## EXTENDED TO MAY 15, 2023

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	ror	tne z	21 calendar year, or tax year beginning	nt 1, 2021 and	ending c	JUN 30, 2022	
В	Check applic	∢if cab <b>l</b> e:	C Name of organization UNIVERSITY OF WASHINGTON FOUNDATI	ON		D Employer identif	ication number
	Ad	ldress ange	C/O UNIVERSITY OF WASHINGTON				
H	⊟ <sub>Na</sub>	ıme	Doing business as			94-3079432	
H	= Init	ange tia <b>l</b> turn	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite		
H	= Fin	nal	407 GERBERDING HALL	ivered to street address;	1100III/Suite	(206) 685-19	
		urn/ min- ed	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	209,212,182.
	□Arr	nended	SEATTLE, WA 98195-1210	_ii or rereign poetar code		H(a) Is this a group r	
		plica- n	F Name and address of principal officer: MARY	GRESCH		for subordinate:	
	pe	nding	SAME AS C ABOVE			H(b) Are all subordinates i	
<u> </u>	Tax-	exem	ot status: X 501(c)(3) 501(c) ( )	<b>◄</b> (insert no.) 4947(a)(1)	or 52		a list. See instructions
			www.uwfoundationBoard.org			H(c) Group exemption	
				sociation Other >	<b>L</b> Year	of formation: 1988	M State of legal domicile: WA
	art		ummary				
	1	Brie	efly describe the organization's mission or most	significant activities: SEE AT	TACHMENT		
Activities & Governance							
na	2	Ch	eck this box 🕨 🔲 if the organization discor	ntinued its operations or dispos	sed of more	e than 25% of its net as	sets.
o Ve	3	Nu	mber of voting members of the governing body	Part VI, line 1a)		3	82
Ğ	4	. Nu	mber of independent voting members of the gov	erning body (Part VI, line 1b)		4	82
S	5	Tot	al number of individuals employed in calendar y	ear 2021 (Part V, line 2a)		<u>5</u>	0
<u>Vit</u> i	6	Tot	al number of volunteers (estimate if necessary)			<u>6</u>	82
<b>∕</b> cti	7	a Tot	al unrelated business revenue from Part VIII, col	umn (C), line 12		<u>7a</u>	
_	_	<b>b</b> Ne	unrelated business taxable income from Form	990-T, Part I, line 11		7b	0.
						Prior Year	Current Year
<u>o</u>	8					174,052,421.	209,212,182.
Revenue	9					0.	0.
ě	10		estment income (Part VIII, column (A), lines 3, 4,			0.	0.
	יי ן		ner revenue (Part VIII, column (A), lines 5, 6d, 8c,		0.	0.	
	12		al revenue - add lines 8 through 11 (must equal			174,052,421.	209,212,182.
	13		ants and similar amounts paid (Part IX, column (A			171,103,948.	218,518,107.
	14		nefits paid to or for members (Part IX, column (A		0.	0.	
ses	15		aries, other compensation, employee benefits (F			0.	0.
Expenses	16		fessional fundraising fees (Part IX, column (A), li		^	· · ·	0.
X	۱,		al fundraising expenses (Part IX, column (D), line	· · · · · · · · · · · · · · · · · · ·		88,131.	88,635.
	17		ner expenses (Part IX, column (A), lines 11a-11d, al expenses. Add lines 13-17 (must equal Part IX			171,192,079.	,
	19		venue less expenses. Subtract line 18 from line			2,860,342.	
		116	vende less expenses, oubtract line 10 nom line	12		eginning of Current Year	End of Year
Net Assets or	20	) Tot	al assets (Part X, line 16)		<u>                                   </u>	14,495,483.	5,084,385.
ASS	21		al liabilities (Part X, line 26)			16,538.	0.
Net	22		assets or fund balances. Subtract line 21 from		14,478,945.	5,084,385.	
P	art		Signature Block		•		
Unc	ler pe	enalties	of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, cor	rect, a	nd complete. Declaration of preparer (other than office	r) is based on all information of wl	nich prepare	r has any knowledge.	
Sig	n		Signature of officer			Date	
Hei	re		MARY GRESCH, PRESIDENT				
			Type or print name and title				
	-	Pr	int/Type preparer's name	Preparer's signature	T	Date Check [	PTIN
Pai	d	MAXWELL E. BARLOW		Max & Baile	w	4/3/2023 if self-emplo	
	pare		m's name   KPMG LLP			Firm's EIN ▶	13-5565207
Use	Only	<b>y</b>   Fir	m's address > 401 UNION STREET, SUITE				
			SEATTLE, WA 98101			Phone no. 206	
Ma	v the	e IRS	discuss this return with the preparer shown above	e? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE UNIVERSITY OF WASHINGTON FOUNDATION SOLICITS AND OTHERWISE	
	FACILITATES PRIVATE CONTRIBUTIONS TO OR FOR THE BENEFIT OF THE	
	UNIVERSITY OF WASHINGTON.	
_	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ?	Yes A No
^	If "Yes," describe these new services on Schedule O.	Yes Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes A No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by e	=
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	enses, and
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 218,558,140. including grants of \$ 218,518,107. ) (Revenue \$ )	
4a	THE UNIVERSITY OF WASHINGTON FOUNDATION SOLICITS AND OTHERWISE	,
	FACILITATES PRIVATE CONTRIBUTIONS TO OR FOR THE BENEFIT OF THE	
	UNIVERSITY OF WASHINGTON. THESE CONTRIBUTIONS ARE TRANSFERRED TO THE	
	UNIVERSITY OF WASHINGTON.	
	ONIVERSITI OF WASHINGTON.	
41.		
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	
70	(Code:) (Expenses 9	,
4d	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$ ) (Revenue \$	)
4 <sub>P</sub>	Total program service expenses > 218,558,140.	

