	000
_	MMII
Form	330

** PUBLIC DISCLOSURE COPY **

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Т

AF	or th	e 2015 calendar year, or tax year beginning ar	nd ending	_	
B c	Check if pplicab	e: C Name of organization		D Employer identified	cation number
	Addre	POTLATCH FUND			
	Name			73-1	712905
	 returr		Room/suite	E Telephone numbe	r
	Final returr	801 SECOND AVE	304		624-6076
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	1,585,595.
	Amer	SEATTER, WA JOINT		H(a) Is this a group re	
	Appli tion			for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) or 🔛 527	If "No," attach a	list. (see instructions)
		te: WWW.POTLATCHFUND.ORG		H(c) Group exemptio	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2004	State of legal domicile: WA
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities:	INSPIRI	E GIVING AND	TO EXPAND
Activities & Governance		PHILANTHROPY WITH NATIVE COMMUNITIES IN			
/err	2	Check this box if the organization discontinued its operations or displaced by the organization discontinued its operations or displaced by the organization discontinued its operations of the organization dits operations of the organization discontits operations of		1 1	
ğ	3				<u> 10</u> 10
õ	4	Number of independent voting members of the governing body (Part VI, line 1k			6
ties	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			35
ţ	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34			
				Prior Year 753,131.	Current Year 1,434,677.
nue	8	Contributions and grants (Part VIII, line 1h)		9,209.	1,100.
Revenue	9	Program service revenue (Part VIII, line 2g)		3,341.	1,609.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,267.	53,738.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		775,948.	1,491,124.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		246,992.	765,020.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 5-1		389,846.	474,257.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	•,	0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 83 ,	682.	-	-
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,912.	299,706.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		844,750.	1,538,983.
	19	Revenue less expenses. Subtract line 18 from line 12		-68,802.	-47,859.
Net Assets or Fund Balances		· · · · · · · · · · · · · · · · · · ·		eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		633,214.	615,879.
t As: d B;	21	Total liabilities (Part X, line 26)		28,406.	55,181.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		604,808.	560,698.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and staten	nents, and to the best of m	y 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 CHARLOTTE COTE, PRESID Type or print name and title	DENT	Date			
	-	Preparer's signature HOWARD DONKIN, CPA	Date Check PTIN 05/14/16 if self-employed P00147726			
Preparer	Firm's name JACOBSON JARVIS		Firm's EIN 91-2011386			
Use Only	Firm's address 200 FIRST AVE WE SEATTLE, WA 9811		Phone no. (206) – 628 – 8990			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					
532001 12-1	6-15 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	Form 990 (2015)			

Form	1990 (2015) POTLATCH FUND	73-1712905 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: POTLATCH FUND'S MISSION IS TO INSPIRE AND BUILD UP	ON THE NATIVE
	TRADITION OF GIVING AND TO EXPAND PHILANTHROPY WIT	
	NATIVE COMMUNITIES IN THE PACIFIC NORTHWEST.	I INIDAL MATIOND AND
2	Did the organization undertake any significant program services during the year which were not listed	d on
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program s	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation revenue, if any, for each program service reported.	ons to others, the total expenses, and
4a	(Code:) (Expenses \$ 968,940 · including grants of \$ 765,020	•) (Bevenue \$
	GRANTMAKING PROGRAM:	, (
	2015 REPRESENTS OUR LARGEST RE-GRANTING BUDGET IN	THE HISTORY OF OUR
	ORGANIZATION AND A SIGNIFICANT MILESTONE IN OUR EF	
	PHILANTHROPY IN NATIVE AND TRIBAL COMMUNITIES IN T	
	WE AWARDED 80 GRANTS ACROSS WASHINGTON, OREGON, ID. TOTALING \$765,020 AND BRINGING OUR TOTAL INVESTMEN	-
	THE PAST DECADE.	10 \$2.5 MILLION OVER
	060 204	1 100
4b	(Code:) (Expenses \$ 268,324. including grants of \$ CAPACITY BUILDING PROGRAM:	_) (Revenue \$)
	IN OUR SECOND YEAR OF RUNNING COHORT PROGRAMS, WE	TRAINED 25 EMERGING
	NATIVE LEADERS WORKING WITH THE NATIVE ARTS AND NA	
	SECTORS, ALL OF WHICH WERE CURRENT OR FORMER POTLA	
	HELD TWO CONVENINGS IN TEH SPRING AND FALL TO OFFE	R WORKSHOPS ON TOPICS
	RANGING FROM BUILDING A BUSINESS PLAN FOR NATIVE A	
	ABOUT BOARD DEVELOPMENT AND FINANCIAL MANAGEMENT F	OR NATIVE NONPROFITS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
A!	Other program convises (Describe in Cohertule C.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,237,264.	
		Form 990 (2015)

Form	990	(201	15)

Form 990 (2015) POTLATCH FUND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	5			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X

Form **990** (2015)

Form	990	(2015)	
	330	(2010)	

 Form 990 (2015)
 POTLATCH
 FUND

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	· · · · · · · · · · · · · · · · · · ·	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete	0.51		x
	Schedule L, Part I	25b		_ A
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	complete Schedule L, Part II	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u>.</u> _
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O	1 30		1

Form **990** (2015)

