

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015
Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:	C Name of organization WHATCOM COMMUNITY FOUNDATION	D Employer identification number 91-1726410
<input type="checkbox"/> Address change	Doing business as	E Telephone number (360) 671-6463
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1500 CORNWALL AVENUE 202	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code BELLINGHAM, WA 98225	G Gross receipts \$ 6,217,214.
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: MAURI INGRAM SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ WWW.WHATCOMCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996 M State of legal domicile: WA

Part I Summary			
1	Briefly describe the organization's mission or most significant activities: TO AMPLIFY THE FORCE OF PHILANTHROPY BY CONNECTING PEOPLE, IDEAS & RESOURCES SO THAT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	60
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 19,661,738.
9 Program service revenue (Part VIII, line 2g)		12,927.	18,309.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		540,046.	312,930.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,214,711.	4,665,899.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,678,844.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	450,388.	502,725.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 140,934.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	359,512.	410,253.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,488,744.	3,587,564.	
19 Revenue less expenses. Subtract line 18 from line 12	15,725,967.	1,078,335.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,884,560.	End of Year 37,069,919.
	21 Total liabilities (Part X, line 26)	1,544,498.	1,475,409.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,340,062.	35,594,510.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer MAURI INGRAM, PRESIDENT & CEO Type or print name and title	Date	12-12-14	
Paid Preparer Use Only	Print/Type preparer's name MATTHEW R. MATSON	Preparer's signature 	Date 12/15/16	Check if self-employed <input type="checkbox"/> PTIN P00775671
	Firm's name ▶ PETERSON SULLIVAN LLP, CPA'S	Firm's EIN ▶ 91-0605875		
	Firm's address ▶ 601 UNION ST, STE 2300 SEATTLE, WA 98101-2345	Phone no. (206) 382-7777		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO AMPLIFY THE FORCE OF PHILANTHROPY BY CONNECTING PEOPLE, IDEAS & RESOURCES SO THAT COMMUNITIES FLOURISH. STRATEGIES INCLUDE COMMUNITY PARTNERSHIPS, STRENGTHENING NONPROFITS, PHILANTHROPIC ADVISORY SERVICES AND PUTTING DOLLARS TO WORK IN OUR COMMUNITY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,078,188. including grants of \$ 2,078,188.) (Revenue \$) GRANTMAKING - THE FOUNDATION RECEIVES GIFTS, GRANTS AND CONTRIBUTIONS AND MAKES GRANTS FOR THE BENEFIT OF THE COMMUNITY OF WHATCOM COUNTY.

4b (Code:) (Expenses \$ 347,298. including grants of \$ 232,535.) (Revenue \$) WHATCOM FARM TO SCHOOL PROGRAM

4c (Code:) (Expenses \$ 195,839. including grants of \$ 193,700.) (Revenue \$ 18,309.) SCHOLARSHIP PROGRAM - PROVIDES SCHOLARSHIPS FOR GRADUATES OF LOCAL HIGH SCHOOLS TO ATTEND POST-SECONDARY EDUCATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 543,654. including grants of \$ 170,163.) (Revenue \$)

4e Total program service expenses 3,164,979.

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	10	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
8a		X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
11a		X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **MAURI INGRAM - (360)671-6463**
1500 CORNWALL AVENUE, NO. 202, BELLINGHAM, WA 98225