Page 3

Form 990 (2021) C/O UNIVERSITY OF 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 Rev. Proc. 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			l
	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 donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_
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,	44.		x
<b>h</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
b		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1110		<del></del>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		<del></del>
ű	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			•
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	- 22	I

Form	990 (2021) C/O UNIVERSITY OF WASHINGTON 94-3079	132	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		Х
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		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt 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			$\Box$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form 990 (2021)

C/O UNIVERSITY OF WASHINGTON

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		Х
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).	_		
	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		x
ч		7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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.			
а	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:			
	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:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

C/O UNIVERSITY OF WASHINGTON Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 82 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 82 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe 12c Х on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year?

#### Section C. Disclosure

17	List the states	with which a co	ov of this Form	1 990 is red	quired to be filed	►WA
----	-----------------	-----------------	-----------------	--------------	--------------------	-----

407 GERBERDING HALL, BOX 351210, SEATTLE, WA 98195-1210

exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - X Upon request X Own website \_\_\_ Other *(explain on Schedule O)* Another's website

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records MICHELLE BUCHOLTZ - 206-685-9189

Form **990** (2021)

16a

16b

C/O UNIVERSITY OF WASHINGTON

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

Page 7

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Form 990 (2021)

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	ısat	ed any current officer, d	irector, or trustee.	
(A)	(B)			_ (0	<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week		Cer ai	lu a u	recic	I / II US	iee)	from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1039-1420)	and related
	below	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	e i			organizations
	line)	Indivi	Instit	Officer	Key e	Highe	Former			· ·
(1) KEN DENMAN	1.00					-				
VICE CHAIR	0.00	Х		Х				0.	0.	0.
(2) DAN PETERSON	1.00							Ť		
PRESIDENT	0.00	Х		Х				0.	0.	0.
(3) MARY GRESCH	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(4) LISA SIMONYI	1.00	4								
TREASURER	0.00	Х		Х				0.	0.	0.
(5) PATRICK CRUMB	1.00		) ~							
CHAIR	0.00	X	_	Х				0.	0.	0.
(6) MOLLY NORDSTROM	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(7) SANJAY CHHEDA	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) JODY CUNNINGHAM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(9) BEN DANIELSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) LARRY ESTRADA	1.00								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(11) DAVE FRANKE	1.00								_	_
DIRECTOR	0.00	Х	_					0.	0.	0.
(12) RUDY GADRE	1.00									0
OIRECTOR (13) JASON HAMILTON	1.00	Х						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0
(14) KIM HEMINGWAY	1.00	Λ						0.	٠.	0.
DIRECTOR	0.00	v						0.	0.	0
(15) DANIEL HEU-WELLER	1.00	Λ						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(16) MARI HORITA	1.00							•	,	<del>.</del>
DIRECTOR	0.00	x						0.	0.	0.
(17) RICHARD LARKINS	1.00	<del>-</del> -	$\vdash$					†	<u> </u>	<u>.</u>
DIRECTOR	-	х						0.	0.	0.
	1 2,20			L			<u> </u>	<u>.</u>		000

