Form	99	0

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

Open to Public

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OMB No. 1545-0047

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Depa Inter	artment nal Rev	of the Treasury enue Service	Do not enter social security numbers on this form as it may be made Go to www.irs.gov/Form990 for instructions and the latest info		Inspection				
A	For t	he 2022 calend	lar year, or tax year beginning , 2022, and ending		, 20				
_		if applicable:	C	D Employer	identification number				
	A	ddress change	COMMUNITY FOUNDATION FOR SW WASHINGTON	91-12	91-1246778				
	N	ame change	610 ESTHER STREET #201	E Telephone					
	Ir	itial return	VANCOUVER, WA 98660	(360)	694-2550				
	Fi	nal return/terminated		(000)					
		mended return		G Gross rece	eipts \$ 59,854,926.				
		pplication pending	F Name and address of principal officer: MATT MORTON	H(a) Is this a group return fo					
		pplication perioding	SAME AS C ABOVE	H(b) Are all subordinates in If "No," attach a list. S					
	Tay.	exempt status:	X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527	If "No," attach a list. S	ee instructions.				
		•		H(c) Group exemption num	har				
k 1		n of organization:	X Corporation Trust Association Other L Year of formatic		te of legal domicile: WA				
Da	rt I	Summar		M Sta	te or legal domicile: WA				
га		Briefly describ	y be the organization's mission or most significant activities: THE FOUNDA		λοτψλρι Γ				
	•		ORGANIZATION WHOSE MISSION IS TO INSPIRE A CU						
JCe			AND ENGAGED COMMUNITY.	DITOKE OF GIV.	ING IO CREATE A				
nar		<u>VIDIUIIII</u>							
ver	2	Check this bo	x if the organization discontinued its operations or disposed of more	e than 25% of its net	assets.				
ဗ	3		ting members of the governing body (Part VI, line 1a)		3 10				
~୪ ଜ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		4 10				
itie	5		of individuals employed in calendar year 2022 (Part V, line 2a)		5 14				
Activities & Governance	6		of volunteers (estimate if necessary)		6 30				
Ac	7a		d business revenue from Part VIII, column (C), line 12.		7a 49,661.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b 0.				
	•	Cantributiana	and events (Devt)/III line 1b)	Prior Year	Current Year				
e	8		and grants (Part VIII, line 1h)						
Revenue	9 10		ice revenue (Part VIII, line 2g)	/					
Pec	10 11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. <u>5,804,556.</u> 74,176.				
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,				
	13		milar amounts paid (Part IX, column (A), lines 1-3).	, ,	· · ·				
	14		to or for members (Part IX, column (A), line 4)		23,039,337.				
	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		2. 1,587,766.				
es	-			1,339,74	1,307,700.				
ens			undraising fees (Part IX, column (A), line 11e)						
Expenses	b		ing expenses (Part IX, column (D), line 25) 579,780.						
-	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)						
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,377,72					
	19	Revenue less	expenses. Subtract line 18 from line 12	62,547,25					
Net Assets or Fund Balances				Beginning of Current Y					
sset: Jalar	20		Part X, line 16)	413,342,24					
it As	21		s (Part X, line 26)	7,570,06	3. 8,819,865.				
			fund balances. Subtract line 21 from line 20	405,772,18	1. 360,293,797.				
Pa	nrt II	Signatur	e Block						
Unde	r penal	ties of perjury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the best rer (other than officer) is based on all information of which preparer has any knowledge.	of my knowledge and belief,	it is true, correct, and				
COLLÉ	Jiele. L		ren tourien man omder) is based on an information of which preparer has any knowledge.	1					
••		Signature of	officer	Data					
Sig	jn	5		Date					
He	re	RACHON	I HANSON TI	RUSTEE					

	Type of print name							
	Print/Type prepare	r's name	Preparer's signature	Date	Check X if	PTIN		
Paid	KRISTIN I	. BROOKS, CPA			self-employed	P02397432		
Preparer	Firm's name	KERN & THOMPS	SON LLC					
Use Only	Firm's address	n's address 1800 SW FIRST AVENUE, SUITE 410				Firm's EIN 93-1157146		
		PORTLAND, OR	97201		Phone no. (50	3) 222-3338		
May the IRS of	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/01/22				01/22	Form 990 (2022)			

Form	990 (2	2022)	COMMUNIT	Y FOUNDAT	TION FOR SW	WASHINGTON		91-1	246778	; F	Page 2
Par	t III			•	vice Accomplis						
					sponse or note to a	ny line in this Pa	art III				📘
1	-		ibe the organization								-
								IG TO CREATE			<u>D</u>
				Y. SINCE	OUR FOUNDING	<u>j IN 1984,</u>	<u>WE HAVE GE</u>	ANTED MORE T	<u>HAN \$2</u>	<u>80</u>	
	MIL.	LION.	·								
2	Did th	e orgar	nization underta	ake anv signifi	cant program servi	ces during the ve	ear which were n	ot listed on the prior			
		-							🗌 Ү	′es X	No
	lf "Ye	s," des	cribe these nev	v services on S	Schedule O.						
3	Did th	e orgar	nization cease	conducting, or	make significant c	hanges in how it	conducts, any p	rogram services?	🗌 🗅	∕es X	No
	If "Ye	s," des	cribe these cha	inges on Sche	dule O.						
4	Descr	ibe the	organization's	program servi	ce accomplishment	ts for each of its	three largest pro	gram services, as main allocations to others	easured by		s.
	and re	evenue	, if any, for eac	th program ser	vice reported.		and or grants and			expenses	,
4a	(Code							<u>, 537.</u>) (Revenue		50,1	
								ES A CULTURE			
								INTERSECTION			
			·			RSUE COMPRE	<u>EHENSIVE SC</u>	LUTIONS THAT	BENEF	IT ALL	
	COM	MUNIT	<u>FIES IN SC</u>	JUTHWEST	WASHINGTON.						
	WF		MPLISH TH			TON OF PRO	CRAMS AND	SERVICES THA	י כייפדי	NCTHEN	- <u></u>
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4b	(Code	:) (Exper	nses \$	inc	luding grants of	Ş) (Revenue	Ş)
	(0 -			č		hadin manta af	č.		Ċ		
4c	(Code	:) (Exper	nses ?		luding grants of	မှ) (Revenue	ې)
		·									
74	Othor	progra	m services (De	scribe on Sch	edule ())						
⊣u	(Expe		\$		including grants of	\$)(F	evenue \$)	
4e			m service expe		25,970,12			···· T		,	
BAA						FA0102L 09/01/22				orm 990	(2022)