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 1a Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 1a 6 b Enter the number of Forms W-2G included in line 1a. Enter -0: if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field of the calendar year ending with or within the year covered by this return 2a 6 1c X b If at teast one is reported on line 2a, id the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 2a 3a 2 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 2 b If "Yes," enter the name of the foreign country. 5 5 3a 2 3b 2 5a U'Yes," enter the name of the foreign country. 5a 2 5a <td< th=""><th>Form</th><th>990 (2015) POTLATCH FUND</th><th>73-</th><th>1712</th><th>905</th><th>Р</th><th>age 5</th></td<>	Form	990 (2015) POTLATCH FUND	73-	1712	905	Р	age 5
1a Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable 1a 6 b Enter the number of Forms W-2G included in line 1a. Enter -0: if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pirze winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum during the calendary year of the organization have united to buries gross income of 31.000 or more during the year? 3a 2 b If *1'esc, 'has it field a form 90-1 for this year? If 'No.' to line 3b, provide an explanation in Schedule O 3b 4a b If *1'esc, 'the foreign country (such as bank account, securities account, or other financial accounts (FBAR). 5a 2 5a Dot due organization have unanual gross recise tists are onemaly greater than \$100,000, and did the organization securits a party to a prohibited tax shert transaction? 5a 2 5a D D D D D D D D D D D D							
1a 1a 1a 6 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 6 c Did the organization complexes reported on Form W-3, Transmittal of Wage and Tax Statements. 1a 6 c Did the organization complexes reported on Form W-3, Transmittal of Wage and Tax Statements. 1a 6 Did the organization complexes reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 6 Dif the calendary year ending whor within the year covered by this return 2a 2 X Note. If the sum of lines 1a and 2a is greater than 250, you may be required fielderal employment tax returns? 2a 2 X 1 If '''es, ' inst fited a Complex of the organization have an interest in, or a signature or other authority over, a financial account is of orgin country: 2a X b If ''es, ' enter the name of the foreign country: Se Se X Se was the organization have annual to for the securities account, or other financial Accounts (FBAR). Sa X D and any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax shelter transaction at a state securities account, securities account, securities account, securities account, securitin account securities account, securities account secur		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable 10 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 6 b If at least one is reported on line 2a, did the organization file all required to 6-file (see instructions) 2a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 2a X 4A tary time the name of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a 3a 4A tary time throng on the foreign country (such as a bark account, securities account, or other financial account)? 4a 2a b If "Yes," the rest the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR). 5a 2 5a Dot any taxable party notify the organization have analy to a prohibited tax sheler transaction? 5a 2 5a Dot any taxable party notify the organization may a party to a prohibited tax sheler transaction? 5a 2 5a Dot any taxable party notify the organization file atx sheler transaction?						Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter -0- if not applicable 10 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 6 b If at least one is reported on line 2a, did the organization file all required to 6-file (see instructions) 2a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 2a X 4A tary time the name of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a 3a 4A tary time throng on the foreign country (such as a bark account, securities account, or other financial account)? 4a 2a b If "Yes," the rest the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR). 5a 2 5a Dot any taxable party notify the organization have analy to a prohibited tax sheler transaction? 5a 2 5a Dot any taxable party notify the organization may a party to a prohibited tax sheler transaction? 5a 2 5a Dot any taxable party notify the organization file atx sheler transaction?	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
gambling winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1 and 2a is greater than 250, yourge an explanation in Schedule O 3a 2 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 3b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3a 2 3c If 'Yes,' thas it filed a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule O 3a 2 3c H'Yes,'' there's name during the calendar year, did the organization has an interest in, or a signature or other authority over, a financial account in a foreign country. 5a 2 5c Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5b 2 5d Did any taxable party notify the organization the anormally greater than \$100,000, and did the organization necelite with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a			1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year endited on the vaganization fiell required federal employment tax returns? 2b X b If at least one is reported on line 2a, did the organization fiell required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fiel (see instructions) 3a 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is for finger country (such as a bank account, securities account, or other financial accounts (FBAF)). 5a 2a 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in hier Very solicitation ant express statement that such contributions or gifts were not tax deductible as chartable contributions and pray to ray during the year? 7a 2a 7 Organization networks dispose of tangible personal property for which it was required to the payor? 7a 2a 7 Organization receive a payment in excess of \$76 made party as a contribution and party f	с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming				
field for the calendary oser ending with or within the year covered by this return 2a 6 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a 3a bit the construction have unrelated business gross income of \$1,000 or more during the year? 3a 3a 2a 2a 4a b If Yes, ' has it filed a Form 90-To rich is year /1 W/o, ' to line 3b, provide an explanation in Schedule 0 3b 3a 4a 2a b If Yes, ' enter the name of the foreing country: b		(gambling) winnings to prize winners?			1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X B Did the organization have unrelated business gross income of \$1,000 nome during the year? 3a X b If "Yes," has it filed a Form 990 T for this year /If 'No," to line 3b, provide an explanation in Scheduld 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in of foreign country (such as a bank account, securities account, or other financial accounts (FEAR). 5a Max the organization a party to a prohibited tax shelter transaction at my time during the tax year? 5a X b If "Yes," to line 5a or 5b, did the organization file Form 808617 5c 5c 5c 5a Do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions fat were not tax deductible as charitable contributions? 5a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a X b If "Yes," did the organization notify the donor of the value of the goods or se	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a bit "ves," has it field a Form 990-T for this year? If "No," it line 3b, provide an explanation in Schedule 0 3a 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; enter the name of the foreign country. 4a 2a 5b 1f "ves," enter the name of the foreign country. 5a 2 5a 2 5a as the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 5b 2 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b 7a 2 7 10 di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a 2 7a 2 7a 2 7a 2 7a 2 7a 2 7a		filed for the calendar year ending with or within the year covered by this return	2a	6			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 b If 'Yes,' has it filed a Form 990-T for this yea? If 'No,' to line 3b, provide an explanation in Schedule O 3b 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4a 2 5b If 'Yes,' enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 5c Was the organization a party to a prohibited tax shelter transaction? 5b 2 3b 3c 5c If 'Yes,' to line 5a or 5b, did the organization file Form 8886.T? 5a 2 3c 3c 6a Does the organization have an intease or is a party to a prohibited tax shelter transaction? 5c 3c 3c 3c 7 Organizations that may receive deductible a charitable contributions? 6a 2 3c 3c 3c 3c 7 Organizations that may receive deductible contributions under section 170(c). 7a 2 3c	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	rns?		2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 2 b If "Yes," enter the name of the foreign country: ▶ 5e 5a 2 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 b Ubd any taxable party no try bibled tax shelter transaction at any time during the tax year? 5a 2 c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b 2 c If "Yes," to line 5a or 5b, did the organization file Form 8886:17 6a 2 d If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 7 Organization receive apyment in excess of 357 made party as a contribution and party for goods and services provided to the payor? 7a 2 b If "Yes," did the organization neceives of 357 made party as a contribution and party for goods and services provided? 7b 7c		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 2 b If "Yes," enter the name of the foreign country: — — — 4a 2 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 2 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5c 6a Does the organization include with every solicitation an express statement that such contributions solit any contribution statue en ot tax deductible as charitable contributions? 6a 2 7 organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a 2 7 the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 7c 2 9 If "Yes," did the organization did, directly or indirectly, to apy premiums on a personal benefit contract? 7e 2 9 If the organization elevie any dimeting door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distr	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 2 b If "Yes," enter the name of the foreign country? See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 2 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 b Did any taxable party notify the organization file form 8866.7? 5b 5c 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a 2 b If Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 6b 7 7 Organizations that may receive deductible contributions under section 170(c). 7a 2 2 b If Yes," did the organization notify the donor of the value of the goods or services provided? 7a 2 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7a 7a 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e 2 7 Did the organization neceive a contribution of qualified intellectual propery, did the orga	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b If "Yes," enter the name of the foreign country: Image: the set of t	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X c if "Yes," to line 5a or 5b, did the organization file Form 8886-17 5c 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6 7 Organization stat may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? 