Form 990 (2021) 132007 12-09-21

UNIVERSITY OF WASHINGTON FOUNDATION C/O UNIVERSITY OF WASHINGTON 94-3079432 Page 8 Form 990 (2021) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (E) (F) Position Average Reportable Name and title Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) (18) KAREN LEE 1.00 DIRECTOR 0.00 0 Х 0 0. (19) ANU NADELLA 1.00 DIRECTOR 0.00 Х 0 0 0. (20) VIVIAN PHILLIPS 1.00 DIRECTOR 0.00 X 0 0 0. (21) SRILAKSHMI REMALA 1.00 DIRECTOR 0.00 X 0 0. 0. (22) CLYDE WALKER 1.00 DIRECTOR 0.00 0. 0. (23) GARY WIPFLER 1.00 DIRECTOR 0.00 0 0 0. (24) DAVID ZAPOLSKY 1.00 DIRECTOR 0.00 0. 0. (25) NANCY ZEVENBERGEN 1.00 0. DIRECTOR 0.00 0. 0. Х (26) SUSAN BROTMAN 1.00 0. DIRECTOR 0.00 0 0. 0. 0. 0. 1b Subtotal 0. 0. 0 c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ..... Х

#### Section B. Independent Contractors

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

(A) Name and business address NONE	<b>(B)</b> Description of services	(C) Compensation

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

Form 990 C/O UNIVERSIS	LY OF WASHI	NGT	ON						94-30794	432
Part VII   Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(с		all t			ly)	compensation	compensation	amount of
	per	,				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				og m		organization	(W-2/1099-MISC)	from the
	hours for	ordir	au			ted e		(W-2/1099-MISC)		organization
	related	stee	truste		9	bensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	stituti	Officer	y em	jhest	Former			
	line)	ĭ	Ĕ	JO.	Ke	Ĭ	요		4	
(27) DANIEL EVANS	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(28) LYN GRINSTEIN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(29) JIM MILGARD	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(30) DON PETERSEN	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(31) WENDY BARRINGTON	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(32) KENT CARLSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(33) ANA MARI CAUCE	1.00									
DIRECTOR	0.00	Х				4		0.	0.	0.
(34) NEAL DEMPSEY	1.00									
DIRECTOR	0.00	Х				ľ		0.	0.	0.
(35) RANDY HODGINS	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(36) LIBBY MACPHEE	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(37) AMIT RANADE	1.00		K							
DIRECTOR	0.00	Х						0.	0.	0.
(38) MARK RICHARDS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(39) PAUL RUCKER	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(40) BROOKS SIMPSON	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(41) BLAINE TAMAKI	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(42) MIA TUAN	1.00							1		
DIRECTOR	0.00	х						0.	0.	0.
(43) SCOTT WALLACE	1.00							**	••	
DIRECTOR	0.00	Х						0.	0.	0.
(44) LOUISE HINE	1.00						-	· · · · · · · · · · · · · · · · · · ·	· · ·	, ·
DIRECTOR	0.00	Х						0.	0.	0.
(45) JULIE L. BROWN	1.00						$\vdash$	· · · · · · · · · · · · · · · · · · ·	••	ļ
DIRECTOR	0.00	Х						0.	0.	0.
(46) ANDY MANZANO	1.00		$\vdash$				$\vdash$	1	· · · · · · · · · · · · · · · · · · ·	,
DIRECTOR	0.00	Х						0.	0.	_
	1 0.00	Λ		<u> </u>			<u> </u>	<del> </del>	<u> </u>	0.
Total to Doub VIII. Constitute A. Paris d										
Total to Part VII, Section A, line 1c								<u> </u>		I

Form 990 C/O UNIVERSITY OF WASHINGTON 94-3079432

Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee			ligh	est (		ees (continued)	<b>r</b>
(A)	(B)			(0	C)			(D)	(F)	
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the organization	organizations (W-2/1099-MISC)	compensation from the
	(list any hours for	or director				d em p		(W-2/1099-MISC)	(W-2/1099-WISC)	organization
	related	3e Or (	stee			sate		(***-27 1099-181130)		and related
	organizations	trust	al tru		yee	n be				organizations
	below	Individual trustee	Institutional trustee	ь	Key employee	Highest compensated employee	ıer			
	line)	Indiv	Instil	Officer	Key	High	Former			
(47) SUSAN BEVAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(48) DEBBIE BINGHAM	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(49) TY CRAMER	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(50) ALAN DELSMAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(51) MARY DUNNAM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(52) MIKE EGAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(53) NANCY B. EVANS	1.00									•
DIRECTOR	0.00	х				Ι,	4	0.	0.	0.
(54) TIFFANY GIROUARD	1.00							<u>.</u>	· ·	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(55) ANNE GITTINGER	1.00							· ·	· ·	<u> </u>
DIRECTOR	0.00	х						0.	0.	0.
(56) DAVID GOLDBERG	1.00			×				· · ·	· ·	••
DIRECTOR	0.00	x						0.	0.	0.
(57) GREG GORDER	1.00	24	K					0.	0.	•
DIRECTOR	0.00	X		ŀ				0.	0.	0.
(58) JOHN HOEDEMAKER	1.00	Δ	-					0.	0.	•
DIRECTOR	0.00	Х						0.	0.	_
(59) DANA HURLEY	1.00	^						0.	· ·	0.
DIRECTOR	0.00								0.	
(60) CHRISTOPHER JAY	_	Х						0.	· ·	0.
DIRECTOR	1.00									
	+	Х						0.	0.	0.
(61) MICHELLE KASTNER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(62) ERIC LARSEN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(63) NATE MILES	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(64) SEAN O'LEARY	1.00									_
DIRECTOR	0.00	Х	_	_				0.	0.	0.
(65) SCOTT REDMAN	1.00	-								
DIRECTOR	0.00	Х	_					0.	0.	0.
(66) PATTY ROTHWELL	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
Total to Part VII, Section A, line 1c		<u></u>		<u></u>	<u></u>	<u></u>				