Part IV	Chec	klist of Requ	ired Schedule	s		
Form 990 (2	2022)	COMMUNITY	FOUNDATION	FOR	SW	WASHINGTON

91-1246778
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D. Part III.</i>	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Х	

Form 990 (2022)

			FOUNDATION	-	-	
Part IV	Chec	klist of Requ	ired Schedule	s (cc	ntin	ued)

			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		X
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
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? <i>If "Yes," complete Schedule L, Part III</i>	27		x
	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):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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	
35a	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
	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	
Par	t 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.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.1a39Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0		162	
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
BAA	(gambling) winnings to prize winners?	1c Form	X 990 (2022)

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	rm 990 (2022) COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778	F	Page 5
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
Lu	ments, filed for the calendar year ending with or within the year covered by this return 2a	14		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Ba 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 0			
				<u> </u>
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other author financial account in a foreign country (such as a bank account, securities account, or other financial account	t)? 4a		Х
h	b If "Yes," enter the name of the foreign country			
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account			
52	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			Х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u></u>
	Sa Does the organization have annual gross receipts that are normally greater than \$100,000, and did the orga solicit any contributions that were not tax deductible as charitable contributions?			Х
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or not tax deductible?			
7	7 Organizations that may receive deductible contributions under section 170(c).			
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	and	17	
	services provided to the payor?		X	<u> </u>
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х	
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ			Х
	Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d	····· //		Λ
		t? 7e		Х
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	-		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
5	g If the organization received a contribution of qualified intellectual property, did the organization file Form 88 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil Form 1098-C?			
8	3 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the s			
	organization have excess business holdings at any time during the year?			Х
9				
	a Did the sponsoring organization make any taxable distributions under section 4966?			Х
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
	 Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders 11a			
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).			
	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
а	a 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	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	c Enter the amount of reserves on hand			
14a	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		ſ	
	excess parachute payment(s) during the year?			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	e? 16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	7 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?			
	If "Yes," complete Form 6069.			

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.

360	tion A. Governing body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10	ו		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relating relationship of a business			-		
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or ur	der th	e direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?		· · · · · · · · · · · · · · · · · · ·	3		Х
4	Did the organization make any significant changes to its governing documents					
	since the prior Form 990 was filed?			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization	on's as	sets?	5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elec	t or a	point one or more			
	members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem	bers.				
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under	aken	during the year by			
	the following:		0 , ,			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not requi	red b	y the Internal Rev	enue	-	.)
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, a					
	operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	0.	EE SCHEDULE O			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to conflicts?	s that	could give rise	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy	? If "`	es," describe on			
	Schedule O how this was doneSEE. SCHEDULE. O.			12c	Х	
13	Did the organization have a written whistleblower policy?					
14				13	Х	
	Did the organization have a written document retention and destruction policy?			13 14	X X	
15	Did the process for determining compensation of the following persons include a review and a	pprova	al by independent			
		pprova sion?	al by independent			
a	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pprova sion?	al by independent	14	Х	
a	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decident the organization's CEO, Executive Director, or top management official	pprova sion?	al by independent	14 15a	X	
a b	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide the organization's CEO, Executive Director, or top management official	pprova sion?	I by independent	14 15a	X	
a b	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decir. The organization's CEO, Executive Director, or top management official	pprova sion?	al by independent	14 15a	X	X
a b 16a	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide the organization's CEO, Executive Director, or top management official	pprova sion?	al by independent	14 15a 15b	X	X
a b 16a	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decir. The organization's CEO, Executive Director, or top management official	pprova sion? arrange evalua safeg	al by independent	14 15a 15b 16a	X	X
a b 16a b	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion? arrange evalua safeg	al by independent	14 15a 15b	X	X
a b 16a b	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion? arrange evalua safeg	al by independent	14 15a 15b 16a	X	X
a b 16a b <u>Sec</u> 17	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion?	al by independent	14 15a 15b 16a 16b	X X X	
a b 16a b <u>Sec</u> 17	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion?	al by independent	14 15a 15b 16a 16b	X X X	
a b 16a b <u>Sec</u> 17	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion? arrange evalua safeg 	al by independent	14 15a 15b 16a 16b	X X X	
a b 16a b <u>Sec</u> 17	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decide The organization's CEO, Executive Director, or top management official	pprova sion? arrangu evalua safeg 	al by independent ement with a ute its uard the and 990-T (section 50 plain on Schedule O)	14 15a 15b 16a 16b	X X X	

20 State the name, address, and telephone number of the person who possesses the organization's books and records. RACHON HANSON 610 ESTHER STREET VANCOUVER WA 98660 (360) 694-2550 Х

91-1246778

91-1246778

Page 7

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

organization's tax year.

