20,032,703.
Und	er pena	tties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief it is
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge	, Jones, it is
		les	4/18/1	8
Sig	n	Signature of officer	Date	
Her	e	ANGELA JONES, EXECUTIVE DIRECTOR		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paic		WILLIAM A. SIMER WILLIAM A. SIMER	04/11/18 if self-employe	P00046197
	parer	Firm's name EIDE BAILLY LLP	Firm's EIN	45-0250958
Use	Only	Firm's address 999 W. RIVERSIDE AVE, STE 101		
_		SPOKANE, WA 99201-1005	Phone no.50	9-747-6154
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

EASTERN WASHINGTON UNIVERSITY FOUNDATION Form 990 (2016) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X	140
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		Α	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	1		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	-	X
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	bid the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
'	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			= 1/1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		77	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Х	
	accord reported in Dark V. line 100 if EVen II annual to 0.1 . 1 1 m m			v
C	Did the organization report an amount for investments - program related in Part X line 13 that is 5% or more of the total	11b		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	bid the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	_	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	х	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule F	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	but the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV			77
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	14b	-	X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	The trie organization report on Fart IA, Column IA), line 3, more than \$5,000 of addresses drants or other conjectance to		1	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	bid the organization report more than \$15,000 total of fundraising event gross income and contributions on Bort VIII lines.		\rightarrow	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
-	The the organization report more than \$15,000 or gross income from daming activities on Part VIII. line Qa2 If "Vec "			
	complete Schedule G, Part III	19		X
		- (200 /	

Form **990** (2016)

Form 990 (2016) EASTERN WASHINGTON
Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	bid the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	is the organization aware that it engaged in an excess benefit fransaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			
a	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,			
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30	Х	_
٠.	If "Yes," complete Schedule N, Part I	31	1	х
32	the diganization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes." complete		_	_
	Schedule N, Part II	32		Х
33	and the organization own room or an entity disregarded as separate from the organization under Regulations		\neg	_
	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
þ	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?			
07	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			
20	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?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

be Enter the number erported in Box 3 of Form 1096. Enter 0- if not applicable 1	_	The second of contains a response of note to any line in this Part V					
De the tree mumber of Forms W-2G included in line 1a. Enter - If not applicable	1:	Enter the number reported in Day 2 of Farm 1999 Fig. 1	10			Yes	No
c Util the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withness? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? 3b If Yes, 1 has it filed a Form 980-T for they year? 3c If the organization have unvoiced business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 980-T for they year? 3c If Yes, 1 has it filed a Form 980-T for they year? 3c If Yes, 1 has it filed a Form 980-T for they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they are they year? 3d If Yes, 1 has they year year year year year year year ye	_	Enter the number of Forms W.2C included in line 4.5. Enter -U- if not applicable			_	1	
galmongy wranings to prize winners? 2		Did the organization comply with backup withholding rules for your state.	1b		2		
the for further for pumber of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendary year anding with or within the year covered by this return. 1 I least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-fife (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A I any time during the culendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 A I any time during the culendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 B I 'Yes, 'do not the hamo of the foreign country. 5 B I 'Yes,' the sit file of a Form 99.0 To this year? 5 B Was the organization for foreign country. 5 B Was the organization have around gross receipted that the year of foreign Bank and Financial Accounts (FBAF). 5 B Was the organization have around gross receipted that the was or is a party to a prohibited tax shalter transaction? 5 B Was the organization have around gross receipted that it was or is a party to a prohibited tax shalter transaction? 5 B Was the organization have around gross receipted that the organization flee form 88881? 5 B I 'Yes,' did no organization thick organization flee Form 88881? 6 B I 'Yes,' did no organization include with every socilation an express statement that such contributions or gifts were not tax deductible? 6 D did the organization receive any purpose of tampible personal property for which it was required to file organization network and the organization flee form 8889 as required? 7 B X I 'Yes,' indicate the number of Forms 8282 filed during th	Ī	(gambling) winnings to prize winners?	reporta	ble gaming			
filed for the calendar year anding with or within the year covered by this return? Note. If the sum of lines 1s and 2s is greater than 250, you may be required tederal employment tax return? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a	2a	Enter the number of employees reported on Form W.A. Transmitted at the	E 1		1c	X	
bill at least one is reported on line 2s, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2s is greater than 250, you may be required to 4-file (see instructions) 3a bill the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yes," enter the name of the foreign country! Such as a bank account, securities account, or other financial accounts (FBAR). 5c In the second of the file organization at a bank account, securities account, or other financial accounts (FBAR). 5c In the second of the file organization at a sheft retransaction at any time during the tax year? 5c In the second of the organization and the transaction at any time during the tax year? 5c In the second of the organization as well as the second of the second of the organization solicit any contributions that were not tax deductible as charitable contributions? 6c In "Yes," did the organization include with every selicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8928 filed during the year 7d In "Yes," indicate the number of Forms 8928 filed during the year 8d If "Yes," indicate the number of Forms 8928 filed during the year 9d If the organization receive a contribution of customic property for which it was required? 17d In the organization receive a contribution of customic property for which it was req		filed for the calendar year ending with or within the year environt by the real factors.					
3 Did the organization have unreal a and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unreal and contributions or \$1,000 or more during the year? 3 At any time during the calendary year, did the organization have unreal unreal to a foreign country (such as a bank account, securities account, or other financial account)? 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 If "Yes," enter the name of the foreign country, "See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at the promise of the organization solicit any contributions that were not tax deductible as charitable contributions? 5 If "Yes," old the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 6 If "Yes," idid the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible. 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization state that any receive deductible contributions under section 170(c). 9 Did the organization state that any receive deductible contributions under section 170(c). 9 Did the organization state any semantial receives a 5f5 made party as contribution and party for goods and services provided to the payor? 7 To X Y Yes," indicate the number of Forms 8282 filled during the year. 9 Did the organization receive any privines, directly or indirectly, to pay premiums on a personal benef	ь	If at least one is reported on line 2a, did the expenitation file all required to	_2a_		1		
3a X 3b 11 12 13 13 3b X 3b 11 13 13 14 13 14 15 15 15 15 15 15 15		Note. If the sum of lines 1a and 2a is greater than 250 year may be required to a first	rns?		2b		
b if "Yes," has it filled a Form 980-T for this year? If "No." to line 3b, provide an explanation in Schedule O 4 At any time during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial account; and in a foreign country (such as a bank account, securities account, or other financial account)? 5 b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FindCHF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 b Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5 a X b Did any taxabib party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5 b Did any taxabib party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5 c If "Yes," to line 5a or 5b, clid the organization file Form 8886-17 6 c If "Yes," to line 5a or 5b, clid the organization include with overy solicitation and party to a prohibited tax shefter transaction? 6 c If "Yes," indicate the manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible. 6 c If "Yes," indicate the manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions under section 170(c). 6 c If "Yes," indicate the manual gross receipts that are normally greater than \$100,000, and did the organization she than any receive deductible contributions under section 170(c). 6 c If "Yes," indicate the number of the donor of the value of the goods or services provided? 7 c If yes, and the organization needle any parmail in excess of 357 made party as a contribution and party for goods and services provided to the payor? 7 d If "Yes," indicate the number of Forms 88282 filed during the year. 9 c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	За	Did the organization have unrelated business group income of \$1,000 any and the instruction.	s)			1	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if 'Yea,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization apenty to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Vary on the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yea,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization include with evalue of the goods or services provided? 77 Organizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization notify the clorer of the value of the goods or services provided? 7a If 'Yes,' did the organization include with evalue of the goods or services provided? 7b If 'Yes,' did the organization selected any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c VX If the organization received a contribution of qualified intellectual property, (dif the organization file a Form 109e-C? Byonsoning organization neceived a contribution of cars, boats, alripaters, or other vehicles, did the organization file a Form 109e-C	b	If "Yes," has it filed a Form 990.T for this year? If "No," to line 3h, provide an authorities in 0.4 h, by			-		X
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sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	2 u 1 0 111 1 1 0 3 0 · O :	711		
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 13b 13b 13c 14a X 14a X	ນ	The res," enter the amount of tax-exempt interest received or accrued during the year	12b				
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organization is licensed to issue qualified health plans	h	Enter the amount of recence the average of the aver		[
the content the amount of reserves on hand the content of the cont	_	organization is licensed to increase the organization is required to maintain by the states in which the	- 11	- 1			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14a X 14b	c	Enter the amount of recensor on bond	_				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	4a	Did the organization receive any payments for independent	13c				
	b	If "Yes " has it filed a Form 720 to report those neuronable (f "No "			14a		<u>X</u>
	_	service an explanation in Schedule	O		_		_