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SATI MOOKHERJEE CHAIR	1.50	X		X				0.	0.	0.
(2) STEVE SWAN VICE-CHAIR	1.50	X		X				0.	0.	0.
(3) KIRA BRAVO SECRETARY/TREASURER	1.50	X		X				0.	0.	0.
(4) AARON BROWN DIRECTOR	1.00	X						0.	0.	0.
(5) DR. BRENDA-LEE KARASIK DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL BATES DIRECTOR	1.00	X						0.	0.	0.
(7) E. FREDERICK MILLER DIRECTOR	1.00	X						0.	0.	0.
(8) CHUCK ROBINSON DIRECTOR	1.00	X						0.	0.	0.
(9) KEVIN DEYOUNG DIRECTOR	1.00	X						0.	0.	0.
(10) CAROL DELLECKER DIRECTOR	1.00	X						0.	0.	0.
(11) MAURI INGRAM PRESIDENT & CEO	40.00			X				114,764.	0.	21,600.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							114,764.	0.	21,600.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							114,764.	0.	21,600.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,334,660.				
	g Noncash contributions included in lines 1a-1f: \$		1,551,315.				
	h Total. Add lines 1a-1f		4,334,660.				
Program Service Revenue	2 a PROGRAM SERVICE REVENUE	Business Code					
		900099	16,861.	16,861.			
	b MANAGEMENT FEE REVENUE	900099	1,448.	1,448.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		18,309.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		354,143.			354,143.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,510,102.					
		b Less: cost or other basis and sales expenses		1,551,315.			
		c Gain or (loss)		-41,213.			
	d Net gain or (loss)		-41,213.			-41,213.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			4,665,899.	18,309.	0.	312,930.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,674,586.	2,674,586.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	148,142.	56,650.	58,570.	32,922.
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	263,792.	100,875.	104,294.	58,623.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,216.	8,878.	9,179.	5,159.
9 Other employee benefits	36,959.	14,133.	14,612.	8,214.
10 Payroll taxes	30,616.	11,708.	12,104.	6,804.
11 Fees for services (non-employees):				
a Management				
b Legal	1,663.		1,663.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	158,486.	137,623.	20,863.	
12 Advertising and promotion				
13 Office expenses	24,701.	9,834.	9,810.	5,057.
14 Information technology				
15 Royalties				
16 Occupancy	9,939.	2,982.	5,963.	994.
17 Travel	1,170.	585.		585.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	22,282.	18,564.		3,718.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	18,399.	5,520.	11,039.	1,840.
23 Insurance	1,959.	588.	1,175.	196.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICES	111,722.	111,722.		
b MISCELLANEOUS EXPENSE	22,019.		22,019.	
c DEVELOPMENT AND FUNDRAI	20,649.	5,553.		15,096.
d EQUIPMENT MAINTENANCE	17,264.	5,178.	10,360.	1,726.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,587,564.	3,164,979.	281,651.	140,934.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	204,437.	1	349,462.
	2 Savings and temporary cash investments	3,433,928.	2	4,338,276.
	3 Pledges and grants receivable, net	37,675.	3	1,548,515.
	4 Accounts receivable, net	1,138.	4	664.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	385,698.	7	15,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 170,826.		
	b Less: accumulated depreciation	10b 57,963.	128,678.	10c 112,863.
	11 Investments - publicly traded securities	13,381,847.	11	13,731,212.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	18,311,159.	15	16,973,927.
16 Total assets. Add lines 1 through 15 (must equal line 34)	35,884,560.	16	37,069,919.	
Liabilities	17 Accounts payable and accrued expenses	20,662.	17	35,134.
	18 Grants payable	1,523,836.	18	1,440,275.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,544,498.	26	1,475,409.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,482,078.	27	3,232,453.
	28 Temporarily restricted net assets	22,036,174.	28	22,058,474.
	29 Permanently restricted net assets	9,821,810.	29	10,303,583.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,340,062.	33	35,594,510.	
34 Total liabilities and net assets/fund balances	35,884,560.	34	37,069,919.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,665,899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,587,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,078,335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,340,062.
5	Net unrealized gains (losses) on investments	5	181,213.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,100.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,594,510.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1972595.	5447341.	4477747.	1350579.	4084072.	17332334.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1972595.	5447341.	4477747.	1350579.	4084072.	17332334.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10125313.
6 Public support. Subtract line 5 from line 4.						7207021.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1972595.	5447341.	4477747.	1350579.	4084072.	17332334.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244,924.	310,472.	386,451.	328,842.	354,143.	1624832.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		18,268.				18,268.
11 Total support. Add lines 7 through 10						18975434.
12 Gross receipts from related activities, etc. (see instructions)					12	297,729.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	37.98 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	35.52 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. 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	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or 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	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CHANGE IN 990 PRESENTATION, PRIOR PERIOD ADJUSTMENT.

Multiple horizontal lines for providing supplemental information.