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

• List all of the organization's current key employees, if any. See 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, box 6 of 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.

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

					(C))				
	(A) Name and title	(B) Average hours	is	; both a	an o	ot che unles officer /truste	eck more is person and a ee)	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	⊢ürmer Highest compensated employee	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	PAM_CABANATUAN	40						140 510		
	CFO	1			Х			147,517.	0.	35,752.
<u>(2)</u>	MATTHEW MORTON	40								
	PRESIDENT	1			Х			164,891.	0.	15,130.
(3)	JANIE SPURGEON EXEC VP AND CDO	<u>-40</u> 0	-			Х		158,269.	0.	11,079.
(4)	JENNIFER_RHOADS PRESIDENT	$\frac{40}{1}$	-		Х			83,631.	0.	17,513.
(5)	T. RANDALL GROVE	2						,		
	CHAIR	1	Х		Х			0.	0.	0.
(6)	KRISTY WEAVER	2								
	VICE CHAIR	1	Х		Х			0.	0.	0.
_(7)		2								
	SECRETARY	1	Х		Х			0.	0.	0.
(8)	KIM CAPELOTO	2								
	TREASURER	1	Х		Х			0.	0.	0.
(9)	CRISTHIAN CANSECO JUAREZ	2								
	DIRECTOR	0	Х					0.	0.	0.
(10)	JOHN DEEDER	2								
	DIRECTOR	0	Х					0.	0.	0.
(11)	KARISSA_LOWE	2								
	DIRECTOR	0	Х					0.	0.	0.
(12)	LISA LOWE	2								
	DIRECTOR	0	Х					0.	0.	0.
(13)	MARK MATTHIAS	2								
	DIRECTOR	1	Х					0.	0.	0.
(14)	GEORGE MIDDLETON	2								
	DIRECTOR	0	Х					0.	0.	0.
BAA		TEEA0	107L	09/01/	/22					Form 990 (2022)

Form 990 (2022) COMMUNITY FOUNDATION FOR SW WASHINGTON Ρ

Form 990 (2022) COMMUNITY FOUNDATION F	OR SW N	VASE	HIN	IGT(ON				91-124677		Page 8
Part VII Section A. Officers, Directors, T	rustees,	Key	' Er	npl	oye	es,	an	d Highest Co	npensated Emp	oloyees	(continued)
	(B)			(0	•						
(A) Name and title	Average hours per week	box	, unle cer ar	check ess pe nd a c	erson directo	than c is both pr/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estimated of of	amount
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensa the orga and re organiz	nization elated
(15)											
(16)											
(17)		•									
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal						· · · · ·		554,308.	0.	7	9,474.
c Total from continuation sheets to Part VII, Sect	ion A							0.	0.		0.
d Total (add lines 1b and 1c)								554,308.	0.		9,474.
2 Total number of individuals (including but not lir from the organization 3	nited to tho	se lis	sted	abo	ve) v	who r	ece	eived more than \$	100,000 of reportabl	le compen	sation
										Y	'es No

			105	
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee			
•	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	З		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for			
	such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
-	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Sec	ction B. Independent Contractors										
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.										
	(A) Name and business address	(B) Description of services	(C) Compensation								
2	Total number of independent contractors (including but not limited to those listed ab \$100,000 of compensation from the organization	ove) who received more than									

Form 990 (2022) COMMUNITY FOUNDATION FOR SW WASHINGTON Part VIII Statement of Revenue

Page 9

		Check if Schedule O contains a	resp	onse or note to any	line in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ង្ ដ	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
, Si n	C.	Fundraising events.	1c					
iar Gif	d	Related organizations	1d	FO 0.11				
Sin S	e f	Government grants (contributions) All other contributions, gifts, grants, and	1e	79,041.				
bit i		similar amounts not included above	1f	13,959,845.				
di ji	g	Noncash contributions included in	1g	8,962,207.				
Cor	h	lines 1a-1f			14,038,886.			
				Business Code	14,030,000.			
/enu	2a	<u>SERVICE FEES</u>		900099	50,158.	50,158.		
Rev	b							
rice	с							
Sen	d							
a	е							
Program Service Revenue		All other program service revenue						
ā	-	Total. Add lines 2a-2f.			50,158.			
	3	Investment income (including divi other similar amounts)			5,804,556.		49,661.	5,754,895.
	4	Income from investment of tax-ex			3,001,000.		197001.	
	5	Royalties						
		(i) Re	al	(ii) Personal				
		Gross rents 6a 168,						
			280					
		Rental income or (loss) 6c 74,176			74 176	74 176		
		(i) Secu	(ii) Other	74,176.	74,176.			
	7a	sales of assets						
	b	other than inventory Less: cost or other basis	2870	•				
	D	and sales expenses 7b 39792	2870					
	с	Gain or (loss) 7c						
	d	Net gain or (loss)						
e	8a	Gross income from fundraising events						
en		(not including \$ of contributions reported on line 1c).						
ě		See Part IV, line 18	8					
er	h	Less: direct expenses	8					
Other Revenue		Net income or (loss) from fundrais	-	-				
9		Gross income from gaming activities.						
	Ι.	See Part IV, line 19	9					
		Less: direct expenses Net income or (loss) from gaming	9					
	TUa	Gross sales of inventory, less returns and allowances	10	a				
		Less: cost of goods sold	10	- T				
	С	Net income or (loss) from sales or	f inve					
Sn	11-			Business Code				
Miscellaneous Revenue	11a b c d							
Mer	c S							
Sc. Re	d	All other revenue.	<u> </u>					
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			19,967,776.	124,334.	49,661,	5,754,895.