Form 990 C/O UNIVERSITY OF WASHINGTON 94-3079432

Part VII Section A. Officers, Directors, Tru	stoos Koy En			c 21	24 L	liab	oct (	Componented Employe	94 3075	
Geotion A. Oniocio, Directoro, ira		lipic	yee			iigiii	<del>2</del> 51 (		<b>(E)</b>	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(0)		Posi all t			LΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per	(0)	lecr		liiai	арр	iy <i>)</i>	from	from related	other
	week					ee		the	organizations	compensation
	(list any	tor				yoldı		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(** =* * * * * * * * * * * * * * * * * *	organization
	related	tee or	ıstee			ensat				and related
	organizations	trus	nal tri		oyee	om pe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Former			
	line)	indi	lnst	Officer	Key	High	Forr			
(67) DONNA SAKSON	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(68) PRESTON SIMMONS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(69) CHARLES STEVENS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(70) DAVID STONE	1.00							'		
DIRECTOR	0.00	Х						0.	0.	0.
(71) BILL SUNDERLAND	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(72) JOYCELYN THOMAS	1.00								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(73) MAGGIE WALKER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(74) MADRIENNE WHITE	1.00								_	
DIRECTOR	0.00	Х					1	0.	0.	0.
(75) DIXIE WILSON DIRECTOR	1.00							0.	0.	
(76) LAURA SELIPSKY	1.00	Х		$\sim$				0.	٠.	0.
DIRECTOR	0.00	x						0.	0.	0.
(77) KABIR SHAHANI	1.00	Δ.	K					· · · · · · · · · · · · · · · · · · ·	٠.	· ·
DIRECTOR	0.00	x						0.	0.	0.
(78) KIM SHIRLEY	1.00								••	•
DIRECTOR	0.00	х						0.	0.	0.
(79) RAJEEV SINGH	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(80) BRAD SMITH	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(81) MARK TORRANCE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(82) KORYNNE WRIGHT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
		<u> </u>								
		<u> </u>					<u> </u>			
Total to Part VII, Section A, line 1c	<u></u> ,	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>			
, , , , , , , , , , , , , , , , , , , ,								•	•	

Form 990 (2021) C/O UNIVERS

Part VIII Statement of Revenue C/O UNIVERSITY OF WASHINGTON

			Check if Schedule O contains a respons	e or note to anv lin	e in this Part VIII			
				· · · · · · · · · · · · · · · · · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Т	_							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns 1a					
3ra Iou			Membership dues 1b					
s, ( Am			Fundraising events 1c					
E a		d	Related organizations 1d					
ini		е	Government grants (contributions) 1e					
r Si		f	All other contributions, gifts, grants, and					
the the			similar amounts not included above <b>1f</b>	209,212,182.				
ËÒ		g	Noncash contributions included in lines 1a-1f					
an S		h	Total. Add lines 1a-1f	<b>&gt;</b>	209,212,182.			
				Business Code				
o l	2	2 a						
Program Service Revenue		b						
Ser		С						
E S		d						
Pega		e						
P.			All other program service revenue					
		' a	Total. Add lines 2a-2f					
	3	_	Investment income (including dividends, inte					
	J	•	other similar amounts)					
	4		Income from investment of tax-exempt bond					
			·	•				
	5	,	Royalties(i) Real	(ii) Personal				
	_			(ii) i ersonai				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)		*			
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
e l			and sales expenses 7b					
Ver		С	Gain or (loss)7c					
Be		d	Net gain or (loss)	<u></u>				
her Revenue	8	3 a	Gross income from fundraising events (not					
₹			including \$of					
			contributions reported on line 1c). See					
			Part IV, line 18	а				
		b		b				
		С	Net income or (loss) from fundraising events					
	9	) a	Gross income from gaming activities. See					
			Part IV, line 19	а				
		b		b				
		c	Net income or (loss) from gaming activities_	<b>&gt;</b>				
	10		Gross sales of inventory, less returns					
				Da				
		b		Ob				
			Net income or (loss) from sales of inventory					
		_	zama za waza, wama ana a milantary	Business Code				
Snc	11	l a						
nec	• •	b						
Miscellaneous Revenue		C					1	
Sce			All other revenue				1	
Ξ								
	40		Total rayanua Saa instructions		209,212,182.	0.	0.	0.
	12	<u> </u>	Total revenue. See instructions	<b>_</b>	200,212,102.	<u> </u>	<u> </u>	