7a X d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X d If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7d 7d X g If the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C? 7f X g If the organization received a contribution of		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 2 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 2 c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c 2 6 Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 6a 2 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 7 Organization necive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 2 c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 2 f Did the organization neceive a contribution of qualified intellectual property, for which it was required 7a 2 f Did the organization meterive any premiums, directly or indirectly, on a personal benefit contract? 7c </th <th>b</th> <th>If "Yes," enter the name of the foreign country:</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," enter the name of the foreign country:					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb Z c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 Sc Sc Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Ga Z b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Gb Z 7 Organization stat may receive deductible contributions under section 170(c). Bid the organization notify the donor of the value of the goods or services provided? To Ta Z b If "Yes," did the organization notify the donor of the value of the goods or services provided? To Ta Z c Did the organization notify the gan, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? Te Z d If "Yes," Indicate the number of Forms 8282 filed during the year? Td Z Td Z f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Te Z f If the organization maintaining door advised funds. Did a doora dvised fund maintained by the sponsoring organizations maintaining door advised funds. B B		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
c if "Yes," to line 5 a or 5b, did the organization file Form 8886-72 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a charitable contributions? 6a 2 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 7 Organizations that may receive deductible contributions under section 170(c). a lid the organization notify the donor of the value of the goods or services provided? 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c 2 c Did the organization notify the donor of the value of the goods or services provided? 7c 7c 2 c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 2 d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization flee Form 8282 7t 2 d If the organization received a contribution of cars, boats, airplanes, or ther vehicles, did the organization flee Form 0889 as required? 7t 2 f Did the organization maintaining donor advised funds. <th>5a</th> <th>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</th> <th></th> <th></th> <th>5a</th> <th></th> <th>X</th>	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organization to tax deductible? 6b 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notify the donor of the value of the goods or services provided? 7c X c Did the organization notify the donor of the value of the goods or services provided? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d X g If the organization receive any funds, directly or indirectly, on a personal benefit contract? 7t X g If the organization neceive at contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X g If the organization nake any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9a 9a 9a 9a 9a <th>b</th> <th>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa</th> <th>action?</th> <th></th> <th>5b</th> <th></th> <th>X</th>	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
any contributions that were not tax deductible as charitable contributions? 6a 2 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b 7a 28 a Did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 28 c Did the organization notify the donor of the value of the goods or services provided? 7b 7c 28 c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7c 28 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 28 f Did the organization received a contribution of acras, basts, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 28 g If the organization maintaining donor advised funds. 8 9 8ponsoring organization maintaining donor advised funds. 8 9 g Did the sponsoring organization make any taxable distributions under section 4966? 9a <th>с</th> <th>If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</th> <th></th> <th></th> <th>5c</th> <th></th> <th></th>	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 6b a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2x b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c 2x c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 2x d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c 7z f Did the organization receive a py funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 7z g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C? 7h 7g h If the organization maintaining donor advised funds. Did a the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9b 9a 9b 9b 9b 10a 10a 10a 10a 10a 10a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization sol	icit			
were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization the excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 2 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 2 d If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7e 2 f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7fe 2 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h 2 g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 2 g Sponsoring organization make any taxable distributions under section 4966? 9a 9 9b 9b 9b 9b 9b 9b 9b 10a		any contributions that were not tax deductible as charitable contributions?			6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Za b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7b 7c Za c Did the organization notify the donor of the value of the goods or services provided? 7c Za Za c Did the organization notify the donor of the value of the goods or services provided? 7d 7c Za c Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d 7c Za d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e Za f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7re Za f Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7ft Za f By fonsoring organization maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b	b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 2 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c 2 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 2 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 2 f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 2 g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7h 2 8 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 9 Sponsoring organizations. Enter: 10a 10b 11a 10a 10		were not tax deductible?			6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 72 c Did the organization notify the donor of the value of the goods or services provided? 72 c Did the organization notify the donor of the value of the goods or services provided? 72 d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7c 7z e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 7z g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h 7 h If the organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b b Did the sponsoring organizations. Enter: 10a 10a <th>7</th> <th>Organizations that may receive deductible contributions under section 170(c).</th> <th></th> <th></th> <th></th> <th></th> <th></th>	7	Organizations that may receive deductible contributions under section 170(c).					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f X g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. 0 9a 9 9a 9b 9a 9b 10a 10a 10a 10a 10b 10b 111a 10b 10b 111a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the	e payor?	7a		X
to file Form 8282? 7c 7c 7c 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e 7e 7e e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7e 7e 7e g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f 7e 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 7h 8 Sponsoring organizations maintaining donor advised funds. 0 a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 Section 501(c)(7) organizations. Enter: 10a 10a 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11a 12a 12 Gross income from members or shareholders 11a 10b 12a 11a 12a 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b <th>b</th> <th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th> <th></th> <th></th> <th>7b</th> <th></th> <th></th>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9b 10 the sponsoring organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10a 11a 12a 12 Gross income from members or shareholders 11a 11b 12a 12a 12 Section 501(c)(12) organizations. Enter: 11b 12a 12a 12a 12a 13 Section 501(c)(29) qualifie	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 2 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 2 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 9 Sponsoring organizations make any taxable distributions under section 4966? 9a 9a 9a 9a 9a 9b 9a 9b 9a 9b 9a 9b 9a 9b 9a 9a 9b 9a 9b 9a 9a					7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 7h 8 9 Sponsoring organizations maintaining donor advised funds. 8 9 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9a 9a 9 Did the sponsoring organizations maintaining donor advised funds. 10a 10a 9b 9b 10 the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9b 10b 11b	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 8 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 10 Section 501(c)(7) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11b 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b	е						X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers.							X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13<	-		-				
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 11b 11b a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 1	h)98-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers.	8		l by the				
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10b a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b	_				8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b	9						
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12a					9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b							
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b			100				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b			44.				
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b			11a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b	D		116				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.	120				100		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			1 1		IZa		
			120				
					120		
Note. See the instructions for additional information the organization must report on Schedule O.	a				13a		
 b Enter the amount of reserves the organization is required to maintain by the states in which the 	h			ſ			
organization is licensed to issue qualified health plans	U		13b				
c Enter the amount of reserves on hand	r						
					14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			e O			<u> </u>	