Form 990 (2022) COMMUNITY FOUNDATION FOR SW WASHINGTON

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).

6h '	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
5b,∶ 1	7b , 8b , 9b , and 10b of Part VIII. Grants and other assistance to domestic		expenses	general expenses	expenses
•	organizations and domestic governments. See Part IV, line 21	23,962,405.	23,962,405.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,077,132.	1,077,132.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	633,784.	78,759.	357,722.	197,303
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	(
7	Other salaries and wages.	695,640.	365,819.	160,715.	169,10
, 8	Pension plan accruals and contributions	095,040.	505,019.	100,713.	109,10
ð	(include section 401(k) and 403(b) employer contributions)	12 122	22 840	10 024	10 FF
9	Other employee benefits.	43,432.	22,840.	10,034.	10,55
-	Payroll taxes	115,569.	60,775.	26,700.	28,09
0 1	Fees for services (nonemployees):	99,341.	52,241.	22,951.	24,14
-	Management.				
	Legal	12,622.		12,622.	
	Accounting.	28,924.		28,924.	
	Lobbying.	20,924.		20,924.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees.				
	Other. (If line 11g amount exceeds 10% of line 25, column				
-	(A), amount, list line 11g expenses on Schedule 0.)	120,040.		120,040.	
	Advertising and promotion	620.	10.055	05.001	62
3	Office expenses	94,590.	48,055.	25,931.	20,60
4	Information technology	141,244.	49,185.	52,502.	39,55
5	Royalties Occupancy	176 450	C1 440		40 41
6	Travel	176,459.	61,448.	65,592.	49,41
7		6,215.	2,164.	2,310.	1,74
8	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
9	Conferences, conventions, and meetings				
0	Interest.				
1	Payments to affiliates.				
2	Depreciation, depletion, and amortization				
3	Other expenses. Itemize expenses not	34,808.	12,121.	12,939.	9,74
4	or line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	OUTREACH & EVENTS	137,809.	118,313.		19,49
	ADVOCACY_AND_EDUCATION	53,813.	53,813.		±2,12
	DUES AND SUBSCRIPTIONS	14,507.	5,052.	5,392.	4,06
	PROFESSIONAL DEVELOPMENT	13,260.		13,260.	-, 30
	All other expenses.	8,007.		2,685.	5,32
5	Total functional expenses. Add lines 1 through 24e	27,470,221.	25,970,122.	920,319.	579,78
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following				·
	SOP 98-2 (ASC 958-720)				

			FOUNDATION	FOR	SW	WASHINGTON
Part X	Balar	ice Sheet				

Page 11

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			63,622.	1	153,451
	2	Savings and temporary cash investments.			1,473,697.	2	376,330
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net.			85,623,026.	4	63,899,804
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pers	contribu	itor, or 35%	, ,	5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), and persons described in section 4	as defined under		6		
	7	Notes and loans receivable, net				7	
0	, 8	Inventories for sale or use		L		8	
	о 9	Prepaid expenses and deferred charges			F7 C10	9	<u> </u>
010000					57,619.	9	60,682
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	19,920,560.			
		Less: accumulated depreciation	10b		36,500.	10c	19,920,560
	11	Investments – publicly traded securities			103,564,670.	11	83,710,642
	12	Investments – other securities. See Part IV, line 11			214,562,861.	12	194,606,706
	13	Investments - program-related. See Part IV, line 11		4,085,819.	13	1,734,827	
	14	Intangible assets.			14		
	15	Other assets. See Part IV, line 11.		3,874,430.	15	4,650,660	
	16	Total assets. Add lines 1 through 15 (must equal line 3		413,342,244.	16	369,113,662	
	17	Accounts payable and accrued expenses		29,583.	17	18,105	
	18	Grants payable				18	484,530
	19	Deferred revenue				19	15,959
	20	Tax-exempt bond liabilities.				20	
n D	21	Escrow or custodial account liability. Complete Part IN	/ of Sch	edule D		21	
	22	Loans and other payables to any current or former offi key employee, creator or founder, substantial contribut controlled entity or family member of any of these pers	tor. or 3	5%		22	
	23	Secured mortgages and notes payable to unrelated thi		_		22	
		Unsecured notes and loans payable to unrelated third		_		23 24	
		Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp			7,540,480.	24	8,301,271
		Total liabilities. Add lines 17 through 25		-	7,570,063.	26	8,819,865
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			0,019,000
	27	Net assets without donor restrictions			245,217,919.	27	230,515,068
ž	28	Net assets with donor restrictions			160,554,262.	28	129,778,729
3		Organizations that do not follow FASB ASC 958, chec and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
3	30	Paid-in or capital surplus, or land, building, or equipme				30	
5	31	Retained earnings, endowment, accumulated income,				31	
Net vesets of	32	Total net assets or fund balances		-	405,772,181.	32	360,293,797
		Total liabilities and net assets/fund balances			413, 342, 244.	33	369,113,662