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

Sec	ction A. Governing Body and Management						X
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	24		162	140
	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.					14	
b		1b		24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other	-			
	oπicer, director, trustee, or key employee?				2	-	х
3	Did the organization delegate control over management duties customarily performed by or under	the dire	nct supervision		_		
	of officers, directors, or trustees, or key employees to a management company or other person?			1	3		X
4	bid the organization make any significant changes to its governing documents since the prior Form	990	ac filed?		4	_	X
5	bid the organization become aware during the year of a significant diversion of the organization's a	ecote?			5		X
6	Did the organization have members or stockholders?		***************************************		6	-	X
7a	and the nower to elect or	annoin	t one or	- 1	•		-
	more members of the governing body? Are any governance decisions of the organization record to (арропі	t one of	Ι.	,		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	etock	oldoro or	· -	7a		Δ
	persons other than the governing body?	, Stocki	ioluers, or	١.	- I		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	ne following:	·· -4	7b		
а	The governing body?	car by t	ie ionowing.	١,	.	х	
b	Each committee with authority to act on behalf of the governing body?		************************	- 3	Ba	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-			·- - }	3b	_	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acried	at the		.		7.7
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Douganu	- Oodo I		9		X
	The internal is	nevenu	e Code.)		_		
10a	Did the organization have local chapters, branches, or affiliates?				-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such or additional to the control of the organization of the control of the			10	0a	-	<u>X</u>
	and branches to ensure their operations are consistent with the organization's exempt purposes?	cnapte	s, amiliates,	١			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		CP 1 1	10	0b	37	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay bero	re filing the form?	1	1a	X	
12a	Did the organization have a written conflict of interest policy of # NA # or to the store						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		Historia		2a	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Vaa II al	HICLS?	12	2b	Х	
	in Schedule O how this was done	res, a	escribe	1			
13	in Schedule O how this was done Did the organization have a written whistleblower policy?		4	12	2c	X	
14	Did the organization have a written document retention and destruction policy?		***************************************	1	3	X	
15	Did the process for determining compensation of the following persons include a review and approv			. 1	4	Х	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	/al by ir -	dependent				
а	The organization's CFO Executive Director, or too management official	?					
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15	ā	_	X
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		•••••	15	5b	_	<u>X</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					- 1	
	taxable entity during the year?	ment w	ith a	100			94.
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16	àa		<u>X</u>
	in joint venture arrangements under applicable fodered toy low, and take the state of the state	ate its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	ı's		4		
Sect	exempt status with respect to such arrangements? ion C. Disclosure	•••••		16	b		
		13 3	7 117 66 -	_			
18	List the states with which a copy of this Form 990 is required to be filed CT, OR, NC, ME, C	A , A.	K, NJ, SC, F	L,T	'N,	MO,	NY
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (Secti	on 501(c)(3)s only) avail	labie	!	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain						
19		in Sch	edule O)				
.5	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	interest policy, a	nd fina	anci	al	
	statements available to the public during the tax year.						
	State the name, address, and telephone number of the person who possesses the organization's bo CHANDRA SCHUMACHER - 509-359-6890	oks an	d records:		_		
	102 HARGREAVES HALL, CHENEY, WA 99004						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organi	(B)			- (C)			(D)	(E)	(F)
Name and Title	Average hours per week	offi	not o k, unle loer ar	ess pe	more	than	th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
(1) MIKE EKINS	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CHAIR	1.00	x		x			ш			_
(2) MARK THOMPSON	1.00	₽	\vdash	Α	_			0.	0.	0
VICE CHAIR	1.00	x		x				_		
(3) KRISANN HATCH	1.00	^	\vdash	Δ	_	-		0.	0.	0 .
TREASURER	1.00	x		x				0.	0.	0.
(4) GREG DECKARD	1.00	-		-				- 0.	0.	0 .
SECRETARY		x		x				0.	0.	0.
(5) JACK LUCAS	1.00									- 0.
PAST CHAIR		X						0.	0.	0.
(6) GORDON BUDKE	1.00									
DIRECTOR		X						0.	0.	0.
(7) SHELLY COLOMB DIRECTOR	1.00									
(8) LEROY EADIE	1.00	Х		_				0.	0.	0.
DIRECTOR	1.00	x						0		
(9) JANA ERNY	1.00	Α		\dashv	-	Н	\dashv	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0
(10) JOHN FRANCISCO	1.00	-		\dashv	\neg		\dashv	0.	U .	0.
DIRECTOR		x						0.	0.	0.
(11) KARLA GEHLEN	1.00								0.	
DIRECTOR		x		- 1				0.	0.	0.
(12) OTTO GUARDADO	1.00				\neg					- 0.
DIRECTOR		X						0.	0.	0.
(13) MARGO HILL	1.00								1	
DIRECTOR		X						0.	0.	0.
(14) CRAIG HULT	1.00						П			
DIRECTOR		X						0.	0.	0.
(15) JAY KIRKPATRICK	1.00									
DIRECTOR	4 00	Х		_	_		_	0.	0.	0.
(16) RICHARD MARLL	1.00	<u> </u>								
DIRECTOR (17) RICHARD MOUNT	1.00	X	_	_	\dashv	_	_	0.	0.	0.
DIRECTOR	1.00	Ţ.								
632007 11 11 16		X						0.	0.	0.