FOILIT 330 (2013)	m 990 (2015)
--------------------------	---------------------

Sec	tion 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	1a	10			
	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 0.		1.0			
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 relationshi	p with any othe	r			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					37
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		37	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
10-				40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl			101-		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing t	ne form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	x	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	to conflicto?		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y in Schedule O how this was done			10-	x	
10				12c 13	X	
13	Did the organization have a written whistleblower policy?			13	X	
14 15	Did the organization have a written document retention and destruction policy?			14	- 23	-
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	<i>,</i>				
•	The organization's CEO, Executive Director, or top management official			15a	x	
a h				15a 15b	X	<u> </u>
D D	Other officers or key employees of the organization			150		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				
ieu	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed WA , ID , OR , MT					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(:)(3)s onlv) a	vailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	/(-	,., .,,-			
		in Schedule O	1			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,		l finan	cial	
	statements available to the public during the tax year.		, .			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and record	s: ►			
	DANA ARVISO - 206-624-6076		·			
_	801 2ND AVENUE, SUITE 304, SEATTLE, WA 98104					
53200	3 12-16-15			Form	1 990	(2015

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.

POTLATCH FUND

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

Form 990 (2015)

Form **990** (2

73-1712905

Page 6

X

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 (Ď), (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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	er box, unless person is both an officer and a director/trustee) from from					h an	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHARLOTTE COTE	4.00	37		37					0	0
PRESIDENT	4 00	X		X				0.	0.	0.
(2) MEREDITH PARKER	4.00	v		v				0	0	0
VICE PRESIDENT	4 00	Х		X				0.	0.	0.
(3) ARDIS RIBAIL	4.00	v		v					^	
TREASURER	1 00	X		X				0.	0.	0.
(4) ANTONE MINTHORN	4.00	v		v					^	
SECRETARY	4 00	Х		X				0.	0.	0.
(5) SUSAN BALBAS	4.00	x		v				0.	0.	0.
COMPLIANCE OFFICER	4.00	^		X				0.	0.	0.
(6) JIM THOMAS	4.00	x						0.	0.	0.
BOARD MEMBER	4.00	^						0.	0.	0.
(7) TIM OTANI BOARD MEMBER	4.00	x						0.	0.	0.
(8) WILLIAM WEEMS	4.00	^						0.	0.	0.
BOARD MEMBER		x						0.	0.	0.
(9) RENEE HOLT	4.00							0.	••	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(10) HEATHER JOHNSON-JOCK	4.00									
BOARD MEMBER		x						0.	0.	0.
(11) DANA ARVISO	50.00							•••		
EXECUTIVE DIRECTOR				X				91,206.	0.	3,050.

Form 990										73-1	712	905	Pa	age 8
Part V	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average hours per (do not box, un			C) ition ^{more} rson) than is bot	one h an	(D) Reportable	(E) Reportable compensatio from related	n	am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	com fro orga and	oensa om the anizati d relate	e ion ed
41- 0-1									91,206.		0.		3,0	50
c To	b-total tal from continuation sheets to Part V tal (add lines 1b and 1c)	I, Section A							0.		0.		3,0	0.
2 Tot	al number of individuals (including but r npensation from the organization 🕨								eceived more than \$100),000 of reportabl	le		Vee	0
	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	-			-	•			highest compensated e			3	Yes	No X
and	any individual listed on line 1a, is the su d related organizations greater than \$15	0,000? If "Yes,	le co " <i>co</i>	ompe mple	ensa ete S	atior Sche	n and edule	d ot 9 J i	her compensation from for such individual	the organization		4		X
	I any person listed on line 1a receive or a dered to the organization? If "Yes," com	-				-			-			5		х
	B. Independent Contractors									<u> </u>		- 1' 6		
	mplete this table for your five highest co organization. Report compensation for (A)										ipens:	ation f		
	ہم) Name and business	address	N	ONE	3				Description of s	services	C	omper		n
2 Tot	al number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$10	00.000 of compensation from the organi	zation				(0							