Form	990 (2022) CO	MUNITY FOUNDATION FOR SW WASHINGTON 91-1	246778	3	Pa	ge 12
Par	t XI Reconcil	ation of Net Assets				
		nedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (mu	st equal Part VIII, column (A), line 12)	1	19,9	67,7	76.
2	Total expenses (m	ust equal Part IX, column (A), line 25)	2	27,4	70,2	21.
3		enses. Subtract line 2 from line 1	3	-7,5	02,4	45.
4	Net assets or fund	balances at beginning of year (must equal Part X, line 32, column (A))	4 4	405,7	72,1	.81.
5	5	ns (losses) on investments	5 -	-37,6	70,2	236.
6		and use of facilities	6			
7		ses	7			
8	Prior period adjust		8			
9	Other changes in I	net assets or fund balances (explain on Schedule O).	9	-3	05,7	03.
10	Net assets or fund	balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10 3	360,2	93,7	197.
Par	t XII Financial	Statements and Reporting	÷			
	Check if Scl	nedule O contains a response or note to any line in this Part XII.				🔲
					Yes	No
1	Accounting metho	d used to prepare the Form 990: Cash X Accrual Other				
	If the organization on Schedule O.	changed its method of accounting from a prior year or checked "Other," explain				
2a	Were the organiza	tion's financial statements compiled or reviewed by an independent accountant?		2a		Х
		ox below to indicate whether the financial statements for the year were compiled or reviewed nsolidated basis, or both: sis Consolidated basis Both consolidated and separate basis	on a			
b	Were the organiza	tion's financial statements audited by an independent accountant?		2b	Х	
-	5	ox below to indicate whether the financial statements for the year were audited on a separate basis, or both:				
С	If "Yes" to line 2a review, or compila	or 2b, does the organization have a committee that assumes responsibility for oversight of the tion of its financial statements and selection of an independent accountant?	audit,	2c	Х	
	on Schedule O.	changed either its oversight process or selection process during the tax year, explain				
	Guidance, 2 C.F.R	deral award, was the organization required to undergo an audit or audits as set forth in the Un Part 200, Subpart F?		3a		Х
b		ganization undergo the required audit or audits? If the organization did not undergo the requir why on Schedule O and describe any steps taken to undergo such audits		3b		I
BAA		TEEA0112L 09/01/22		Form	990 (2022)

		ort	OMB No. 1545-0047					
SCH (Form	EDULE A 990)	Со	mplete if the organiza 4947(a	ty Status and P tion is a section 501(c) a)(1) nonexempt charita	(3) orga ble trus	nization t.		2022
. .				ch to Form 990 or Form				Open to Public
Departm Internal	nent of the Treasury Revenue Service	G	io to <i>www.irs.gov/For</i>	m990 for instructions a	nd the l	atest inf	ormation.	Inspection
	f the organization						Employer ident	ification number
			R SW WASHINGTO				91-1246	
Part				janizations must co			,	tions.
	Ě.	•	•	or lines 1 through 12, cl		-	,	
1				f churches described in		1 I / U(b)((I)(A)(I).	
2 3				ach Schedule E (Form 9			/:::>	
3 4		•	, ,	zation described in sect nction with a hospital de			• •	Enter the hospital's
4	name, city, ar			netion with a hospital ut	scribeu	III SECU		
5				·	:			
3	section 170(b	on operated for (1)(A)(iv). (Cor	the benefit of a colleg mplete Part II.)	ge or university owned o	r operat	ed by a	governmental unit d	escribed in
6				ntal unit described in se	ction 17	0(b)(1)(A)(v).	
7		, U	6	al part of its support from				eneral public described
	in section 170)(b)(1)(A)(vi). (0	Complete Part II.)		n a gov	criment		
8	X A community	trust described	in section 170(b)(1)(A	A)(vi). (Complete Part II.)			
9				section 170(b)(1)(A)(ix)				
	or university of university:	-		ure (see instructions). E			city, and state of the	e college or
10	from activities	s related to its e come and unrel	xempt functions, subi	an 33-1/3% of its suppo ect to certain exceptions income (less section 5	s: and (2	2) no mo	ore than 33-1/3% of	its support from gross
11				y to test for public safet	v. See	section	509(a)(4).	
12		0	•	y for the benefit of, to p	5			out the nurnoses of one
	or more public lines 12a thro	cly supported or ugh 12d that de	ganizations described scribes the type of su	in section 509(a)(1) or apporting organization a	section nd comp	509(a)(a)	2). See section 509(es 12e, 12f, and 12g.	a)(3). Check the box on
а	- organization(s	oorting organiza s) the power to i t IV, Sections A	regularly appoint or el	lised, or controlled by its lect a majority of the dir	s suppor ectors o	ted orga r trustee	anization(s), typically as of the supporting of	v by giving the supported organization. You must
b	management	porting organiza of the supportin te Part IV, Secti	ng organization vested	ntrolled in connection w I in the same persons th	vith its s at contr	upporteo ol or ma	d organization(s), by anage the supported	having control or organization(s). You
С	Type III function (s	ionally integrate s) (see instruction	ed. A supporting organ ons). You must comp	nization operated in con lete Part IV, Sections A	nection , D, and	with, an E.	d functionally integra	ated with, its supported
d	functionally in	itegrated. The o	rganization generally	organization operated in must satisfy a distribution A and D, and Part V.	connec on requi	tion with rement a	n its supported orgar and an attentiveness	nization(s) that is not s requirement (see
е	Check this bo integrated, or	x if the organiza Type III non-fui	ation received a writte nctionally integrated s	n determination from th upporting organization.	e IRS th	at it is a	а Туре I, Туре II, Тур	e III functionally
f			•					
•		-	about the supported					
(1) Name of supported of	irganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) la organizat in your g docur	overning	(v) Amount of monetar support (see instructions	
					Yes	No		
					162	NU		
(A)								
(B)								
(C)								
(D)								

(E)