632007 11-11-16

Part VIII Section A. Officers, Directors, Trus	stees. Key Frr	nolo	VEES	an	d H	iche	set (Compensated Employe	(continued)	113	019		age
(A)	(B)	10.0	yees	, an	C)	igile	351 ((D)	(E)			(E)	
Name and title	Average	1,		Pos	sitior	1		Domestal I	Reportable			(F) stimat	e a d
	hours per	box	not c k, unle	ess pe	erson	is bo	th an	compensation	compensation	ا ،		nount	
	week	off	icer ar	nd a c	direct	or/trus	stee)	from	from related			other	
	(list any	ecto						the	organizations		com	pens	ation
	hours for related	흉				ated		organization	(W-2/1099-MIS	C)	fr	rom th	1e
	organizations	nstee	Tage 1			bens		(W-2/1099-MISC)		- 1	_	aniza	
	below	直	ional		ploye	E e				- 1		d rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
(18) MIKE MUMFORD	1.00	1	1	Ť	×	1 8	<u> </u>			\dashv			
DIRECTOR		X						0.		0.			0.
(19) YVONNE SMITH	1.00									-			
DIRECTOR		X						0.		0.			0.
(20) TOM TIFFANY	1.00									\dashv			
DIRECTOR		X						0.	l l	0.			0.
(21) JUDGE ROBERT WHALEY	1.00									\neg			
BOT REPRESENTATIVE		X						0.		0.			0.
(22) DANIEL CARPER	1.00									\neg			
DIRECTOR	1 00	X						0.		0.			0.
(23) JIM DESAUTEL	1.00												
DIRECTOR - THRU 12/31/16	1 00	X						0.		0.			0.
(24) KELLEYE HEYDON DIRECTOR	1.00	7.7											
(25) JASON JONES	1 00	X						0.		0.			0.
DIRECTOR	1.00	x		Н				_					
(26) JAY REA	1.00	Δ	\vdash	\dashv	_			0.		0.			0.
DIRECTOR	1.00	x								ا ۸			^
1b Sub-total						-		0.		0.			0.
c Total from continuation sheets to Part VI	I Section A	•••••				!		0.		0.			0.
d Total (add lines 1b and 1c)	i, ocolion A		•••••					0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	nn re		000 of reportable	• • •			<u> </u>
compensation from the organization						,		Table of the train with	,000 of reportable				0
												Yes	No
3 Did the organization list any former officer,	director, or tru	istee	, ke	y em	plo	yee,	or h	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for si	uch individual							***************************************			3		Х
For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	nsa	tion	and	l oth	ner compensation from t	he organization				
and related organizations greater than \$150	0,000? /f "Yes,	" coi	mple	te S	che	dule	J fo	or such individual	***************************************	[4		X
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	on fr	om	апу	unre	elate	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," compection B. Independent Contractors	plete Schedule	J fo	or su	ch p	ers	on					5	Х	
				_	_		_						
7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	npensated ind	lepe	nder	nt co	ontra	acto	rs th	hat received more than !	\$100,000 of comp	ensa	ition fr	om	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	ith c	or wr	tnın		ear.	_			
Name and business	address	NC	NE				- 1	(B) Description of se	ervices	Cc	(C) mpen		2
							+				- Inperi	Jatioi	<u>. </u>
							\top						
							T						
							\perp						
							4						
2 Total number of independent contractors (in	cluding but a	nt lin	nited	to *	hos	o liet		abougl who received a	and the same				-
\$100,000 of compensation from the organiz	ation	25 III I	eu	io i	0		rea .	above) who received mo	אפ trian				
SEE PART VII, SECTION	A CONT	IN	UA	ΤI			HE	EETS			orm 9	90 (2	016)
										1-1	ALILI 9	VV 12	UIOI

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mpl	oye	es, a	and I	High	nest	Compensated Employ	yees (continued)	9819
(A) Name and title	Average hours			Pos	C) sition that	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F armer	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) GAYLE VAN MATRE DIRECTOR - THRU 12/31/16	1.00	x								
28) BRETT WRIGHT	1.00	^	-		-			0.	0.	0
DIRECTOR	1100	x						0.	0.	c
29) MICHAEL WESTFALL	20.00								0.	
EXECUTIVE DIRECTOR	20.00			X				0.	0.	0
30) CHANDRA SCHUMACHER DIRECTOR OF ADV. SERVICES	20.00			,,				-		
TRECTOR OF ADV. SERVICES	20.00			X				0.	0.	0
			4							
		_		4						
			4	4	_					
		_	4	4	4	4	4			
		-	-	4	4	_	-			
		+	4	-	+	-				
		+	+	4	+	1	4			
			+	-	-	+	+			
otal to Part VII, Section A, line 1c										

Form 990 (2016) EASTERN
Part VIII Statement of Revenue

		Check if Schedule O con	itains a respons	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns	1a					312-314
e a		b Membership dues	1b					
Am Am		c Fundraising events	1c	19,161.				
a g		d Related organizations	1d					
S.E	-	e Government grants (contribu						
ti S	1	f All other contributions, gifts, gran			LET VENT			
호		similar amounts not included abo		2,760,235.				
P O	,	g Noncash contributions included in lines		129,770.				
<u>3 E</u>		h Total. Add lines 1a-1f			2,779,396.			
				Business Code				
9	2 8	а						
ه کے	l t	b						
Program Service Revenue		c						-
eve		d						
P.O.	•	е				-		
ē	f	f All other program service reve	enue					
	ç	g Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inte	est, and				
		other similar amounts)		•	628,451.			628,451.
	4	Income from investment of ta	x-exempt bond	proceeds				020,431.
	5	Royalties			480,121.			480,121.
			(i) Real	(ii) Personal				400,121.
	6 a	Gross rents						2.1
	b	Less: rental expenses						
		Rental income or (loss)				- 574 F. H		
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
- 1		assets other than inventory	10,687,629					
	b	Less: cost or other basis						118
		and sales expenses	10,630,671					
	c	Gain or (loss)	56,958					
	d	Net gain or (loss)			56,958.			56,958.
9	8 a	Gross income from fundraising						S 3 1
Other Revenue		including \$19						
ě		contributions reported on line						
ē		Part IV, line 18	a	448,481.				
8	b	Less: direct expenses	b	351,845.		1. 1. 1. 1. 1.		
		Net income or (loss) from fund			96,636.			96,636.
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19	a					
		Less: direct expenses		520.		P = 2 - 140		
		Net income or (loss) from gami		>	7,320.			7,320.
	10 a	Gross sales of inventory, less i						
		and allowances	a		2000	1 - 1 - 1		
		Less: cost of goods sold						
-	С	Net income or (loss) from sales						
-		Miscellaneous Revenue	9	Business Code				
		MISCELLANEOUS INCOME		900099	4,831.	4,831.		
	b							
	C							
	d	All other revenue						
				▶ ∟	4,831.			
632009	12	Total revenue. See instructions.		>	4,053,713.	4,831.	0.	1,269,486.

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete

Sec	ction 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All ot	her organizations must co	emplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
7b	, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				F1/F-F-11/F-5
_	and domestic governments. See Part IV, line 21	1,586,938.	1,586,938.		
2	and a real additional to a dollier in	4 054 04-			
_	individuals. See Part IV, line 22	1,251,345.	1,251,345.		
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а		40,696.		40,696.	
b	Legal	6,524.		6,524.	
c	Accounting	15,500.		15,500.	
d				15,500.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	114,509.		114,509.	
g	Other. (If line 11g amount exceeds 10% of line 25,			114,509.	
_	column (A) amount, list line 11g expenses on Sch O.)	9,846.		0 046	
12	Advertising and promotion	48,878.		9,846.	40.050
13	Office expenses	6,939.		6,204.	48,878
14	Information technology	71,378.			735.
15	Royalties	71,3701		71,378.	
16	Occupancy				
17		12,114.		10 111	
18	Payments of travel or entertainment expenses	12,114.		12,114.	
19	for any federal, state, or local public officials	126 125			
20	Conferences, conventions, and meetings	126,125.		126,125.	
20 21	***************************************	35,785.		35,785.	
21 22	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	21 556			
23 24	Other expenses. Itemize expenses not covered	21,556.		21,556.	
24	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.)				
а	MEALS & ENTERTAINMENT	54,798.		E 4 700	
b	DUES & MEMBERSHIPS	7,860.		54,798.	
c	BAD DEBT	-7,387.		7,860.	
d		1,301		-7,387.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,403,404.	2 020 003	F1= F1	
26	Joint costs. Complete this line only if the organization	3,403,404.	2,838,283.	515,508.	49,613.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
	11-11-16				