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.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

WHATCOM COMMUNITY FOUNDATION

Employer identification number

91-1726410

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization WHATCOM COMMUNITY FOUNDATION	Employer identification number 91-1726410
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>603,997.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>120,623.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WHATCOM COMMUNITY FOUNDATION	Employer identification number 91-1726410
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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
1	19,852 SHARES OF KEYSIGHT TECHNOLOGIES, INC.	\$ 603,997.	08/12/15
2	11,943 SHARES OF PACCAR, INC.	\$ 750,916.	08/18/15
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization WHATCOM COMMUNITY FOUNDATION	Employer identification number 91-1726410
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and 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.irs.gov/form990.**

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization WHATCOM COMMUNITY FOUNDATION **Employer identification number** 91-1726410

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	60	4
2 Aggregate value of contributions to (during year)	2,118,622.	1,739,914.
3 Aggregate value of grants from (during year)	1,359,453.	1,520,457.
4 Aggregate value at end of year	2,869,766.	138,796.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,493,274.	13,448,405.	10,980,184.	8,839,708.	8,560,946.
b Contributions	466,889.	65,820.	1,107,303.	242,059.	201,017.
c Net investment earnings, gains, and losses	501,827.	561,311.	1,956,293.	1,145,631.	133,473.
d Grants or scholarships	475,423.	403,586.	442,379.		192,784.
e Other expenditures for facilities and programs		19,120.	16,500.	983,334.	-248,766.
f Administrative expenses	159,775.	159,556.	136,496.	104,198.	111,710.
g End of year balance	13,826,792.	13,493,274.	13,448,405.	9,139,866.	8,839,708.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 8.70 %
 - b Permanent endowment 74.52 %
 - c Temporarily restricted endowment 16.78 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		112,661.	17,416.	95,245.
d Equipment		41,056.	33,252.	7,804.
e Other		17,109.	7,295.	9,814.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				112,863.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CHARITABLE TRUST RECEIVABLE	16,973,927.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	16,973,927.

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,749,744.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	147,806.
b	Donated services and use of facilities	2b	603.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	148,409.
3	Subtract line 2e from line 1	3	4,601,335.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	64,564.
c	Add lines 4a and 4b	4c	64,564.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,665,899.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,498,083.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	603.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	5,100.
e	Add lines 2a through 2d	2e	5,703.
3	Subtract line 2e from line 1	3	3,492,380.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	95,184.
c	Add lines 4a and 4b	4c	95,184.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,587,564.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EARNINGS FROM WHATCOM COMMUNITY FOUNDATION'S VARIOUS ENDOWMENT FUNDS

SUPPORT NUMEROUS FIELDS OF INTEREST, CHARITABLE AND EDUCATIONAL CAUSES,

STRENGTHENING ALL WHATCOM COUNTY COMMUNITIES THROUGH EFFECTIVE

PHILANTHROPY AND PHILANTHROPIC CIVIC ENGAGEMENT. EARNINGS FROM A

LEADERSHIP ENDOWMENT HELPS TO SUPPORT THE VARIOUS PROGRAMS AND SERVICES

THAT THE FOUNDATION PROVIDES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM AGENCY ENDOWMENTS (FUNDS HELD FOR OTHERS)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

UNCOLLECTIBLE PLEDGES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM AGENCY ENDOWMENTS (FUNDS HELD FOR OTHERS)

**SCHEDULE I
(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.irs.gov/form990.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **WHATCOM COMMUNITY FOUNDATION** Employer identification number **91-1726410**

Part I General Information on Grants and Assistance

- 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 criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
350.ORG 20 JAY STREET, SUITE 732 BROOKLYN, NY 11201	26-1150699	501(C)(3)	7,000.	0.			ENVIRONMENT, ANIMALS
ACLU FOUNDATION 125 BROAD STREET, 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	6,000.	0.			CIVIC ENGAGEMENT
ALLIED ARTS OF WHATCOM COUNTY 1418 CORNWALL AVE BELLINGHAM, WA 98225	91-1177002	501(C)(3)	17,500.	0.			ARTS & CULTURE
ALTERNATIVES TO HUNGER 1824 ELLIS STREET BELLINGHAM, WA 98225	91-0918619	501(C)(3)	427,300.	0.			YOUTH, FAMILY, HUMAN SERVICES
AMERICAN NATIONAL RED CROSS 2111 KING STREET BELLINGHAM, WA 98225	53-0196605	501(C)(3)	5,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
ANIMALS AS NATURAL THERAPY 721 VAN WYCK ROAD BELLINGHAM, WA 98226	91-1939165	501(C)(3)	7,600.	0.			HEALTH, GENERAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **76.**
- 3** Enter total number of other organizations listed in the line 1 table **79.**