Total

I

OMB No. 1545-0047

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

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

Section A. Public Support

		1		1	1					
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do ppt VI include any "unusual grants.")	18520616.	19083459.	14924364.	18513485.	14038886	. 85,080,810.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	18520616.	19083459.	14924364.	18513485.	14038886	. 85,080,810.			
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)						25,123,856.			
6	Public support. Subtract line 5 from line 4						59,956,954.			
Sec	tion B. Total Support									
	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	18520616.	19083459.	14924364.	18513485.	14038886	. 85,080,810.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,341,118.	6,416,288.	6,323,806.	6,341,851.	5,804,557	. 31,227,620.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	2,443.					2,443.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
	Total support. Add lines 7 through 10						116310873.			
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	213,313.			
13	First 5 years. If the Form 990 is f organization, check this box and									
Sec	tion C. Computation of Pu	blic Support F	Percentage							
14	Public support percentage for 20	22 (line 6, column	(f), divided by lin	e 11, column (f)).		14	51.55%			
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14			15	51.09%			
16a	33-1/3% support test–2022. If the and stop here. The organization	ne organization dic qualifies as a pub	I not check the bo licly supported or	x on line 13, and ganization	line 14 is 33-1/3%	or more, check	this box			
b	33-1/3% support test-2021. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13 or 16a, ganization	and line 15 is 33-	1/3% or more, cl	neck this box			
17a	7a 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances te or more, and if the organization r organization meets the facts-and	meets the facts-ar -circumstances te	d-circumstances st. The organization	test, check this bo on qualifies as a p	ox and stop here.	Explain in Part V organization	/I how the			
18	Private foundation. If the organiz	ation did not cheo	k a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see ins	ructions			

Schedule A (Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include							
	any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's							
2	tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade							
	or business under section 513.							
4	Tax revenues levied for the							
	organization's benefit and							
	either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a							
	governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1,							
70	2, and 3 received from							
	disqualified persons							
b	Amounts included on lines 2							
	and 3 received from other than disgualified persons that							
	exceed the greater of \$5,000 or							
	1% of the amount on line 13							
	for the year							
	Add lines 7a and 7b.						_	
8	Public support. (Subtract line 7c from line 6.).							
Sec	tion B. Total Support	L			4			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	>	(f) Total
	Amounts from line 6							
-	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties, and income from							
h	similar sources Unrelated business taxable							
5	income (less section 511							
	taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	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				1			
	capital assets (Explain in							
	Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is f	or the organizatio	n's first second i	third fourth or fif	th tax year as a s	Letion 501(a)	(2)	
14	organization, check this box and	stop here						
Sec	tion C. Computation of Pu	blic Support	Percentage					
15	Public support percentage for 202						15	010
16	Public support percentage from 2	2021 Schedule A,	Part III, line 15				16	010
Sec	tion D. Computation of Inv							
17	Investment income percentage for	or 2022 (line 10c,	column (f), divide	d by line 13, colu	mn (f))		17	010
18	Investment income percentage fr	-		-		_	18	00
19a	33-1/3% support tests-2022. If the						and lin	ne 17
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppo	rted organiza	tion	
b	33-1/3% support tests-2021. If th	ne organization di	d not check a box	on line 14 or line	19a, and line 16	is more than	33-1/39	%, and
~~	line 18 is not more than 33-1/3%							
20	Private foundation. If the organiz	ation did not cheo	CK a box on line 1	4, 19a, or 19b, ch	eck this box and s	see instruction	าร	· · · · · · · · · · · · · · · .

 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 12 of 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

			Yes	No
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.	1		
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			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	2 3a		
		5a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b		
с	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).			
h	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?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 charitable class benefited by the support or benefit one or more of the charitable class benefited by the support or benefit one or more of the charitable class benefited by the support of the charitable class benefit one or more of the charitable class bend one or more o	6		
	the filing organization's supported organizations? If "Yes," provide detail in Part VI.	0		
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? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
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).	8		
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 .	9a		
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.	9b		
с	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.	9c		
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.	10a		
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.)	10b		
A A		(Earn	0001	2022

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.					
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?					
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 detail in Part VI.	11c				

Section B. Type I Supporting Organizations

Schedule A (Form 990) 2022

- 1 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 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, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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 supported organizations played			
	in this regard.	3		

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).
 - a The organization satisfied the Activities Test. *Complete line 2 below.*
 - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- 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 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 these activities but for the organization's involvement.
- 3 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.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

2a

2b

Ra

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Yes

Yes

No

No

Yes

1

2

No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			10770 Suge
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on Nov s must	. 20, 1970 (explain in F complete Sections A th	Part VI). See nrough E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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 integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organizatio	ns(continued)		
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	oses of supported organi	zations,		
	in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su		3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ in Part VI). See instructions.	nization is responsive (p	rovide details	8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributi Pre-2022	ions	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
	P From 2018				
c	From 2019				
	From 2020				
	Prom 2021				
	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
	i Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
L	Excess from 2019				
C	Excess from 2020				
C	Excess from 2021				
e	Excess from 2022				

BAA

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	COMMUNITY I	FOUNDATION	FOR SW	WASHINGTON	91-1246778	Page 8	
B, lines 1 and 2; P 3a, and 3b; Part V,	Information. Provi Section A, lines 1, 2, 3 art IV, Section C, line 1 line 1; Part V, Section lso complete this part	I; Part IV, Section B, line 1e; Part V	D, lines 2 , Section D	and 3; Part IV, Sect), lines 5, 6, and 8;	and Part V, Section E,		
PART II, LINE 1 - UNUSUAL GRANTS							

 2018	2019	2020	<u> 2021 2022</u>		TOTAL
\$ 0.	\$ 0.	\$ 0.	\$ 66,000,000.	\$ 0.	\$ 66,000,000.

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors OMB No. 1545-0047

2	0	2	2	
_	v	-	_	

Employer identification number

Department of the Treasury

Internal Revenue Service

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

COMMUNITY FOUNDATIO	N FOR SW WASHINGTON	91-1246778				
Organization type (check one):	ganization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

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).