Form 990 (2016)
Part X Balance Sheet

					(A) Beginning of year		(B)
	1	Cash - non-interest-bearing			2,044,305.		End of year 1,663,822
	2	Savings and temporary cash investments	***************************************		1,443,216.	-	1,738,744
	3	Pledges and grants receivable, net	*************		743,266.	_	988,218
	4	Accounts receivable, net	•••••		745,200.	3	300,210
	5	Loans and other receivables from current and f	ormor offic	core directore		4	
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified perso	ons (as defined under		3	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
2		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
Ž	8	Inventories for sale or use		***************************************		8	
	9				20,619.	9	26,621
	10a	Land, buildings, and equipment: cost or other	1 1		20,023	-	20,021
		basis. Complete Part VI of Schedule D	10a	98,148.			
	b	Less: accumulated depreciation		34,833.	0.	10c	63,315
	11	Investments - publicly traded securities			18,738,529.	11	20,988,154
	12	Investments - other securities. See Part IV, line	11	······		12	20,500,134
	13	Investments - program-related. See Part IV, line	11	·····		13	
	14	Intangible assets	·····		14		
	15	Other assets. See Part IV, line 11	2,666,374.	15	2,850,231		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	·····	25,656,309.	16	28,319,105
	17	Accounts payable and accrued expenses			104,845.	17	106,703
	18	Grants payable				18	100,703
	19	Deferred revenue			19		
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
۱ ۱	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L	,	rquamica porocito.		22	
·	23	Secured mortgages and notes payable to unrela	ted third	parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	vables to	related third		24	
		parties, and other liabilities not included on lines	17-24). C	omplete Part X of			
- 1		Schedule D			96,388.	25	117,619.
	26	Total liabilities. Add lines 17 through 25			201,233.	26	224,322.
		Organizations that follow SFAS 117 (ASC 958					,000
3		complete lines 27 through 29, and lines 33 an		S	2027/12/1		
	27	Unrestricted net assets			393,007.	27	445,194.
	28	Temporarily restricted net assets			6,282,199.	28	8,066,422.
		Daniel and the second of the s			18,779,870.	29	19,583,167.
		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.	•				
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq	uipment f	und		31	
- 1	32	Retained earnings, endowment, accumulated in	come, or c	other funds		32	
						V-	
	33	Total net assets or fund balances			25,455,076.	33	28,094,783.

Form 990 (2016)

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?

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 (2016)

3a

3b

X 2c

X

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization list (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? organization (described on lines 1-10 support (see instructions) support (see instructions) above (see instructions) **Total**

Schedule A (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 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.)

	ction A. Public Support											
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Tetal					
1	Gifts, grants, contributions, and			(5/25.7	(4) 2013	(6) 2010	(f) Total					
	membership fees received. (Do not											
	include any "unusual grants.")	1487464.	2627617.	2969816.	3581921.	326/3/8	13931166.					
2	Tax revenues levied for the organ-				3301321.	3204340.	13331100					
	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					,						
4	Total. Add lines 1 through 3	1487464.	2627617.	2969816.	3581921.	3264348	13931166.					
5	The portion of total contributions				0001911	3204340.	13331100.					
	by each person (other than a											
	governmental unit or publicly	1 1										
	supported organization) included											
	on line 1 that exceeds 2% of the			W . 13	11 - 12 - 1							
	amount shown on line 11,			MI 2 21	100							
	column (f)	(4.7)					660,094.					
_6	Public support. Subtract line 5 from line 4.		Felician				13271072.					
Sec	ction B. Total Support						134/10/4.					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(=) 0010	(0 T					
7	Amounts from line 4	1487464.	2627617.	2969816.	3581921.	(e) 2016 3264348	(f) Total 13931166.					
8	Gross income from interest,				JJUL JEL	3204340.	13331100.					
	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources	477,073.	468,964.	573,732.	551,602.	628,451.	2699822.					
9	Net income from unrelated business			,	33273321	020, 451.	2033044.					
	activities, whether or not the					- 1						
	business is regularly carried on				1	- 1						
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						16630988.					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	10030308.					
13	First five years. If the Form 990 is for	the organization's	first, second, third	l. fourth, or fifth tax	Y Vear as a section	501/6\/2\						
	organization, check this box and ston	here			. your us a scotton	301(0)(3)						
	tion C. Computation of Publi		centage									
14	Public support percentage for 2016 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	79.80 %					
15	Public support percentage from 2015	Schedule A, Part I	l, line 14			15	81.10 %					
100	oo 11216 anbborr rest - 50 to. It tue of	rganization did not	check the box on	line 13, and line 1,	4 is 33 1/3% or my	ara abaak thia hay	r and					
	stop nere. The organization qualifies a	as a publicly suppo	rted organization				X					
	, o capport test - 20 13. If the Of	garrzation dio not	check a box on iir	16 13 or 16a and f	ine 15 ie 22 1/20/	or more	a la acc					
	and stop nere. The organization qualif	iies as a publicly su	upported organizat	tion								
	inger and chicamstances feet	- 20 10. If the orga	nization did not ch	ieck a box on line :	13 16a or 16h ar	d line 14 is 100% a						
	17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization											
	meets the facts-and-circumstances" test. The organization qualifies as a publicly supported organization											
-	1070 -racts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 in 1094 or											
	riore, and it the organization meets the	e "tacts-and-circum	ıstances" test, che	eck this box and st	t op here . Explain i	n Part VI how the						
,	organization meets the "facts-ang-circt	umstances" test. T	he organization gu	ialifies as a nublici	v supported organ	ization						
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions						
						ule A (Form 990 c						

Schedule A (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(O Tatal
1 Gifts, grants, contributions, and			10/20	(4) 2010	(6) 2010	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that				1		
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					AL AL	
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(O Tabal
9 Amounts from line 6		12/2010	(9) 2014	(u) 2013	(e) 2010	(f) Total
f0a 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						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for the	ne organization's	first, second, third	d, fourth, or fifth ta	IX year as a secti	on 501(c)(3) organiza	
check this box and stop here						
ection C. Computation of Public	Support Per	rcentage				
5 Public support percentage for 2016 (line	e 8, column (f) di	vided by line 13, co	olumn (f))		15	9
6 Public support percentage from 2015 S	chedule A, Part	III, line 15			16	9
ection D. Computation of invest	ment Income	e Percentage				
7 Investment income percentage for 2016	(line 10c, colum	nn (f) divided by line	9 13, column (f))		17	9
8 Investment income percentage from 20	15 Schedule A, F					9
9a 33 1/3% support tests - 2016. If the or	rganization did n	ot check the box o	n line 14, and line	15 is more than	33 1/3% and line 17	7 is not
more than 33 1/3%, check this box and	stop here. The	organization qualif	ies as a publicly s	upported organi	zation	13 1101
b 33 1/3% support tests - 2015. If the or	ganization did n	ot check a box on	line 14 or line 19a	and line 16 is m	ore than 33 1/20/	
line 18 is not more than 33 1/3%, check	this box and st	op here. The organ	ization qualifies	s a nublich eus	ore man oo 17070, al	iu 🛌 🦳
O Private foundation. If the organization	did not check a t	oox on line 14-19a	or 19b, check th	is hay and eac in	setructions	
2023 09-21-16			J. TOD OHOUR UI			
			16	Sch	edule A (Form 990	or 990-E Z) 20

Schedule A (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 4 Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

	Yes	No
1		
2		
		K
3a		
3b		
3c		
4a		
	n ='	
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9c		
10a	-	
10b		
990 or 99	0-EZ):	2016

Sch	redule A (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91- art IV Supporting Organizations (continued)	101981	.9 _P	age 5
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations	1.10	-	
			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			115
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			200
	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	, DE 1		1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.			
Sec	ction C. Type II Supporting Organizations	2		
	with the supporting organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1, 1, 1,	7.74	
	or management of the supporting experience regarded in the same as the term of the supporting experience and in the same as the term of the supporting experience and the same as the term of the supporting experience and the same as the term of th		- 1	
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sec	ction D. All Type III Supporting Organizations	1		
000	nion b. Air Type in Supporting Organizations			
1	Did the organization provide to each of its supported organizations, but he last devict the city		Yes	No
•	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
~	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Coo	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions)).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3 3 1		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	0.5		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	OL.		
63202	5 09-21-16 Schedule A (Form	3b		