94-3079432

Form 990 (2021)

#### Part IX | Statement of Functional Expenses

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

Occu	On 50 (C)(5) and 50 (C)(4) organizations must comp				
_	Check if Schedule O contains a respon	ise or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	218,518,107.	218,518,107.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				7
•					
•	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,300.		3,300.	
	Accounting	33,370.		33,370.	
d	Lobbying			,	
٠ ۵	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
			/		
g	Other. (If line 11g amount exceeds 10% of line 25,	37,389.	28,939.	8,450.	
	column (A), amount, list line 11g expenses on Sch O.)	37,303.	20,555.	0,430.	
12	Advertising and promotion	14 576	11 004	2 402	
13	Office expenses	14,576.	11,094.	3,482.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
•	,				
a h	<u> </u>				
b					
C					
d	All . II				
	All other expenses	240 606 746	040 550 440	40.000	
25	Total functional expenses. Add lines 1 through 24e	218,606,742.	218,558,140.	48,602.	0.
26	<b>Joint costs.</b> 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)				
132010	) 12-09-21				Form <b>990</b> (2021)

# Form 990 (2021) Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	389,958.	2	449,997.
	3	Pledges and grants receivable, net	14,096,758.	3	4,632,609.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	1,779.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	16	5,084,385.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	· ·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
"	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons		22	
Ľ.	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25	16,538.	26	0.
		Organizations that follow FASB ASC 958, check here	,		
es		and complete lines 27, 28, 32, and 33.			
Juc	27	Net assets without donor restrictions	389,958.	27	449,997.
3als	28	Net assets with donor restrictions		28	4,634,388.
Þ		Organizations that do not follow FASB ASC 958, check here			, ,
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	5,084,385.
Ž	33	Total liabilities and net assets/fund balances		33	5,084,385.
	33	TOTAL HADHILLES AND HEL ASSETS/TUND DAIMINES	11,155,165.	_ 33	5,004,505.

Form **990** (2021)

C/O UNIVERSITY OF WASHINGTON

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		209	,212,	182.
2	2 Total expenses (must equal Part IX, column (A), line 25)				,606,	742.
3 Revenue less expenses. Subtract line 2 from line 1				-9	394,	560.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  4				14	478,	945.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		5 ,	084,	385.
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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin					
	Act and OMB Circular A-133?	~		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		· ·			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

UNIVERSITY OF WASHINGTON FOUNDATION

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

C/O UNIVERSITY OF WASHINGTON 94-3079432 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Page 2

C/O UNIVERSITY OF WASHINGTON

 $94 \!-\! 3079432$ 

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

(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.)

Sed	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	132,838,894.	151,019,052.	180,828,557.	174,052,421.	209,212,182.	847,951,106.
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						
4	Total. Add lines 1 through 3	132,838,894.	151,019,052.	180,828,557.	174,052,421.	209,212,182.	847,951,106.
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)						446,202,594.
	Public support. Subtract line 5 from line 4.						401,748,512.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	132,838,894.	151,019,052.	180,828,557.	174,052,421.	209,212,182.	847,951,106.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		AV				
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.)						047 051 106
	<b>Total support.</b> Add lines 7 through 10		`				847,951,106.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th					U1(c)(3)	<b>.</b> —
Sac	organization, check this box and store ction C. Computation of Publi						<b>P</b>
	Public support percentage for 2021 (li			column (f)\		14	47.38 %
	Public support percentage for 2021 (III					15	47.38 %
104	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a							
	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te			=		vi new and organiz	▶ □
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	ū				•	
	organization meets the facts-and-circu		•		•		<b>▶</b> □
18	<b>Private foundation.</b> If the organizatio						s ▶□