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

Schedule B (Form 990) (2022)	1	1	Page 2
Name of organization	Employer identification number		
COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778		
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$7,622,970.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,065,445.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$490,662.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$404,030.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$385,022.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>6</u>		\$317,052.	Person X Payroll

Schedule B (Form 990) (2022)	1	1	Page 3
Name of organization	Employer ider	ntification nu	umber
COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246	5778	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK		
		\$ <u>7,540,757.</u>	3/24/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ \$	
AA	TEEA0703L 07/22/22	Schedule	B (Form 990) (202

	B (Form 990) (2022)			1 1 Page 4				
Name of orga COMMUN	anization IITY FOUNDATION FOR SW WASHIN	GTON		Employer identification number 91-1246778				
Part III		., contributions to organiz for the year from any on mpleting Part III, enter the total Enter this information once. See	e contribut of exclusivel	cribed in section 501(c)(7), (8), tor. Complete columns (a) through (e) and y religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	<u>N/A</u>							
				·				
	(e) Transfer of gift							
	Transferee's name, addres	ationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gi s, and ZIP + 4		ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Farti				 				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 R			ationship of transferor to transferee				

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047				
(Form 990)	2022							
Department of the Internal Revenue	e Treasury Service	omplete if the organization is described belo Go to <i>www.irs.gov/Form990</i> for instruct	w. Attach to Form 99 tions and the latest in	0 or Form 990-EZ. formation.	Open to Public Inspection			
-		es," on Form 990, Part IV, line 3, or Form 990		olitical Campaign Activ	ities), then			
 Section 5 	 Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. Section 527 organizations: Complete Part I-A only. 							
	-	es," on Form 990, Part IV, line 4, or Form 990	-EZ, Part VI, line 47 (L	obbying Activities), the	n			
•		ons that have filed Form 5768 (election under	· · ·					
Part II-A.		ns that have NOT filed Form 5768 (election u						
(Proxy Tax) (See separate instru	es," on Form 990, Part IV, line 5 (Proxy Tax) (actions), then organizations: Complete Part III.	See separate instruct	ions) or Form 990-EZ, F	Part V, line 35c			
Name of organiza				Employer identific	ation number			
COMMUNTT	Y FOUNDATION	N FOR SW WASHINGTON		91-124677	8			
		organization is exempt under section	501(c) or is a sec					
1 Provide	a description of the	e organization's direct and indirect political ca on of "political campaign activities."	••	•				
		expenditures. See instructions		ć				
		I campaign activities. See instructions						
		organization is exempt under sect						
	•	cise tax incurred by the organization under s		¢	0.			
	-	cise tax incurred by organization managers			••			
		a section 4955 tax, did it file Form 4720 for						
	-		-					
	correction made? " describe in Part IV	······ /.			····· Yes No			
Part I-C C	Complete if the	organization is exempt under sect	ion 501(c) , excep	ot section 501(c)(3)).			
1 Enter th	ne amount directly e	expended by the filing organization for section	1 527 exempt function	activities\$				
		ng organization's funds contributed to other o						
3 Total ex line 17b	empt function expe	enditures. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	\$				
		ile Form 1120-POL for this year?						
organiz amount	of political contribu	is and employer identification number (EIN) of its. For each organization listed, enter the am itions received that were promptly and directl cal action committee (PAC). If additional space	v delivered to a separ	ng organization's funds ate political organizatio	. Also enter the			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								

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

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022	COMMUNITY FOU	UNDATION FOR SW	WASHINGTON	91-124	16778 Page 2
Part II-A Complete if section 50	the organization is I(h)).	exempt under sect	ion 501(c)(3) and file	ed Form 5768 (elect	ion under
	ling organization belongs	s to an affiliated group (and list in Part IV each	affiliated group member	's name,
	s, EIN, expenses, and sh			5 1	,
B Check if the fi	ling organization checke	d box A and "limited cor	ntrol" provisions apply.		
(The ter	Limits on Lobbying m "expenditures" means	g Expenditures s amounts paid or incur	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expendi	tures to influence public	opinion (grassroots lob	bying)	50,000.	
b Total lobbying expendi	tures to influence a legis	slative body (direct lobb	ying)		
c Total lobbying expendi	tures (add lines 1a and	1b)		51,016.	0.
d Other exempt purpose	expenditures			25,919,106.	
e Total exempt purpose	expenditures (add lines	1c and 1d)			0.
f Lobbying nontaxable a columns	mount. Enter the amour			1,000,000.	
If the amount on line 1e, co	olumn (a) or (b) is Th	ne lobbying nontaxable	amount is		
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over \$	1,000,000 \$10	00,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000 \$17	75,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over	\$17,000,000 \$22	25,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000	\$1,	,000,000.			
g Grassroots nontaxable	amount (enter 25% of li	ine 1f)		250,000.	0.
h Subtract line 1g from I	ine 1a. If zero or less, e	nter -0		0.	0.
i Subtract line 1f from li	ne 1c. If zero or less, er	nter -0		0.	0.
	other than zero on either is year?				Yes No
(S	ome organizations that		Under Section 501(h) election do not have to o tructions for lines 2a th		
	Lobbyir	ng Expenditures During	4-Year Averaging Perio	d	
Calendar year (or fiscal yea	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	953,671.	1,000,000.	1,000,000.	1,000,000.	3,953,671.
 b Lobbying ceiling amount (150% of line 2a, column (e)) 					5,930,507.
c Total lobbying expenditures				51,016.	51,016.
d Grassroots nontaxable amount	238,418.	250,000.	250,000.	250,000.	988,418.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,482,627.
f Grassroots lobbying expenditures				50,000.	50,000.
BAA Schedule C (Form 990) 2022					