Schedule A (Form 990 or 990 EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Dort V/I \ Construction
	other Type III non-functionally integrated supporting organizations must co	ng trust on Amplete Se	nuv. 20, 1970 (explain in ctions A through E	Part VI.) See instructions.
Sec	tion A - Adjusted Net Income	omplete Se	(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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		1,000 31 11 2	
	instructions for short tax year or assets held for part of year):			V. 11.
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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	17		
	factors (explain in detail in Part VI):	1.1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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		
	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-functionall instructions).	y integrate	d Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 7

ec	rt V Type III Non-Functionally Integrated 509 ion D - Distributions		(MATHERIA)	Current Year
1	Amounts paid to supported organizations to accomplish ex-	empt purposes		Ourient rear
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS.	
4	Amounts paid to acquire exempt-use assets	TO THE POST OF GRANDE	10	
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 t	he organization is responsive		
	(provide details in Part VI). See instructions	sio organization is responsive	·	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	and a mount divided by Line o amount	m		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions		1	
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
ì	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in Part VI. See instructions			
	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
•	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
	Breakdown of line 7:			
<u>a</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	695,000.	362,380
	630,334.	297,714
otal Excess Contributions to Schedule A, Part II, Line 5		660,094

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2016

Name of the organization

Employer identification number

	EASTERN WASHINGTON UNIVERSITY FOUNDATION	91-1019819				
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	lle. See instructions.				
General Rule						
For an organizati	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	រូ \$5,000 or more (in money or 's total contributions.				
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support l) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, itor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1. Complete Parts I and II.	or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \(\)						
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

EASTERN WASHINGTON UNIVERSITY FOUNDATION

91-1019819

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$63,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23452 10-18-1	16	\$\$ 162,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 90, 990-EZ, or 990-PF) (2016)

Employer identification number

EASTERN WASHINGTON UNIVERSITY FOUNDATION

91-1019819

Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. rom art í	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- :		\$	
a) o. om rt I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
a) o. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- -			
3 10-18-16		Schedule R / Form C	90, 990-EZ, or 990-PF) (

ame of orga			Employer identification numb		
art III	N WASHINGTON UNIVERSIT Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	ributions to organizations describe columns (a) through (e) and the folk s, charitable, etc., contributions of \$1,000 or	91-1019819 ed in section 501(c)(7), (8), or (10) that total more than \$1,00 owing line entry. For organizations or less for the year. (Enterthis info. once.) \$\frac{\\$ \\$}{\} \]		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_		2			
		(e) Transfer of gi	ift		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ :					
	(e) Transfer of gift				
x x	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee		
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif	ft		
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift	t		
-	Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee		
-					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Employer identification number 91-1019819

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	S Or Acco	91-1019819
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	3 OI ACCO	uits.Complete if the
		(a) Donor advised funds	(b) Fu	nds 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	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
-	impermissible private benefit?		_	Yes No
Pa	Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
	day of the fax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	The state and of the rax roat
þ				
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	during the tax
	year >		•	
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	ements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easemer	nts during the year
	a			· 3 · · · · 7 · · · ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	ind balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes t	the organizat	ion's accounting for
-	conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Simila	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and bala	ince sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherar	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	es these items.		
Ь	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	olic service, p	rovide the following amounts
	relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1		> 9	
	(II) Assets included in Form 990, Part X		▶ 9	184,942.
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide	9
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	▶ \$	3
_ <u>D</u>	Assets included in Form 990, Part X		▶ \$	
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990		Schodulo D (Form 200) 2046

	edule D (Form 990) 2016 EASTERN	WASHINGTO	N UNIVERS	TY FOUNDA	rion :	91-10	1981	9 ,	Page 2	
_	Organizations Maintaining	Collections of A	rt, Historical Ti	reasures, or Ot	her Simil:	ar Asse	Sconti	inued	}	
3	Using the organization's acquisition, access	sion, and other record	ds, check any of the	following that are a	significant	use of its	collectio	n iter	ns	
	(cneck all that apply):									
a		C	Loan or exc	change programs						
b		•	Other							
C	The second second second second									
4	Provide a description of the organization's of	collections and explain	in how they further t	the organization's ex	cempt purpo	se in Part	XIII.			
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures, or other simi	lar assets					
De	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Fa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
_										
та	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ns or other assets n	ot included					
	on Form 990, Part X?						Yes		No	
D	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_					
_	Beginning below						Amoun	t		
q					1c					
u	Additions during the year				1d					
f	Distributions during the year	*******************************			1e					
		000 D IV F			1f					
h	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account lial	oility?		Yes	늗	No	
Pa	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete	. Crieck nere if the ex	planation has been	provided on Part X	II					
	and of the complete						01/25-			
1a	Beginning of year balance	(a) Current year 18,483,465.	(b) Prior year 18,003,402.	(c) Two years back						
b		670,829.	1,010,412.			55,811.			,304.	
c	Net investment earnings, gains, and losses	1,881,663.	-42,844.			27,189.				
d	Grants or scholarships	1,001,003.	-42,044.	312,035.	2,32	26,417.	1,	,643	,789.	
-	Other expenditures for facilities									
	and programs	657,090.	487,505.	E00 00A						
f	Administrative expenses	007,050,	407,505.	588,890.	40	0,745.		315,	875.	
g	End of year balance	20,378,867.	18,483,465.	18,003,402.	17 65	0 670	4.5	0.65	044	
2	Provide the estimated percentage of the cur			10,005,402.	17,65	8,672.	15,	065,	811.	
а	Board designated or quasi-endowment	• 29	e (ime rg, column (a -%	i)) rieid as:						
b	Permanent endowment > 81.46	%								
С		8.25 _%								
	The percentages on lines 2a, 2b, and 2c sho									
3 a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organiza	tion				
	by:	J	and the distribution of th	id ddininistered (of	u ie organiza	illori	Г	Van	Al-	
	(i) unrelated organizations						3a(i)	Yes	X	
	(ii) related organizations						3a(ii)	\rightarrow	X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?	***************************************	***************************************		3b	\rightarrow		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.	***************************************	***************************************		OU			
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990. Part X	. line 10.					
	Description of property	(a) Cost or ot	her (b) Cost		ccumulated	1 1	d) Book	valu		
		basis (investm		(0)	preciation	' '	a) DOOR	value	3	
1a	Land									
b	Buildings									
C	Leasehold improvements					_				
d	Equipment		34	4,833.	34,83	3.			0.	
е	Other		6:	3,315.	,	_	63	3,31		
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part)	K, column (B), line 10	Oc.)				3.31		

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

Schedule D (Form 990) 2016

117,619.

	edule D (Form 990) 2016 EASTERN WASHINGTON UNIVER			19 Page 4
Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	- 1.11.	er Return.	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*****		
а	Net unrealized gains (losses) on investments	2a	3.0	
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Stater		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	Sec. 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	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.)			
	Add lines 4a and 4b		4c	
5 Dor	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	-
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par		line 4; Part X, line 2; F	Part XI,
iii les a	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional information.		
PAR	RT III, LINE 4:			
TO	PROVIDE A VISUAL ART EXPERIENCE OF THE H	TCHEST OHAT.TTV	תר החד כתווו	יייעים
	THE ILL	IGHEDI QUALITI	TO THE STOR	JENT
BOD	Y, FACULTY, AND COMMUNITY THROUGH EXHIBIT	TON OR LOAN.		
	The state of the s	TON ON HOME.		
PAR	TV, LINE 4:			
ΙT	IS THE GOAL OF THE FOUNDATION TO MAINTAIN	N PROPER STEWAR	DSHIP OF AS	SSETS
				30210
DON	ORS HAVE ENTRUSTED TO THE FOUNDATION FOR	THE BENEFIT OF	THE UNIVER	RSITY.
ITS	PROGRAMS, AND ITS STUDENTS.			
PAR	T X, LINE 2:			
MAN	AGEMENT BELIEVES THAT EACH ENTITY HAS APP	PROPRIATE SUPPO	RT FOR ANY	TAX
POS	ITIONS TAKEN AFFECTING ITS ANNUAL FILING	REQUIREMENTS,	AND AS SUCH	I,
632054	08-29-16		Schedule D (For	m 990) 2016
	20			