94-3079432

Page 3

# Schedule A (Form 990) 2021 C/O UNIVERSITY OF WASHINGTON Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(=,/ == : :	(-, : -	(-)	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						4
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513					· ·	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				ł		
	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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Net income from unrelated business						
	activities not included on 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						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01(a)(0) augustinati	
14	First 5 years. If the Form 990 is for the	-		•			
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1101	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						▶ □
h	33 1/3% support tests - 2020. If the						
~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						

Page 4

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
· ·		
3a		
01		
3b		
3с		
30		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
7		
8		
3		
9a		
9b		
9с		
40-		
10a		
10b		
מטו		

C/O UNIVERSITY OF WASHINGTON 94-3079432 Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, 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 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. h The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Activities Test. Answer lines 2a and 2b below. Yes\_ No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 2a that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

За

C/O UNIVERSITY OF WASHINGTON

3079432 Page **6** 

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5		4			
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					
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
	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 0.015 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 0.035.	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 0.85 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-functionally	integra	ted Type III supporting orga	nization (see			

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 C/O UNIVERSITY OF WA			94-3079432	Page <b>7</b>		
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	Current Y	'ear					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2	!			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	1			
4	Amounts paid to acquire exempt-use assets		4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	;			
6	Other distributions (describe in Part VI). See instructions.		6	;			
_ 7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
_9_	Distributable amount for 2021 from Section C, line 6		9	· ·			
10	Line 8 amount divided by line 9 amount		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributa Amount for			
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
<u>a</u>	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
<u>_i</u>	Carryover from 2016 not applied (see instructions)						
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury

(Form 990)

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

Internal Revenue Service

Name of the organization

UNIVERSITY OF WASHINGTON FOUNDATION

C/O UNIVERSITY OF WASHINGTON

Employer identification number

94-3079432

Organization type (check one):							
Filers of:	Filers of: Section:						
Form 990 or 990	-EZ X 501(c)( 3 ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	ganization is covered by the General Rule or a Special Rule.						
Note: Only a sec	tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	(a) we see that contains and address, it, and in:						
year, co is chec	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i>						
religious, charitable, etc., contributions totaling \$5,000 or more during the year							

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

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

Schedule B (Form 990) (2021)

Name of organization
UNIVERSITY OF WASHINGTON FOUNDATION
C/O UNIVERSITY OF WASHINGTON

Employer identification number

94-3079432

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$112,666,473.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$2,766,550.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,212,671.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$4,317,219.	Person X Payroll

Name of organization
UNIVERSITY OF WASHINGTON FOUNDATION

C/O UNIVERSITY OF WASHINGTON

94-3079432

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

Employer identification number

Name of organization

	TY OF WASHINGTON FOUNDATION			
	ERSITY OF WASHINGTON			94-3079432
Part III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, used uplicate copies of Part III if additional is	through <b>(e) and</b> the following line charitable, etc., contributions of <b>\$1,000</b>	entry. For organizations	
(a) No. from			( 1) =	
Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of (	jift	
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
—				
		(e) Transfer of g	jift	
	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) D	escription of how gift is held
		(e) Transfer of (	jift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
	Transforce's name address a	(e) Transfer of q		transferor to transferoe
-	Transferee's name, address, a	1U ZIF + 4	nelationship of	transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSITY OF WASHINGTON FOUNDATION

C/O UNIVERSITY OF WASHINGTON

**Employer identification number**  $94 \!-\! 3079432$ 

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, relatively	eased, extinguished, or terminated by the	e organization during the tax
	year ▶	· ·	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year
	<b>—</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
	<b>\$</b>		4
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or Of	her Similar Assets
· u	Complete if the organization answered "Yes" on Form	·	inci ciimai 7,000to.
10	If the organization elected, as permitted under FASB ASC 95		and balance about works
ıa	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finar	,	•
h			
b	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	,	exhibition, education, or research in furti	lerance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
2		acuros, or other cimilar assets for financia	
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB A		ıı gairi, provide
_		3	<b>•</b> •
d	Revenue included on Form 990, Part VIII, line 1		