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF WHATCOM COUNTY 2602 MCLEOD ROAD BELLINGHAM, WA 98225	31-1579359	501(C)(3)	17,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
BELLINGHAM FESTIVAL OF MUSIC P.O. BOX 818 BELLINGHAM, WA 98227	91-1599603	501(C)(3)	12,197.	0.			ARTS & CULTURE
BELLINGHAM PUBLIC LIBRARY 210 CENTRAL AVENUE, CS 9710 BELLINGHAM, WA 98227-9710	91-6001229	509(A)1	14,260.	0.			EDUCATIONAL
BELLINGHAM PUBLIC SCHOOLS FOUNDATION - 1306 DUPONT ST - BELLINGHAM, WA 98225	91-1551087	501(C)(3)	14,000.	0.			EDUCATIONAL
BELLINGHAM SCHOOL DISTRICT 501 1306 DUPONT ST. BELLINGHAM, WA 98225	91-6001648	509(A)1	68,229.	0.			YOUTH, FAMILY, HUMAN SERVICES
BELLINGHAM TECHNICAL COLLEGE FOUNDATION - 3028 LINDBERGH AVENUE - BELLINGHAM, WA 98225	91-1658027	501(C)(3)	5,500.	0.			YOUTH, FAMILY, HUMAN SERVICES
BOYS AND GIRLS CLUBS OF WHATCOM COUNTY - 1616 CORNWALL AVENUE, STE 201 - BELLINGHAM, WA 98225	91-0836427	501(C)(3)	11,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
CAL RIPKEN, SR. FOUNDATION, INC. 1427 CLARKVIEW ROAD, STE 100 BALTIMORE, MD 21209	52-2310500	501(C)(3)	145,900.	0.			YOUTH, FAMILY, HUMAN SERVICES
CITY OF BLAINE 435 MARTIN ST., STE 3000 BLAINE, WA 98230	91-6001230	509(A)1	6,278.	0.			YOUTH, FAMILY, HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA PARENT ASSOCIATION 2508 UTTER STREET BELLINGHAM, WA 98225	91-1469479	501(C)(3)	9,850.	0.			EDUCATIONAL
COMMON THREADS FARM 516 E. NORTH STREET BELLINGHAM, WA 98225	20-5163417	501(C)(3)	120,000.	0.			EDUCATIONAL
COMMUNITIES IN SCHOOLS OF WHATCOM COUNTY - PO BOX 6071 - BELLINGHAM, WA 98227	64-0956619	501(C)(3)	20,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
COMPASS HEALTH 4526 FEDERAL AVENUE, M/S #49 EVERETT, WA 98203	91-0696130	501(C)(3)	30,282.	0.			YOUTH, FAMILY, HUMAN SERVICES
FERNDALE BAND BOOSTERS P.O. BOX 2014 FERNDALE, WA 98248-2014	51-0183577	501(C)(3)	5,079.	0.			ARTS & CULTURE
FERNDALE FOOD BANK P.O. BOX 1593 FERNDALE, WA 98248	91-1166240	501(C)(3)	21,205.	0.			YOUTH, FAMILY, HUMAN SERVICES
FERNDALE SCHOOL DISTRICT 6041 VISTA DRIVE FERNDALE, WA 98248	91-1943385	501(C)(3)	9,968.	0.			HEALTH, GENERAL
INTERFAITH COALITION 910 - 14TH STREET BELLINGHAM, WA 98225	91-1202013	501(C)(3)	10,575.	0.			YOUTH, FAMILY, HUMAN SERVICES
KENDALL PTA 7547 KENDALL ROAD MAPLE FALLS, WA 98266	47-2426763	501(C)(3)	6,588.	0.			HEALTH, GENERAL