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Schedule D (Form 990) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 5 Part XIII Supplemental Information (continued)
Supplemental information (continued)
DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE
FINANCIAL STATEMENTS. THE FOUNDATION WOULD RECOGNIZE FUTURE ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE
INCURRED.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Information	about Schedule G (Form 990 or 990-E2	and it	s instr	uctions is at www.irs.	gav/form:	990.	Inspection
Name of the organization							entification number
	WASHINGTON UNIVE				9:	1-1019	9819
						orm 990-E	Z filers are not
1 Indicate whether the organization rai					·.		
 a				overnment grants			
c Phone solicitations	s f ☐ Solicita g ☐ Specia			mment grants			
d In-person solicitations	у 🗀 Эресіа	i iuitura	aising	events			
2 a Did the organization have a written	or oral agreement with any individua	ıl (inclu	ding c	officers, directors, tru	stees. or		
key employees listed in Form 990, F	art VII) or entity in connection with p	orofess	ional	fundraising services?	?	Yes	s No
b If "Yes," list the 10 highest paid indi compensated at least \$5,000 by the	viduals or entities (fundraisers) purs e organization.	uant to	agre	ements under which	the fundr	aiser is to	be
(i) Name and address of individual		(iii)	Did		(v) Amo	ount paid	T
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or con	Did raiser ustody strol of utlons?	(iv) Gross receipts from activity	to (or ref	tained by) Iraiser n col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
「otal							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exen	npt from re	egistration
			-				

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G	(Form 990 or 990-EZ) 2016	EASTERN	WASHINGTON	UNIVERSITY	FOUNDATION91-1019819	Pana 2
Part II	Fundraising Events.	Complete if the	organization answere	d "Yes" on Form 990,	Part IV, line 18, or reported more than \$15	5.000
	of fundraising event contril	outions and gro	ss income on Form 99	0-EZ, lines 1 and 6b. L	ist events with gross receipts greater than	1.\$5.000

_	_	of fundraising event contributions and gr	oss income on Form 99		events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	1		JAZZ	GOLF		(add col. (a) through
			DIALOGUE SEF		50	col. (c))
μe			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	47,814.	44,946.	274 002	467 640
œ			1,,011.	44,540.	374,882.	467,642
	2	Less: Contributions	19,161.			19,161
_	3	Gross income (line 1 minus line 2)	28,653.	44,946.	374,882.	448,481.
	4	Cash prizes			500.	500.
δ	5	Noncash prizes		8,380.	40,463.	48,843.
esued	6	Rent/facility costs	1,030.	14,324.	58,155.	73,509.
Direct Expenses	7	Food and beverages	846.	5,800.	86,526.	93,172.
	8	Entertainment	29,435.		25 472	64 000
	9	Other direct expenses	1,090.	2,235.	35,472. 67,589.	64,907. 70,914.
	10			2,255.		351,845.
-	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		.	96,636.
Pa	ırt I	Gaming. Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	30,030.
_		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(b) Girlor garriing	col. (a) through col. (c))
æ	1	Gross revenue				
	Ė	Gross revenue				
Ø	2	Cash prizes				
nse						
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Cure energy exponence	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	Yes %	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	***************************************		1
9	Ente	er the state(s) in which the organization conduc	cts gaming activities:			
a	Is th	he organization licensed to conduct gaming act	tivities in each of these s	states?		Yes No
D	IT "N	No," explain:				
10a	Wer	re any of the organization's gaming licenses rev	okad supponded sit-			T 1 T 1
b	If "Y	es," explain:	roneu, suspended, of te	minated during the tax y	ear!	Yes No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-	1019819	Page 3
11	- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	47-11-11-11-11-11-11-11-11-11-11-11-11-11	
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	103	
а	The organization's facility	120	%
b	An outside facility	13b	——————————————————————————————————————
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
	and records.		
	Name >		
	Name >		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
		—	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Talkagor information.		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Manda Ban o		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	຺∟ Yes ∣	No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D.	organization's own exempt activities during the tax year > \$		
Par	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9, 9b, 10t	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	(Form 990 or 990-E	Z) EASTERN	WASHINGTON	UNIVERSITY	FOUNDATION91-1019819	Page 4
Part IV	Supplemental	Information (continu	ied)			
						7
-						_
-						
-						
7						

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

	Informat	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990,	(Form 990) and its	s instructions is a	t www.irs.gov/form99	0		Inspection
the organization	EASTERN WASHINGTON	UNIVERSITY	FOUNDATION	NO			Employer id	Employer identification number 91 - 1019819
Part I General Information on Grants and Assistance	and Assistance							0100101 10
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec		
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	istance? ocedures for moni	toring the use of grant	funds in the Uniter	d States				X Yes
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organ	zations and Domesti	c Governments. C	omplete if the orga	inization answered "Y	es" on Form 990, Par	t IV, line 21, fo	or any
register that received more trian \$5,000. Part II can be du	\$5,000. Part II car	The duplicated if addit	plicated if additional space is needed	led.				
1 (a) Name and address of organization or government	(p) 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 noncash assistance		(h) Purpose of grant or assistance
EASTERN WASHINGTON UNIVERSITY 202 SUTTON HALL CHENEY, WA 99004	91-6000624	SOV	1,586,938.	0			PROGRAM STEDBOOM	шаОаа
	nd government or	janizations listed in the	line 1 table				4	
	listed in the line 1	table						1.
LHA For Paperwork Reduction Act Notice, see the Instructions for	see the Instructi	ons for Form 990.					Schedule	Schedule I (Form 990) (2016)

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Schedule I (Form 990) (2016) EASTERN WASHINGTON UNIVERSITY FOUNDATION

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.

Page 2

91-1019819

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FUNDS PAID TO THE UNIVERSITY FOR SCHOLARSHIPS AWARDED TO STUDENTS BY THE FOUNDATION.	531	1,251,345.	.0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ired in Part I, line	2; Part III, column (b); and any other ad	ditional information.	
PART I, LINE 2:					
NO FUNDS CAN BE SPENT WITHOUT PROVIC	ING	AN INVOICE VOUCHER,		SIGNED BY THREE	
DIFFERENT INDIVIDUALS INCLUDING THE	- 1	DEAN OR VICE PRESIDENT.	11	THE VOUCHERS	
MUST STATE THE REASON FOR THE EXPENS	ISE. THESE	ARE	THEN COMPARED	TO THE MOU,	
GRANT DOCUMENTATION OR FOUNDATION G	GUIDELINES	BY	ADVANCEMENT SER	SERVICES BEFORE	
BEING SIGNED OFF ON. EACH VOUCHER I	IS APPROVED	BY	EXECUTIVE	THE EXECUTIVE DIRECTOR OF	

THE FOUNDATION. IF THE FUNDS ARE SENT TO EASTERN WASHINGTON UNIVERSITY FOR

SPENDING THEY ARE HELD AND MONITORED BY THE GRANT DEPARTMENT.