	dale B (1 offit 000) 2021	SITY OF WASHINGT			94-307	9432	Page 2	
Par	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Othe	er Similar Assets	(continued	)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records	s, check any of the f	following that make s	significant use of its			
а	Public exhibition	d	I Di ann ar aya	hange program				
b	Scholarly research	e e		riange program				
C	Preservation for future generations	•	Other					
4	Provide a description of the organization's co	alloctions and ovalair	how thoy further th	o organization's ove	omnt nurnoso in Part	VIII		
5	During the year, did the organization solicit of	•	•	•		AIII.		
3	to be sold to raise funds rather than to be ma					Yes	No	
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		oto ii tiio organizatio	in anowered res o	irroim ooo, raitiv,	11100,01		
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included							
	on Form 990, Part X?							
b	If "Yes," explain the arrangement in Part XIII							
-		aa sop.s.s.s as .s.	.cg .a.c.c.			Amount		
С	Beginning balance				1c			
d								
е	Additions during the year  Distributions during the year  1d 1e							
f	Ending balance				1f			
2a	Did the organization include an amount on F				ility?	Yes	No	
	If "Yes," explain the arrangement in Part XIII.				•			
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back	
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships			Ŷ				
е	Other expenditures for facilities							
	and programs	4						
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organization			
	by:					Yes	No No	
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization					3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	Description of property	(a) Cost or o	` ,	' '	Accumulated	(d) Book val	ue	
	$\sim$	basis (investn	nent) basis	(other) de	epreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements	I						
	Equipment							
	Other							
<u>I otal</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)	<b></b>		0.	

Schedule D (Form 990) 2021

94 - 3079432

C/O UNIVERSITY OF WASHINGTON

	nvestments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descriptio	of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial o	lerivatives			
2) Closely he	ld equity interests			
<b>3)</b> Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b)	nust equal Form 990, Part X, col. (B) line 12.) nvestments - Program Related.			
	_	on Form 000 Dort IV line:	11a Can Farm 000 Part V line 12	
	complete if the organization answered "Yes"  (a) Description of investment		(c) Method of valuation: Cost or end	d of year market value
	(a) Description of investment	(b) Book value	(c) Metriod of Valuation. Cost of end	a-or-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nust equal Form 990, Part X, col. (B) line 13.)			
	complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line	- 15 \		
Part X	Other Liabilities.  Complete if the organization answered "Yes"		11e or 11f. See Form 990. Part X. line 25	
	(a) Description of liability	200,		(b) Book value
	al income taxes			(2) 2501 14140
(1) Federa (2)	ALTINGUITIC LANCS			
(3)	7			
(4)				
(5)	-			
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	
	r uncertain tax positions. In Part XIII, provide			hat reports the
	provide	15.11 5. 1.10 100111010 10	gaa otatornorito t	

C/O UNIVERSITY OF WASHINGTON

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 209,777,207. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a 565,025 Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 565,025. Add lines 2a through 2d 2e 209,212,182. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 209 212 182. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 219,171,767. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) 565,025. Add lines 2a through 2d 2e 218,606,742. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 218,606,742. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

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

► Attach to Form 990.

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

2021
Open to Public Inspection

UNIVERSITY OF WASHINGTON FOUNDATION Name of the organization **Employer identification number** C/O UNIVERSITY OF WASHINGTON 94-3079432 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (d) Amount of 1 (a) Name and address of organization (b) EIN (c) IRC section (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) UNIVERSITY OF WASHINGTON 407 GERBERDING HALL 91-6001537 UNIVERSITY 218518107 SEATTLE, WA 98195 N/A UNIVERSITY SUPPORT Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

C/O UNIVERSITY OF WASHINGTON 94-3079432 Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. SCHEDULE I, PART 1, LINE 2 MONITORING OF GRANT FUNDS THE UNIVERSITY OF WASHINGTON FOUNDATION SOLICITS AND OTHERWISE FACILITATES PRIVATE CONTRIBUTIONS TO OR FOR THE BENEFIT OF THE UNIVERSITY OF WASHINGTON. THESE CONTRIBUTIONS ARE TRANSFERRED TO THE UNIVERSITY OF WASHINGTON WHERE THEY ARE MONITORED BY THE UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING OFFICE.