Schedule I (Form 990)

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KUNTZ COMMUNITY ARTS 3904 CEDARBROOK COURT BELLINGHAM, WA 98229	90-0603908	501(C)(3)	7,990.	0.			ARTS & CULTURE
LAW ADVOCATES PO BOX 937 BELLINGHAM, WA 98227	91-1537479	501(C)(3)	7,252.	0.			SOCIAL JUSTICE
LIGHTHOUSE MISSION MINISTRIES 910 WEST HOLLY STREET BELLINGHAM, WA 98227-0548	91-0659437	501(C)(3)	23,480.	0.			YOUTH, FAMILY, HUMAN SERVICES
LUMMI ISLAND HERITAGE TRUST P.O. BOX 158 LUMMI ISLAND, WA 98262	91-1785342	501(C)(3)	11,100.	0.			ENVIRONMENT, ANIMALS
LUMMI NATION SCHOOL 2334 LUMMI VIEW DR. BELLINGHAM, WA 98226	91-1004074	501(C)(3)	6,300.	0.			HEALTH, GENERAL
LUMMI NATION SERVICE ORGANIZATION 2616 KWINA ROAD BELLINGHAM, WA 98226	91-1836621	501(C)(3)	35,000.	0.			EDUCATIONAL
LYDIA PLACE P.O. BOX 28487 BELLINGHAM, WA 98228	94-3111948	501(C)(3)	12,632.	0.			YOUTH, FAMILY, HUMAN SERVICES
MOUNT BAKER PLANNED PARENTHOOD 1509 CORNWALL AVENUE BELLINGHAM, WA 98225	91-0846274	501(C)(3)	6,800.	0.			HEALTH, GENERAL
MOUNT BAKER THEATRE 104 N. COMMERCIAL ST. BELLINGHAM, WA 98225	91-1208766	501(C)(3)	80,556.	0.			ARTS & CULTURE

Schedule I (Form 990)