		Check if Schedule O contains a response or note to		(A) [(B)	(C)	(D) Revenue exclude
				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
2	1 a	Federated campaigns 1a					
3	b	Membership dues 1b					
	с	Fundraising events	825.				
7	d	Related organizations					
	е	Government grants (contributions) 1e					
5	f	All other contributions, gifts, grants, and					
		similar amounts not included above If 1,356,	852.				
2	g	Noncash contributions included in lines 1a-1f: \$ 23,	112.				
5	h	Total. Add lines 1a-1f	<u> </u>	434,677.			
		PROGRAM FEES 541	ss Code	1,100.	1,100.		
aniiaaau	b						
	С						
	d						
	е						
		All other program service revenue		1 1 0 0			
_		Total. Add lines 2a-2f	<u> </u>	1,100.			
		Investment income (including dividends, interest, and		1 600			1 6 0 0
		other similar amounts)		1,609.			1,60
		Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	c -	(i) Real (ii) Per	sonal				
		Gross rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (ii) Securities					
	/ d	Gross amount from sales of (i) Securities (ii) Of assets other than inventory					
	h	Less: cost or other basis					
		and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
		Gross income from fundraising events (not	··· •				
		including \$ 77,825. of					
		contributions reported on line 1c). See					
		Part IV, line 18 a 147,	492.				
,		Less: direct expenses b 94,	471.				
		Net income or (loss) from fundraising events	🕨	53,021.			53,023
		Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
		Net income or (loss) from gaming activities	🕨				
1	0 a	Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b					
	с	Net income or (loss) from sales of inventory	🕨				
		Miscellaneous Revenue Busines					_
1		MISC PRODUCTS 900		530.			53
1	b	REIMBURSEMENTS 541	900	187.			18'
	-						
	С						
	d	All other revenue		717.			

532009 12-16-15

Form 990 (2015)

(20)15)				
		\sim			

POTLATCH FUND

Form 990 (2015) POTLATCH FUND
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	710,650.	710,650.		
2	Grants and other assistance to domestic	54,370.	54,370.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	54,5700	51,570		
Ū	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	94,225.	46,399.	37,336.	10,490
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	301,740.	177,062.	75,252.	49,426
8	Pension plan accruals and contributions (include	,	,0010		
-	section 401(k) and 403(b) employer contributions)	30,413.	17,163.	8,648.	4,602
9	Other employee benefits	16,444.	9,275.	4,681.	2,488
0	Payroll taxes	31,435.	17,740.	8,938.	4,757
1	Fees for services (non-employees):				
а	Management	4,125.		4,125.	
b		170.	50.	120.	
с	•	24,086.	12,186.	11,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	e				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	75,684.	49,996.	5,765.	19,923
2	Advertising and promotion	3,355.	506.	2,389.	460
3	Office expenses	52,295.	25,995.	20,581.	5,719
4	Information technology				
5	Royalties	10 200	10 220	E 200	0 777
6	Occupancy	18,320.	10,339.	5,209.	2,772
7	Travel	103,341.	79,188.	19,263.	4,890
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	13,186.	12,484.	191.	511
9 0	Conferences, conventions, and meetings	10,100.	12,1010	•	511
:U :1	Payments to affiliates				
2	Depreciation, depletion, and amortization	5,029.	2,838.	1,430.	761
3	Insurance	4,632.	2,614.	1,317.	701
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STAFF TRAINING	4,798.		3,538.	1,260
b	FUNDRAISING EXPENSE	-25,842.			-25,842
с					
d					
е		16,527.	8,409.	7,354.	764
25	Total functional expenses. Add lines 1 through 24e	1,538,983.	1,237,264.	218,037.	83,682
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

532010 12-16-15

73-1712905

Page **11**

POTLATCH FUND

				,	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			241,187.	1	323,258.
	2	Savings and temporary cash investments			368,480.	2	173,680.
	3	Pledges and grants receivable, net				3	80,422.
	4	Accounts receivable, net			15,653.	4	2,943.
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50 ⁻	1 (c)(9) voluntary			
ş		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7,187.	9	5,576.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	49,182.			
	b	Less: accumulated depreciation	10b	19,182.	707.	10c	30,000.
	11	Investments - publicly traded securities		F		11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			C22 014	15	
	16	Total assets. Add lines 1 through 15 (must equ			633,214.	16	615,879.
	17	Accounts payable and accrued expenses			28,406.	17	55,181.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and forme					
bilit		key employees, highest compensated employe				00	
Lia	00	Complete Part II of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrel				23 24	
	24 25	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on line					
						25	
	26	Schedule D Total liabilities. Add lines 17 through 25			28,406.	26	55,181.
	20	Organizations that follow SFAS 117 (ASC 958			,	20	
Ś		complete lines 27 through 29, and lines 33 ar					
JCe	27	Unrestricted net assets			270,170.	27	119,521.
alaı	28	Temporarily restricted net assets			334,638.	28	441,177.
Fund Balances	29				•	29	
'n		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
ŝts	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or	32	Retained earnings, endowment, accumulated ir		F		32	
ž	33	Total net assets or fund balances		F	604,808.	33	560,698.
	34	Total liabilities and net assets/fund balances			633,214.	34	615,879.
							Form 990 (2015)

11

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

Form **990** (2015)

Form 990 (2015)

Form	1 990 (2015) POTLATCH FUND	73-17	12905	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,53		
3	Revenue less expenses. Subtract line 2 from line 1	3			59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	4,8	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		3,7	49.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ ~
_	column (B))	10	56	0,6	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				37
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	000	

Form **990** (2015)

SCHEDULE A	
------------	--

(Form	990	or	990-	EZ
-------	-----	----	------	----

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

2015
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	Allach to Form 990 of Fo	Orm 990-EZ.	
Information about Schedule A	(Form 990 or 990-F7) and it	ts instructions is at WWW.I/S	.aov/form990.