132102 10-26-21 Schedule I (Form 990) 2021

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSITY OF WASHINGTON FOUNDATION C/O UNIVERSITY OF WASHINGTON

Employer identification number 94-3079432

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE UNIVERSITY OF WASHINGTON FOUNDATION SOLICITS AND OTHERWISE FACILITATES PRIVATE CONTRIBUTIONS TO OR FOR THE BENEFIT OF THE UNIVERSITY OF WASHINGTON, FORM 990, PART VI, SECTION A, LINE 2: RELATED OFFICERS, DIRECTORS, TRUSTEES, OR KEY EMPLOYEES DANIEL J. AND NANCY B. EVANS ARE HUSBAND AND WIFE FORM 990, PART VI, SECTION A, LINE 4: AMENDMENT TO AGREEMENT FOR SERVICES UNDER THE TERMS OF ITS CURRENT AGREEMENT FOR SERVICES (AFS) THE UNIVERSITY OF WASHINGTON FOUNDATION (UW FOUNDATION) ACCEPTS GIFTS ON BEHALF OF THE UNIVERSITY OF WASHINGTON. IN MARCH OF 2022 THE REGENTS APPROVED RESTRUCTURE WHEREIN THE FRED HUTCHINSON CANCER CENTER (FHCC) WILL BE OPERATED AS A CLINICALLY INTEGRATED PART OF UW MEDICINE. IN FURTHERANCE OF THAT AGREEMENT, THE UNIVERSITY HAS ENTERED INTO A PHILANTHROPY SERVICES AGREEMENT WHEREIN FHCC WILL BE RESPONSIBLE FOR AND AUTHORIZED TO CONDUCT ALL FUNDRAISING STRATEGIES AND ACTIVITIES IN SUPPORT OF ADULT ONCOLOGY. THIS PROPOSED AMENDMENT TO THE AFS WILL ALLOW THE UW FOUNDATION TO ACCEPT GIFTS IN SUPPORT OF FHCC'S ADULT ONCOLOGY PROGRAMS, SUPPORTING THE TERMS OUTLINED IN THE PHILANTHROPY SERVICES AGREEMENT, UNIVERSITY OF WASHINGTON FOUNDATION BYLAW UPDATES THE UNIVERSITY OF WASHINGTON FOUNDATION HAS MADE UPDATES TO ITS BYLAWS

MOST RECENTLY RESTATED IN 2019. THE MOST SUBSTANTIVE OF THESE CHANGES IS

Schedule O (Form 990) 2021 Page 2

UNIVERSITY OF WASHINGTON FOUNDATION Name of the organization **Employer identification number** C/O UNIVERSITY OF WASHINGTON 94-3079432 THE REASSIGNMENT OF THE ROLE OF PRESIDENT OF THE FOUNDATION FROM THE VICE PRESIDENT, DEVELOPMENT TO THE SENIOR VICE PRESIDENT, UNIVERSITY ADVANCEMENT. THIS CHANGE REFLECTS THAT THE SCOPE OF FOUNDATION'S PARTNERSHIP WITH UNIVERSITY ADVANCEMENT INCLUDES ALL ASPECTS OF THE UW'S INTEGRATED ADVANCEMENT MODEL (FUNDRAISING, MARKETING/COMMUNICATION, ENGAGEMENT, AND OPERATIONS). FORM 990, PART VI, SECTION B, LINE 11B: REVIEW OF FORM 990 THE BOARD OF DIRECTORS HAS DELEGATED THE REVIEW OF THE FORM 990 TO THE EXECUTIVE COMMITTEE. THE ASSISTANT TREASURER WORKS CLOSELY WITH THE OUTSIDE ACCOUNTING FIRM TO REVIEW THE DRAFT AND FINAL RETURN PRIOR TO THE PRESENTATION TO THE EXECUTIVE COMMITTEE. SUBSEQUENT TO ITS REVIEW TREASURER REPORTS BACK TO THE FULL BOARD REGARDING ITS OVERSIGHT OF THE FORM 990 AND THE FINAL DRAFT IS PROVIDED TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: MONITOR CONFLICT OF INTEREST POLICY THE EXECUTIVE COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E. BOARD MEMBERS, OFFICERS, AND TRUSTEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED

Schedule O (Form 990) 2021 Page **2** 

Name of the organization UNIVERSITY OF WASHINGTON FOUNDATION	Fage 2
C/O UNIVERSITY OF WASHINGTON	Employer identification number 94-3079432
PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT THEY: (1) HAVE	
RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; (2) HAVE READ THE	
POLICY AND UNDERSTAND SAID POLICY; AND (3) AGREE TO COMPLY WITH ALL	
	4
REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST	
QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE EXECUTIVE	
COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED	
VIA WRITTEN COMMUNICATION. THE PROCEDURE FOR ADDRESSING ANY CONFLICT OF	
INTEREST INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING: (1) THE	
CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD; (2) THE PERSON WITH	
THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF	
SUCH TRANSACTION; AND (3) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE	
INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED.	
FORM 990, PART VI, SECTION C, LINE 19:	
POLICY AND FINANCIAL STATEMENTS	
WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING	
DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS BE MADE	
AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION POSTS THE FINANCIAL	
STATEMENTS ON THEIR WEBSITE AND MAKES THEM AVAILABLE UPON REQUEST. ALL	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
ARE AVAILABLE TO THE PUBLIC VIA THE WEBSITE OR UPON REQUEST.	

132212 11-11-21 Schedule O (Form 990) 2021