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

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NOOKSACK SALMON ENHANCEMENT ASSOCIATION - PO BOX 32594 - BELLINGHAM, WA 98228	94-3140165	501(C)(3)	26,979.	0.			ENVIRONMENT, ANIMALS
NOOKSACK VALLEY FOOD BANK P.O. BOX 304 EVERSON, WA 98247	91-1339292	501(C)(3)	5,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
NOOKSACK VALLEY SCHOOL DISTRICT 3326 EAST BADGER ROAD EVERSON, WA 98247	91-1172018	501(C)(3)	7,000.	0.			HEALTH, GENERAL
NORTH CASCADES INSTITUTE 810 STATE ROUTE 20 SEDRO WOOLLEY, WA 98284	91-1327775	501(C)(3)	11,000.	0.			ENVIRONMENT, ANIMALS
NORTHWEST AGRICULTURE BUSINESS CENTER - 119 NORTH COMMERCIAL STREET #110 - BELLINGHAM, WA 98225	83-0449496	501(C)(3)	7,113.	0.			ENVIRONMENT, ANIMALS
NORTHWEST ALLIANCE FOR COLLEGE ACCESS DBA FUTURES NW - PO BOX 28237 - BELLINGHAM, WA 98228-0237	27-2997677	501(C)(3)	20,000.	0.			EDUCATIONAL
NORTHWEST INSTITUTE OF LITERARY ARTS (NILA) - 5611 BAYVIEW ROAD - LANGLEY, WA 98260	91-1901894	501(C)(3)	5,000.	0.			EDUCATIONAL
NORTHWEST THERAPEUTIC RIDING CENTER - 1884 KELLY ROAD - BELLINGHAM, WA 98226	91-1556276	501(C)(3)	5,000.	0.			EDUCATIONAL
NORTHWEST YOUTH SERVICES 1020 NORTH STATE STREET BELLINGHAM, WA 98227-5447	91-0970561	501(C)(3)	31,319.	0.			YOUTH, FAMILY, HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPPORTUNITY COUNCIL 1111 CORNWALL AVENUE BELLINGHAM, WA 98225	91-0787820	501(C)(3)	23,570.	0.			SOCIAL JUSTICE
PACIFIC SHELLFISH INSTITUTE 509 - 12TH AVENUE SE, #14 OLYMPIA, WA 98501	91-1703218	501(C)(3)	25,000.	0.			ENVIRONMENT, ANIMALS
PROJECT HOPE, A PROGRAM OF CHRISTIAN HOPE ASSN. - 205 S. B.C. AVE., STE. #105 - LYNDEN, WA 98264	91-0858511	501(C)(3)	7,080.	0.			YOUTH, FAMILY, HUMAN SERVICES
RE SOURCES 2309 MERIDIAN STREET BELLINGHAM, WA 98225	91-1243957	501(C)(3)	64,000.	0.			ENVIRONMENT, ANIMALS
ROOSEVELT ELEMENTARY PTA 2900 YEW STREET BELLINGHAM, WA 98229	91-1109492	501(C)(3)	7,000.	0.			EDUCATIONAL
ROTARY CLUB OF BELLINGHAM FOUNDATION - P.O. BOX 28113 - BELLINGHAM, WA 98228	91-1896302	501(C)(3)	5,500.	0.			YOUTH, FAMILY, HUMAN SERVICES
SACRED HEART CATHOLIC CHURCH 1110 14TH BELLINGHAM, WA 98225	91-0778147	501(C)(3)	6,000.	0.			RELIGIOUS
SAN JUAN ISLAND COMMUNITY FOUNDATION - P.O. BOX 1352 - FRIDAY HARBOR, WA 98250	91-1648730	501(C)(3)	157,940.	0.			UNCLASSIFIED
SAN JUAN PRESERVATION TRUST P O BOX 327 LOPEZ ISLAND, WA 98261	91-1078355	501(C)(3)	5,000.	0.			ENVIRONMENT, ANIMALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SKAGIT RIVER POETRY FOUNDATION P.O. BOX 238 LA CONNER, WA 98257	90-0931572	501(C)(3)	8,000.	0.			ARTS & CULTURE
SKOOKUM KIDS P.O. BOX 4148 BELLINGHAM, WA 98225	47-1968315	501(C)(3)	5,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
SUSTAINABLE CONNECTIONS 1701 ELLIS ST BELLINGHAM, WA 98225	75-3041952	501(C)(3)	375,000.	0.			ENVIRONMENT, ANIMALS
THE SALVATION ARMY 2912 NORTHWEST AVENUE BELLINGHAM, WA 98225-1605	94-1156347	501(C)(3)	10,500.	0.			YOUTH, FAMILY, HUMAN SERVICES
UNITED WAY OF WHATCOM COUNTY 1500 CORNWALL AVENUE, SUITE 203 BELLINGHAM, WA 98225	91-0570788	501(C)(3)	11,250.	0.			YOUTH, FAMILY, HUMAN SERVICES
UNITY CARE NORTHWEST 1616 CORNWALL AVENUE, STE 205 BELLINGHAM, WA 98225	91-2168190	501(C)(3)	6,500.	0.			HEALTH, GENERAL
UNIVERSITY OF WASHINGTON FOUNDATION - UW TOWER, BOX 359505 - SEATTLE, WA 98195-9505	94-3079432	501(C)(3)	7,150.	0.			HEALTH, GENERAL
WESTERN WASHINGTON UNIVERSITY FOUNDATION - 516 HIGH ST. - BELLINGHAM, WA 98225	91-6073519	501(C)(3)	169,500.	0.			EDUCATIONAL
WHATCOM ALLIANCE FOR HEALTH ADVANCEMENT - 800 CHESTNUT STREET - BELLINGHAM, WA 98225	81-0677295	501(C)(3)	5,441.	0.			YOUTH, FAMILY, HUMAN SERVICES