Nam	lame of the organization Employer identification number								
			ATCH FUND						3-1712905
Pai	tΙ	Reason for Public (Charity Status (/	All organizations must c	omplete th	is part.) Se	ee instructions		
The c	organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(i i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owne	d or opera	ted by a g	overnmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (C	• •						
6	37	A federal, state, or local gov							
7	Χ	An organization that norma		intial part of its support	from a gov	ernmental	unit or from th	ne general	public described in
-		section 170(b)(1)(A)(vi). (Co							
8		A community trust describe							
9		An organization that norma	•	-	-			-	
		activities related to its exem		-					-
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	lired by the org	ganization	after June 30, 1975.
10		See section 509(a)(2). (Cor An organization organized a		ively to test for public s	afoty Soo	soction 50	O(a)(4)		
11		An organization organized a	-	•	-			rny out the	nurnoses of one or
•••		more publicly supported or	•	•	•			•	• •
		lines 11a through 11d that	•						
а		Type I. A supporting orga				-		-	aivina
		the supported organization	-	-	•	-			
		organization. You must c							
b		Type II. A supporting orga	anization supervised	l or controlled in connec	tion with it	s support	ed organizatior	n(s), by ha	ving
		control or management o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or manag	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions	6). You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	with its support	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	l an attenti	iveness
		requirement (see instruct	-	-					
е		Check this box if the orga					а Туре I, Туре I	II, Type III	
	- .	functionally integrated, or							
		er the number of supported of supported of the following information	•						
<u> </u>		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monetarv	(vi) Amount of
organization				(described on lines 1-9	listed i governing o	n your	support (-	other support (see
				above (see instructions))	Yes	No	instructio	ons)	instructions)

Total

Schedule A (Form 990 or 990 EZ) 2015 POTLATCH FUND

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	663,958.	962,910.	782,705.	753,131.	1434677.	4597381.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	663,958.	962,910.	782,705.	753,131.	1434677.	4597381.
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)						2169112.
6	Public support. Subtract line 5 from line 4.						2428269.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	663,958.	962,910.	782,705.	753,131.	1434677.	4597381.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	518.	588.	1,633.	3,341.	1,609.	7,689.
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.)		11,132.	1,220.		717.	13,069.
11	Total support. Add lines 7 through 10		,	,			4618139.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	534,954.
	First five years. If the Form 990 is for	•	/	d. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3)	
	organization, check this box and stop			, ,	···· , · ··· ··· ··· ··· ···		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				······ • —
14	Public support percentage for 2015 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	52.58 %
	Public support percentage from 2014		•			15	57.89 %
	33 1/3% support test - 2015. If the c					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
17a							
	7a 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						
	-			-	-	-	
h	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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 th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
10	· ····ate roundation. If the organizatio	n aiu not oneon d		a, 100, 17a, 01 17k	, oncor unio DUX d		∽ ▶ ∟

Schedule A (Form 990 or 990-EZ) 2015

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar 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, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2015 (lin	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage	ļ			
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	014 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2015. If the	organization did i				33 1/3% , and line	17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2014. If the o						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization			-		-	
-	23 09-23-15		,	,			0 or 990-EZ) 2015

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
-	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	stion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2.5		
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U U		Зb		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	30		

Schedule A (Form 990 or 990-EZ) 2015 POTLATCH FUND

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 mus	st complete :	Sections A through E	<u>.</u>
					_

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
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 t	he organization is responsive	9	
	(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			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	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:			
а				
b				
С				
d	From 2013			
е	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	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				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-				

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 POTLATCH FUND

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

73-1712905

POTLATCH	FUND
----------	------

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

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

General Rule

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

Special Rules

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

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

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)

Schedule B	(Form 99	0, 990-EZ	, or 990-PF)	(2015)
------------	----------	-----------	--------------	--------

Name of organization

POTLATCH FUND

Employer identification number

73-1712905

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$90,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$84,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>80,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>160,184</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Schedule B	(Form 990)	, 990-EZ,	or 990-PF)	(2015)
------------	------------	-----------	------------	--------

Name of organization

POTLATCH FUND

Employer identification number

73-1712905

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

POTLATCH FUND

Employer identification number

73-1712905

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		 	

lame of organ	nization		Employer identification number				
POTLATO	CH FUND		73-1712905				
Part III	the year from any one contributor. Complete (columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 fo lowing line entry. For organizations				
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.) \$				
(a) No.	Use duplicate copies of Part III if addition	al space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
1 41 1 1							
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
		(e) Transfer of gi					
		(e) mansier of g	int				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
_							
-							
-							
(a) No.		(),					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
_							
-							
		(e) Transfer of gi	ift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-			<u> </u>				
-							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
-							
	(e) Transfer of gift						
	Transferee's name, address, a	ad $7\mathbf{IP} \pm 4$	Pelationship of transforms to transform				
			Relationship of transferor to transferee				
-							
1		1					