Schedule I (Form 990) EASTERN WASHINGTON UNIVERSITY FOUNDATION 91-1019819 Page 2 Part IV Supplemental Information
SCHEDULE R, PART III
THE FOUNDATION GRANTS SCHOLARSHIPS TO ATTEND EASTERN WASHINGTON
UNIVERSITY TO STUDENTS WHO GO THROUGH AN APPLICATION PROCESS AND MEET
THE ELIGIBILITY REQUIREMENTS. THE FOUNDATION THEN PROVIDES FUNDS TO
EASTERN WASHINGTON UNIVERSITY TO OFFSET THE TUITION FOR THE SCHOLARSHIP
RECIPIENTS.
•

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

EASTERN WASHINGTON UNIVERSITY FOUNDATION **Questions Regarding Compensation**

Employer identification number 91-1019819

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use	,		
	Travel for companions Payments for business use of personal residence	e		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	No.		
	Discretionary spending account Personal services (such as, maid, chauffeur, che	n l	- 1	R
h	If any of the haves an line to are should little and the same hands at the same hand		10	
U	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		6.6	
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
_	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	17/1-3		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	100		
		14.00	-	
			4.1	
	Form 990 of other organizations Approval by the board or compensation committed.	ee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
þ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4h		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(a)(2) 501(a)(4) and 501(a)(0) and 501(a)(0)			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	-			
h	The organization?	5a		<u>X</u>
-	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		X
	1. 103 Off life 3d of 3b, describe in Part III.			
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:	8 1		
h	The organization?	6a		<u>X</u>
	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	_	X
		7.4		
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 62 If "Yes " describe in Part III			37
3	not described on lines 5 and 6? If "Yes," describe in Part III	7	_	<u>X</u>
	initial contract exception described in Regulations section 53 4059 4(5)(2)(4 in No. 2) in the	. 814		
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	8	_	<u>X</u>
	Dagulations and the ED 4000 of to			
	For Panerwork Poduction Act Notice and the land at 1	9		_
	. Symmetry and the measurements for Court and South	hedule J (Form	990)	2016

Schedule J (Form 990) 2016

1019819

Page 2

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

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

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

	r	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Betirement and	(P) Montanda	/E) Total of eat	- 1
				oc componsation	other deferred	(c) Normaxable	(E) rotal of columns	=
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2016

Page 3

Part III Supplemental Information

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

			יייין איני מיייין איני איני איני איני איני איני איני
SCHEDULE	J. PART III		
THE EXECU	EXECUTIVE DIRECTOR AND DIRECTOR OF	DIRECTOR OF ADVANCEMENT	IT SERVICES OF THE
FOUNDATIC	FOUNDATION ARE EMPLOYEES OF	F EASTERN WASHINGTON UNIVERSITY,	IIVERSITY, AN UNRELATED
ORGANIZATION.	TION. THE OFFICERS	S ARE PAID WAGES AND BENEFITS	ENEFITS FOR SERVICES
PROVIDED	PROVIDED TO THE FOUNDATION AS FOLLOWS:	AS FOLLOWS:	
		WAGES	OTHER COMPENSATION
MICHAEL WESTFALL:	ESTFALL:	\$181,123	\$35,415
CHANDRA S	CHANDRA SCHUMACHER:	\$78,289	\$16,480

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Employer identification number 91-1019819

P	EASTERN WASH	IINGTON	UNIVERSI	TY FOUND	ATION		91-1	019	819	9
1 6	Types of Floperty	(a)	(b)	1-1			,			
		Check if	(b) Number of	(c) Noncash con	ntribution		(d) ethod of de	torm:	nin-	
		applicable	contributions or	amounts ren	orted on	nono	etriod or de ish contribu			nte
	And Add I of the	77	items contributed	Form 990, Part	VIII, line 1g	1			anioui	113
1	Art - Works of art	Х	4	1	3,885.	DONOR	VALUE			
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications	X			200.	DONOR	VALUE			
5	Clothing and household goods	X			6,381.	DONOR	VALUE			
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	7	5	6,686.	FAIR '	/ALUE			
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	Х	5	1:	2 407	DONOR	TAT.IIE			
19	Food inventory	X	12		3 348	DONOR	VALUE		_	
20	Drugs and medical supplies				J, J±0.	DONOR	ANTOR			
21	Taxidermy							_	_	_
22	Historical artifacts							_	_	
23	Scientific specimens							_		
24	Archaelesiael estifaeta									
25	Other (VARIOUS)	Х	12	2/	1 216					
26	Other (AUCTIONED GIF)	X	38		4,216.	DOLLOD				
27	Other (AUCTIONED GIF)	X	25			DONOR				
28	Other JEWLERY	X	45			DONOR				
29			-		723.	DONOR	VALUE			
25	Number of Forms 8283 received by the organization	ation during	the tax year for co	ntributions	1 1					
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement	29					
20-	Design with a constant of the						· ·		Yes	No
SUa	During the year, did the organization receive by	contribution	any property rep	orted in Part I, lin	nes 1 throug	gh 28, that i	t			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?) 						30a		X
	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	f any nonstanda	ırd contribu	tions?		31	X	
32a	Does the organization hire or use third parties of									
	contributions?							32a		X
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which colum	n (a) is che	cked,				_
	describe in Part II.								- 1	
_HA	For Paperwork Reduction Act Notice, see t	the Instructi	ons for Form 990			C-1	nedule M (F			0044

632141 08-23-16

Dark III	(Form 990) (2016)	FASIERN	WASHINGTON	UNIVERSITY	FOUNDATION	91-1019819	Page 2
Part II	is reporting in Part this part for any ad	Information I, column (b), the ditional informa	 Provide the informate ne number of contribution. 	ation required by Part I, itions, the number of ite	lines 30b, 32b, and 33, ems received, or a comb	and whether the organization of both. Also com	ation plete
							_

632142 08-23-16

Schedule M (Form 990) (2016)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 6 Open to Public Inspection

Name of the organization

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Employer identification number 91-1019819

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WASHINGTON UNIVERSITY (UNIVERSITY).

THE FOUNDATION IS THE CATALYST AND CONDUIT THROUGH WHICH GIFTS AND ENDOWMENT INCOME FLOW TO PROVIDE IMMEDIATE AND LONG-TERM SUPPORT FOR THE UNIVERSITY AND ITS PROGRAMS. THUS, THE FOUNDATION IS A TOOL THROUGH WHICH PRIVATE SUPPORT IS RAISED AND MANAGED FOR THE SOLE BENEFIT OF EWU.

OVERSEEN BY A BOARD OF DIRECTORS AND STAFFED BY A PROFESSIONAL DEVELOPMENT TEAM WHO ARE UNIVERSITY EMPLOYEES, THE FOUNDATION ADMINISTERS ALL GIFTS IN A BUSINESS-LIKE MANNER IN ACCORDANCE WITH THE DONOR'S WISHES. WHEN GIFTS ARE RECEIVED BY EWU COLLEGES OR OPERATING UNITS, THEY ARE FORWARDED FOR GIFT PROCESSING AND OFFICIAL ACCEPTANCE AND ACKNOWLEDGEMENT BY THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE FULL GOVERNING BOARD. THE MEMBERS OF THE COMMITTE ARE THE OFFICERS OF THE BOARD AND THE CHAIR OF THE BOARD OF TRUSTEES OR DESIGNEE, PRESIDENT OF EASTERN WASHINGTON UNIVERSITY OR DESIGNEE AND THE FOUNDATION EXECUTIVE DIRECTOR. THE COMMITTE HAS THE RIGHT TO EXERCISE ALL THE POWERS OF THE FULL BOARD OF DIRECTORS WITH SPECIFIED EXCEPTIONS.