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHATCOM COMMUNITY COLLEGE FOUNDATION - 237 W. KELLOGG RD. - BELLINGHAM, WA 98226	94-3064448	501(C)(3)	22,575.	0.			EDUCATIONAL
WHATCOM COUNTY COUNCIL ON AGING 509 GIRARD STREET BELLINGHAM, WA 98225	91-0784024	501(C)(3)	134,160.	0.			YOUTH, FAMILY, HUMAN SERVICES
WHATCOM DISPUTE RESOLUTION CENTER 13 PROSPECT STREET, SUITE 201 BELLINGHAM, WA 98225	91-1552277	501(C)(3)	5,068.	0.			YOUTH, FAMILY, HUMAN SERVICES
WHATCOM FAMILY & COMMUNITY NETWORK 1231 N. GARDEN ST., SUITE 210 BELLINGHAM, WA 98229	91-1631944	501(C)(3)	10,300.	0.			SOCIAL JUSTICE
WHATCOM LITERACY COUNCIL P O BOX 1292 BELLINGHAM, WA 98227	91-1220307	501(C)(3)	6,615.	0.			EDUCATIONAL
WHATCOM MUSEUM FOUNDATION 121 PROSPECT ST. BELLINGHAM, WA 98225	91-6174771	501(C)(3)	22,779.	0.			ARTS & CULTURE
WHATCOM SYMPHONY ORCHESTRA P O BOX 5892 BELLINGHAM, WA 98227-5892	91-1003176	501(C)(3)	7,809.	0.			ARTS & CULTURE
WILD WHATCOM P.O. BOX 4457 BELLINGHAM, WA 98227	91-0858944	501(C)(3)	8,330.	0.			ENVIRONMENT, ANIMALS
Y M C A 1256 N. STATE ST. BELLINGHAM, WA 98225	91-0482690	501(C)(3)	14,000.	0.			YOUTH, FAMILY, HUMAN SERVICES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Y W C A 1026 N. FOREST ST. BELLINGHAM, WA 98225	91-0565024	501(C)(3)	5,000.	0.			YOUTH, FAMILY, HUMAN SERVICES
BELLINGHAM TECHNICAL COLLEGE 3028 LINDBERGH AVENUE BELLINGHAM, WA 98225	91-1526618	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
BRIGHAM YOUNG UNIVERSITY, PROVO BRIGHAM YOUNG UNIVERSITY PROVO, UT 84602	87-0217280	501(C)(3)	5,000.	0.			SCHOLARSHIP SUPPORT
GONZAGA UNIVERSITY 502 EAST BOONE AVE. SPOKANE, WA 99202	91-0236600	501(C)(3)	7,000.	0.			SCHOLARSHIP SUPPORT
SEATTLE UNIVERSITY P O BOX 222000 SEATTLE, WA 98122	91-0565006	501(C)(3)	8,500.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY OF WASHINGTON UNIVERSITY OF WASHINGTON SCHOLARSHIP UNIT - SEATTLE, WA 98195	91-6001537	501(C)(3)	22,000.	0.			SCHOLARSHIP SUPPORT
WASHINGTON STATE UNIVERSITY * PO BOX 64 PULLMAN, WA 99164	91-6001108	501(C)(3)	13,000.	0.			SCHOLARSHIP SUPPORT
WESTERN WASHINGTON UNIVERSITY CASHIER - 516 HIGH ST. - BELLINGHAM, WA 99225	91-6073519	501(C)(3)	17,050.	0.			SCHOLARSHIP SUPPORT
WHITMAN COLLEGE 345 BOYER AVENUE WALLA WALLA, WA 99362	91-0567740	501(C)(3)	5,500.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

ORGANIZATIONS THAT ARE AWARDED GRANTS ARE REQUIRED TO ACKNOWLEDGE GRANT

PURPOSE; A GRANT REPORT IS REQUIRED FOR ALL COMPETITIVE GRANTS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **WHATCOM COMMUNITY FOUNDATION** Employer identification number **91-1726410**

Part I	Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art			
2	Art - Historical treasures			
3	Art - Fractional interests			
4	Books and publications			
5	Clothing and household goods			
6	Cars and other vehicles			
7	Boats and planes			
8	Intellectual property			
9	Securities - Publicly traded	X	10	1,551,315. FAIR MARKET VALUE
10	Securities - Closely held stock			
11	Securities - Partnership, LLC, or trust interests			
12	Securities - Miscellaneous			
13	Qualified conservation contribution - Historic structures			
14	Qualified conservation contribution - Other			
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles			
19	Food inventory			
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts			
23	Scientific specimens			
24	Archeological artifacts			
25	Other ()			
26	Other ()			
27	Other ()			
28	Other ()			