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Nam	e of the organization POTLATCH FUND		E	mployer identifica 73-171		mber
Par		ed Funds or Other Similar Fund	s or Acc			
1 41	organization answered "Yes" on Form 990, Part IV, lin		5 01 A00	ound.complete		
		(a) Donor advised funds	(b) F	unds and other ac	counts	
1	Total number at end of year		(
2	Aggregate value of contributions to (during year)					
2	Aggregate value of grants from (during year)					
4	Aggregate value of grants norm (during year)					
5	Did the organization inform all donors and donor advisors in		end funde			
5	are the organization's property, subject to the organization's	5		Yes		No
6	Did the organization inform all grantees, donors, and donor a					
Ŭ	for charitable purposes and not for the benefit of the donor of		-			
				, 🖸 Yes	. [] No
Par						<u></u>
1	Purpose(s) of conservation easements held by the organizat					
•	Preservation of land for public use (e.g., recreation or e		orically im	portant land area		
	Protection of natural habitat	Preservation of a cert				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	ervation easement	on the la	ist
-	day of the tax year.			Held at the End		
а	Total number of conservation easements		2			
	Total acreage restricted by conservation easements					
c	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	listed in the National Register			d		
3	Number of conservation easements modified, transferred, re			tion during the tax		
	year 🕨		Ū	Ū		
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i	t holds?		Yes	;	No
6	Staff and volunteer hours devoted to monitoring, inspecting,				the year	
	▶					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easer	ments during the ye	ear	
	►\$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)			_
	and section 170(h)(4)(B)(ii)?			Yes	; L	No
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	e statemer	nt, and balance she	et, and	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organ	ization's accountin	g for	
	conservation easements.					
Par	t III Organizations Maintaining Collections o		other Sin	nilar Assets.		
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exi		ance of pul	blic service, provide	ə, in Part	XIII,
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	Iblic servic	e, provide the follo	wing amo	ounts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				► \$		
2	If the organization received or held works of art, historical tre		al gain, pro	vide		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2015

\$ ►

\$ ►

Sche	dule D (Form 990) 2015 POTLATC							73-17			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following the	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	c			hange progr	ams					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	-		•	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of		,						٦		1
De	to be sold to raise funds rather than to be m		<u> </u>						Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
10			diam (for	contribution	o or other of	anto not	included				
Ia	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X?	and complete the fe	llowing	 tablo:				∟		L	
b		and complete the ic	nowing	ladie.					Amoun	+	
c	Beginning balance						1c		Amoun		
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII]
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line ⁻	10.		_		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	lg, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho	-	- 41 41-	- 4	and a data in take						
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neid a	ind administe	ered for t	ne organiz	ation	T	Vee	
	by:								20(1)	Yes	No
	(i) unrelated organizations								3a(i) 3a(ii)		
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	ations listed as requi	rod on 9	Schodulo R2					3b		
4	Describe in Part XIII the intended uses of the								50		
Par	t VI Land, Buildings, and Equipn	0									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part l'	V, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr	ther	(b) Cost	or other (other)	(c) A	ccumulate preciation	d	(d) Boo	k value	e
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			4	9,182.		19,1	82.		0,0	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colui	mn (B), line 1	'0c.)				3	0,0	00.

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" of	on Form 990. Part IV.	line 11b. See Form 990. Part X. lir	ne 12.
(a) Description of security or category (including name of security)	(b) Book value		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" of			
(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) T-1-1 (0-1 (1))			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes" of the organization and the organization a		line 11d. See Form 990, Part X, IIr	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990. Part IV	line 11e or 11f. See Form 990 Pa	rt X. line 25.
(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

Schedule D (Form 990) 2015

73-1712905	Page 4
------------	--------

Schedule D	(Form 990) 2015	POTLATCH	FUND		73-1
Part XI	Reconciliation of	f Revenue per	Audited Financial	Statements With Revenue	e per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
4			4	
1	Total revenue, gains, and other support per audited financial statements		· -	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		_ 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		

u		zu			
е	Add lines 2a through 2d	2e			
3	3 Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5			
Par	rt XIII Supplemental Information.				

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

(Form 990 or 990-EZ) Complete if th	ental Information Regarding e organization answered "Yes" on organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-EZ	Form 9 15,000 0 or Fo	990, P on Fo rm 99	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ.	or 19), or if the	OMB No. 1545-0047
Name of the organization	Employer	identification number					
POTLAT						73-17	
Part I Fundraising Activities required to complete this pa	 Complete if the organization answ rt. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990)-EZ filers are not
 Indicate whether the organization ra Mail solicitations Internet and email solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written key employees listed in Form 990, I If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	e Solicita f Solicita g Solicita g Specia or oral agreement with any individua Part VII) or entity in connection with p dividuals or entities (fundraisers) pure	ation of ation of I fundra al (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true undraising services?	stees	<u> </u>	fes No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	by) to (or retained by)
		Yes	No				
Total		<u></u>					
3 List all states in which the organizati or licensing.	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt fro	n registration

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990-EZ) 2015 POTLATCH FUND

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr			-	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			(010111)[00)	(0.0	(10101110111001)	
Revenue	1	Gross receipts	225,317.			225,317.
	2	Less: Contributions	77,825.			77,825.
	3	Gross income (line 1 minus line 2)	147,492.			147,492.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	44,272.			44,272.
	8	Entertainment				
	9	Other direct expenses				50,199.
		Direct expense summary. Add lines 4 throug			►	94,471.
		Net income summary. Subtract line 10 from I				53,021.
Pa	rt I	• • • • • • • • • • • • • • • •	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	() Dull take (not out		
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ř	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Uirect Expenses	4	Rent/facility costs				
	5	Other direct expenses			1	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	ls t	ter the state(s) in which the organization cond he organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:			year?	. Yes No

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 POTLATCH FUND 73-	1712	2905	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility		1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
I	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year > \$			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III. 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, lines 9,	, 9b, 10)b, 15b,