THE AUDIT COMMITTEE CAN ACT ON BEHALF OF THE BOARD OF DIRECTORS IN

SELECTING AN AUDIT FIRM AND APPROVING THE AUDITED FINANCIAL STATEMENTS.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Employer identification number 91-1019819

THE FINANCE COMMITTEE CAN ACT ON BEHALF OF THE BOARD OF DIRECTORS FOR APPROVAL OF LARGE GIFTS AND REVIEW OF THE FORM 990.

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

THE 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. ALL

MEMBERS OF THE GOVERNING BOARD RECEIVE A COPY OF THE COMPLETE FORM 990

PRIOR TO FILING.

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

ALL BOARD OF DIRECTORS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY EVERY YEAR. ALL CONFLICTS ARE MADE AT THE INDIVIDUAL LEVEL AND REVIWED BY THE BOARD CHAIR AND EXECUTIVE DIRECTOR. IF CONFLICTS ARISE, THE INDIVIDUAL IS ASKED TO REFRAIN FROM PARTICIPATING IN THE DISCUSSION AND VOTE.

DEPENDING ON THE CONFLICT, THEY MAY BE REQUESTED TO LEAVE THE ROOM DURING

DISCUSSIONS.

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

SERVICES ARE PROVIDED TO THE FOUNDATION BY EASTERN WASHINGTON UNIVERSITY

EMPLOYEES. THE UNIVERSITY PAYS THE EMPLOYEES AND REVIEWS AND APPROVES

COMPENSATION USING WASHINGTON STATE RULES AND REGULATIONS FOR STATE

EMPLOYEES.

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

EASTERN WASHINGTON UNIVERSITY FOUNDATION POSTS THEIR POLICIES AND RETURNS ON THE EWU FOUNDATION WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

1.

Name of the organization	Page
EASTERN WASHINGTON UNIVERSITY FOUNDATION	Employer identification number 91-1019819
FORM 990, PART XII, LINE 2C:	
THE OVERSIGHT PROCESS AND METHOD OF SELECTING THE INDEPE	ENDENT AUDITOR
HAS NOT CHANGED FROM PRIOR YEARS.	
	*

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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OMB No. 1545-0047

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

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Open to Public Inspection

Employer identification number 91-1019819

The organization answered Tres on Form 990, Part IV, line 33.	בופ זו ווופ סנטמווולמנוטו מוואאפופט ופי	S" ON FORM 990, Part IV, line 3:	ei				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) me End-of-year assets		(f) Direct controlling entity	D
Part II organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34 be	scause it had one	or more related tax-ex	kempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section \$12(b)(13) controlled entity?	12(b)(13) blled ty?
				501(c)(3))		Yes	ž
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2016	(Form 990	0) 2016

91-1019819

Page 2

EASTERN WASHINGTON UNIVERSITY FOUNDATION

Schedule R (Form 990) 2016

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

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

MAA. O. T.					
Note: Complete line I if any entry is listed in Parts II, III, or IV of this schedule.				X	Yes No
	ons with one or more	related organizations liste	d in Parts II-IV?		
	ıty			<u>4</u>	×
b Giff, grant, or capital contribution to related organization(s)				4	×
					×
 d Loans or loan guarantees to or for related organization(s) 				<u>.</u>	1 2
e Loans or loan dijarantees by related organization(s)				<u>P</u>	×
				1e	×
f Dividends from related organization(s)					
				#	×
				10	×
				0 4	×
i Exchange of assets with related organization(s)				1	4 >
j Lease of facilities, equipment, or other assets to related organization(s)				- -	4 >
				=	4
k Lease of facilities, equipment, or other assets from related organization(s)				+	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ =	+
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			+	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			E	4
Sharing of baid employees with related organization(s)	(e) I I I			£	×
				유	×
B Reimblurgement haid to related organization(c) for assertion					
Reimburgement rold by voluted accented by the second				<u>a</u>	×
4 itemporasament para by related organization(s) for expenses				19	×
r Other transfer of cash or property to related oxinarization(s)					
				÷	×
If the answorth any of the above is "Con " con the in the internal of the above " con the internal of the change is " con				1s	×
in the answer to any of the above is thes, see the instructions for	who must complete the	nis line, including covered	Information on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
8					
(4)					
(5)					
(9)					
632163 09-06-16	48		Schedule	Schedule R (Form 990) 2016	0) 2016

Page 4

Schedule R (Form 990) 2016 EASTERN WASHINGTON UNIVERSITY FOUNDATION

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

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

(8)	(4)	13							
Name, address, and EIN	Primary activity	Legal domicile	(u) Predominant income			£ į	(E)	8	(K
of entity		(state or foreign country)	(related, unrelated, soft-(x) excluded from tax under soft-(x) sections 512-514)	total income	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor Code V-UBI General or Percentage Monate amount in box 20 managing ownership control of Co	General or managing partner?	Percentage ownership
						Ses	(000)	NO NO	
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Schedule R (Form 990) 2016

Form **8868** (Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 .

OMB No. 1545-1709

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

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

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

				Enter filer's identifying number				
Type or	Name of exempt organization or other filer, see instru	uctions.		Employer identification number (EIN) o				
print	EASTERN WASHINGTON UNIVERS	TMV E	OIND 2 M T ON					
File by the due date for					91-101		9	
filing your return, See	102 HARGREAVES HALL	ee instruc	tions.	Social s	ecurity number	(SSN)		
instructions.	CHENEY, WA 99004							
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)				0 1	Т
Applicati	on	Return	Application		***************************************		_	_
Is For		Code	Is For				Retur	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				Code	_
Form 990	-BL	02	Form 1041-A			-	07	_
Form 472	0 (individual)	03	Form 4720 (other than individual)			-	80	_
Form 990	-PF	04	Form 5227			-	09	_
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			-	10	_
Form 990-T (trust other than above) 06 Form 8870					\rightarrow	11	_	
CHANDRA SCHUMACHER						12	_	
• The bo	ooks are in the care of > 102 HARGREAVES	HALL	- CHENEY, WA 9900	4				
Telephone No. ► 509-359-6890 Fax No. ►								_
If the organization does not have an office or place of business in the United States, check this box						000	\neg	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group should be in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group should be in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group should be in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group should be in the United States, check this box								
box 🕨	. If it is for part of the group, check this box	and attac	ch a list with the names and FINs of	all momile	or the whole gro	up, che	eck this	3
1 I rec	quest an automatic 6-month extension of time until	MAY						_
	the organization named above. The extension is for the o	organizatio	nn's return for:	ule exen	npt organization	ı returr	1	
▶	calendar year or X tax year beginning JUL 1, 2016							
▶ .	X tax year beginning JUL 1, 2016	and	dending JUN 30, 2017					
2 If the	e tax year entered in line 1 is for less than 12 months, ch	neck reaso		inal retur				
	Change in accounting period	TOOK TOUGE	inibarreturi — F	ınaı retur	m			
3a If thi	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 e	inter the tentative tax, less any					_
nonr	refundable credits. See instructions.	0. 0000, 0	inter the teritative tax, less arry				0	
	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credite and	3a	\$			÷
estir	mated tax payments made. Include any prior year overpa	a∨ment all	owed as a credit	26			0	
c Bala	ance due. Subtract line 3b from line 3a. Include your pay	ment with	this form if required	3b	\$			•
by u	sing EFTPS (Electronic Federal Tax Payment System), S	See instruc	tions.	3c	e		0	
Caution: If	f you are going to make an electronic funds withdrawal (direct deb	oit) with this Form 8868, see Form 84	53.EO a	nd Form 0070 F	O for	- 0	<u>.</u>
instruction	S.		, 3000, 000 1 0/111 04	oo Lo ai	10/11/00/9-E	.o ior p	аутпеп	IL

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

623841 01-11-17