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

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

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

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

SCHEDULE M, LINE 32B:

GIFTS OF REAL ESTATE OR OTHER ASSETS MAY INVOLVE THIRD PARTIES, AS
DETERMINED BY OUR BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

WHATCOM COMMUNITY FOUNDATION

Employer identification number

91-1726410

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITIES FLOURISH. STRATEGIES INCLUDE COMMUNITY PARTNERSHIPS,
STRENGTHENING NONPROFITS, PHILANTHROPIC ADVISORY SERVICES AND PUTTING
DOLLARS TO WORK IN OUR COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VARIOUS PROJECTS AND PROGRAMS, INCLUDING: BLAINE PAVILION PROJECT,
FERNDALE LIBRARY PROJECT, LYNDEN'S JUDSON STATUE PROJECT, YOUTH
PHILANTHROPY PROJECT, NON-PROFIT CAPACITY BUILDING AND EQUITY SUMMIT.
EXPENSES \$ 543,654. INCLUDING GRANTS OF \$ 170,163. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS KEVIN DEYOUNG AND AARON BROWN ARE BOTH EMPLOYEES OF LARSON
GROSS LLP.

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

PUBLIC VERSION OF THE 990 SENT TO ALL DIRECTORS FOR REVIEW PRIOR TO BOARD
MEETING. IRS COPY OF 990 AVAILABLE AT BOARD MEETING FOR REVIEW BY EACH
DIRECTOR PRIOR TO FILING OF TAX RETURN.

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

CONFLICT OF INTEREST DECLARATIONS ARE COMPLETED ANNUALLY AND ARE AVAILABLE
AT ALL MEEINGS; IN ADDITION, MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL
CONFLICT AND MUST ABSTAIN FROM VOTING WHEN A CONFLICT ARISES.
DECLARATIONS/ABSTENTIONS ARE RECORDED IN THE MEETING MINUTES.

Name of the organization WHATCOM COMMUNITY FOUNDATION	Employer identification number 91-1726410
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FORM 990, PART VI, SECTION B, LINE 15A:

A TASK FORCE OF CURRENT AND FORMER BOARD MEMBERS WAS FORMED IN 2015 TO CONDUCT A COMENSATION REVIEW FOR PRESIDENT/CEO MAURI INGRAM. THE TASK FORCE EXAMINED SALARY BENCHMARK DATA FROM THE COUNCIL ON FOUNDATION'S FOR CEO POSITIONS AT OTHER COMMUNITY FOUNDATIONS AND GRANTMAKING ORGANIZATIONS AND ALSO CONSIDERED EXECUTIVE COMPENSATION FOR LOCAL GRANTMAKING ORGANIZATIONS, USING DATA FROM 990 FILINGS. BASED ON THEIR FINDINGS, THE TASK FORCE RECOMMENDED AN ADJUSTMENT TO THE CEO COMPENSATION, WHICH WAS REVIEWED AND APPROVED AT A SPECIAL MEETING OF THE FOUNDATION'S BOARD OF DIRECTORS.

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

AUDITED FINANCIAL STATEMENTS AND PUBLIC VERSION OF 990 ARE AVAILABLE ON OUR WEBSITE; GOVERNING DOCUMENTS AND POLICIES SUCH AS CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

UNDER OUR BY-LAWS, OUR EXECUTIVE COMMITTEE CONSISTS OF AT LEAST THREE BOARD MEMBERS, WHICH MUST INCLUDE THE BOARD CHAIR, VICE CHAIR AND THE SECRETARY/TREASURER. EXCEPT FOR THE POWER TO FILL VACANCIES IN THE GOVERNANCE COMMITTEE OR THE BOARD, OR AS LIMITED BY LAW OR IN THE ARTICLES OF INCORPORATION OR THE BY LAWS OF THE FOUNDATION, THE EXECUTIVE COMMITTEE SHALL HAVE AND EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS DURING THE INTERVAL BETWEEN MEETINGS THEREOF. A MAJORITY OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM.

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