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Compl	Grants and Oth vernments, and ete if the organization	nd Individual on answered "Yes" Attach to Form	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.	90.	OMB No. 1545-0047 2015 Open to Public Inspection
Name of the organization							Employer identification number
	ATCH FUND						73-1712905
Part I General Information on							
1 Does the organization maintain		•		• •			
criteria used to award the grant	ts or assistance?						X Yes No
2 Describe in Part IV the organiza Part II Grants and Other Assis	tance to Domestic Organi				nization answard "	Vool on Form 000 Dor	t IV line 21 for any
	ore than \$5,000. Part II car			0	anization answered	res on Form 990, Far	try, life 21, for any
1 (a) Name and address of organ or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUWAMISH TRIBAL SERVICES 4705 MARGINAL WAY SW SEATTLE, WA 98106	91-1122115	501(C)(3)	55,000.	0.			NATIVE STUDENT SUCCESS AND COMMUNITY BUILDING
EASTSIDE NATIVE AMERICAN PAF COMMITTEE - PO BOX 97039 - REDMOND, WA 98073	SENT 52-2393812	501(C)(3)	50,000.	0.			NATIVE STUDENT SUCCESS
HEARTS GATHERED PO BOX 767 OMAK, WA 98841	14-1940569	501(C)(3)	50,000.	0.			NATIVE STUDENT SUCCESS
KALISPEL TRIBE PO BOX 39 USK, WA 99180	91-0875018	115	42,400.	0.			NATIVE STUDENT SUCCESS AND COMMUNITY BUILDING
LOWER ELWHA KLALLAM TRIBE 401 E FIRST STREET PORT ANGELES, WA 98362	91-0838085	115	6,000.	0.			OLD GROWTH CEDAR CONSERVATION AND PROTECTION
LUMMI NATION 2616 KWINA ROAD BELLINGHAM, WA 98226 2 Enter total number of section 5		115	55,000.	٥.			NATIVE STUDENT SUCCESS AND COMMUNITY BUILDING 15.
3 Enter total number of section 3 3 Enter total number of other org LHA For Paperwork Reduction Ac	anizations listed in the line	1 table					Schedule I (Form 990) (2015)

POTLATCH FUND

Schedule I (Form 990) POTLATCH	FUND					7	3-1712905 Page 1
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	anizations in the U	nited States (Scho	edule I (Form 990), Pa	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NA'AH ILLAHEE FUND							
PO BOX 17844							
SEATTLE, WA 98127	05-0630992	501(C)(3)	10,000.	0.			COMMUNITY BUILDING
,			,				
NATIVE AMERICAN YOUTH AND FAMILY							
CENTER - 5135 NE COLUMBIA BLVD -							
PORTLAND, OR 97218	93-1141536	501(C)(3)	50,000.	Ο.			NATIVE STUDENT SUCCESS
NEZ PERCE TRIBE							LANGUAGE PRESERVATION AND
PO BOX 365							EDUCATION, COMMUNITY
LAPWAI, ID 83540	82-0255928	115	12,800.	0.			BUILDING
NOOKSACK INDIAN TRIBE							LANGUAGE PRESERVATION AND
PO BOX 157	01 1405000	115	6 750				EDUCATION, COMMUNITY
DEMING, WA 98244	91-1487296	115	6,750.	0.			BUILDING
RED LODGE TRANSITION SERVICES							
PO BOX 55157							
PORTLAND, OR 97211	20-8341064	501(C)(3)	50,000.	0.			NATIVE STUDENT SUCCESS
SALISH SCHOOL OF SPOKANE							
4125 N MAPLE ST							
SPOKANE, WA 99205	27-1126478	501(C)(3)	50,000.	Ο.			NATIVE STUDENT SUCCESS
SPOKANE TRIBAL NETWORK							
PO BOX 390							
WELLPINIT, WA 99040	45-5319560	501(C)(3)	50,000.	0.			NATIVE STUDENT SUCCESS
URBAN NATIVE EDUCATION ALLIANCE							
PO BOX 25142	0	501 (3) (2)					
SEATTLE, WA 98165	27-4272577	501(C)(3)	50,000.	0.			NATIVE STUDENT SUCCESS
WESTERN WA NATIVE AMERICAN							
EDUCATION CONSORTIUM - PO BOX 8291							
	91-1285812	501(C)(3)	48,200.	0.			NATIVE STUDENT SUCCESS
- PORT ORCHARD, WA 98366	2T-TS020TZ		40,200.	٥.			WEITAE STADENT SACCESS

Schedule I (Form 990)

POTLATCH FUND

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TO SUPPORT NATIVE AMERICAN CULTURE AND ARTS.	16	54,370.	0.		

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:

THE ORGANIZATION REQUIRES THAT APPLICANTS APPLY FOR GRANT FUNDS. A

SELECTION COMMITTEE REVIEWS THE GRANT APPLICATIONS AND MAKES A

DETERMINATION BASED ON SELECTION CRITERIA. THE ORGANIZATION REVIEWS THE

ACCOMPLISHMENTS AND REIMBURSEMENT REQUESTS BEFORE ISSUING THE GRANT FUNDS.

FOR LARGER GRANTS, SITE VISITS ARE CONDUCTED.

SCHEDULE O

Internal Revenue Service
Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 73 - 1712905

POTLATCH FUND

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

A DRAFT COPY OF FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO BEING

FILED.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND COMPLETED ANNUALLY BY ALL

BOARD MEMBERS, STAFF AND COMMITTEE MEMBERS. EACH MEETING ALSO BEGINS WITH

A REVIEW AND DISCLOSURE OF ANY CONFLICTS.

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

COMPENSATION IS DETERMINED BY THE BOARD IN AN EXECUTIVE SESSION WITH THE

EXECUTIVE DIRECTOR EXCLUDED FROM THE DISCUSSION. THE UNITED WAY OF KING

COUNTY COMPENSATION SURVEY IS USED FOR COMPARABLE DATA.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Depreciation and Amortization Detail FORM 990 PAGE 10

Asset	Description of property								
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
1	OFFICE B	QUIPM	IENT						
	VARIES	SSL		16	20,791.		14,153.	2,189.	
	FURNITUF VARIES	SSL	7.00	16	10,745.			1,075.	
5	LEASEHOI VARIES	JD IMP	10.00	ENT 116	S 17,646.			1,765.	
	* TOTAL	990 F	PAGE 1	0 D	EPR				
					49,182.	0.	14,153.	5,029.	
		-							
		1	1	i –			I		
		1	1						
		1	1						
		1	1						
		1							
		1							
516261 04-01-15				<u> </u> #	- Current year section 179	(D) - Asset dispo	sed		
04-01-15						37.1			

990