Schedule	r	(Form	9901	2022
Scheunie	υ	(FUIII	330,) ZUZZ

91-1246778 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B

	(election under section 501(n)).					
Far	and "Man" represented in the second of the law provide in Dart Man detailed	(a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Am	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
e f g	Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j 2a	Total. Add lines 1c through 1i. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
c d	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5), or			
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?			2	Yes	No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."	(c)(5 Parl), or s t III-A	section , line 3, i	501(c) is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a b	Carryover from last year.		2a 2b			
с 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.		2c 3			

4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SC	SCHEDULE D Supplemental Financial Statements				OMB No	. 1545-0047	
	(Form 990) 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.				2022		
Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						to Public
Name	of the organization				Employer id		
Pa		DATION FOR SW WASH	nor Advised Funds or Other Similar	Funds or	91-124		
Га			"Yes" on Form 990, Part IV, line 6.		ACCOUNTS	».	
		3	(a) Donor advised funds	(b) F	unds and o	ther acco	unts
1	Total number at e	end of year	158				212
2		tributions to (during year)	10,417,263.				542,582.
3		nts from (during year)	19,625,380.				414,157.
4	Aggregate value a	at end of year	269,300,266.			99,	813,396.
5	are the organizati	on's property, subject to the o	or advisors in writing that the assets held in do organization's exclusive legal control?		X	Yes	No
6	for charitable purp	poses and not for the benefit	s, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	purpose confe	erring	Yes	No
Pa		vation Easements.				<u>.</u>	
			"Yes" on Form 990, Part IV, line 7.				
1		•	the organization (check all that apply).	line of a bisto			1
		of land for public use (for exa natural habitat		tion of a histo tion of a certif	5 1		
		of open space	Fleselva			Siruciure	
2			n held a qualified conservation contribution in	the form of a	conservatio	n easeme	ent on the
	last day of the tax						
	Tatal much an af a				Held at the	End of the	e Tax Year
			nents				
	0	2	ed historic structure included in (a)				
				20			
		listed in the National Register	(c) acquired after July 25, 2006 and not on a	2 d			
3	Number of conser tax year	vation easements modified, t	ransferred, released, extinguished, or terminate	ed by the orga	inization du	ring the	
4			nservation easement is located				
5			parding the periodic monitoring, inspection, har			Yes	No
6			ts it holds? g, inspecting, handling of violations, and enfor				
7	Amount of expense	ses incurred in monitoring, in	specting, handling of violations, and enforcing	conservation e	easements	during the	e year
8			line 2(d) above satisfy the requirements of sec			Yes	No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote to	orts conservation easements in its revenue and the organization's financial statements that do	expense stat escribes the o	ement and rganization	balance s 's account	sheet, and ting for
Pa			Ilections of Art, Historical Treasures "Yes" on Form 990, Part IV, line 8.	, or Other	Similar A	ssets.	
1	historical treasure	es, or other similar assets held	FASB ASC 958, not to report in its revenue sta d for public exhibition, education, or research in statements that describes these items.	atement and b n furtherance	alance she of public se	et works o rvice, pro	of art, wide in
I	b If the organization historical treasure following amounts	n elected, as permitted under es, or other similar assets hele s relating to these items:	FASB ASC 958, to report in its revenue statem d for public exhibition, education, or research in	nent and balar n furtherance	ice sheet w of public se	orks of ar rvice, pro	t, vide the
	(i) Revenue included on Form 990, Part VIII, line 1\$						
_							
2	amounts required	to be reported under FASB A	t, historical treasures, or other similar assets fo NSC 958 relating to these items: 1				
' 	b Assets included in	n Form 990, Part X	1		\$		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	TEEA3301L 07/06/22	Schedule D (Form 990) 2022

			ON FOR SW			91-124			Page 2
Part III Organizations Maint	aining Colle	ections	of Art, Histor	rical T	Treasures, or Ot	her Similar Assets	s(con	tinued))
3 Using the organization's acquisit items (check all that apply):	ion, accession	, and oth	ner records, chec	k any	of the following that	t make significant use	of its	collectio	n
a Public exhibition			d Loan o	r exch	ange program				
b Scholarly research			e Other						
c Preservation for future gener	ations								
4 Provide a description of the orga Part XIII.			·	2	0		in		
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rathe	ition solicit or r	receive o	lonations of art,	histori anizat	cal treasures, or oth	er similar assets	Yes	Г	No
Part IV Escrow and Custo									-
reported an amount on F	orm 990, Part	X, line 2	1.	ic orga			iti v , i	iiic J, U	1
1 a Is the organization an agent, trus on Form 990, Part X?							Yes	Г	No
b If "Yes," explain the arrangemen						· · · · · · · · · · · · · · · · · · ·		L	
				0			Amoun	t	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance.						1 f			
2 a Did the organization include an a	amount on Forr	m 990 , F	Part X, line 21, fo	or escr	ow or custodial acco	ount liability?	Yes		No
b If "Yes," explain the arrangemen						-			_
								L	
Part V Endowment Funds	. Complete if t	the organ	nization answered	d "Yes	" on Form 990, Part	IV, line 10.			
	(a) Current		(b) Prior year		(c) Two years back	(d) Three years back	(e)	Four years	s back
1 a Beginning of year balance		-	74,010,9	78.	69,761,721.	64,094,595.			218.
b Contributions.			1,404,24		4,153,550.	665,649.			186.
• Not investment corpinge going			/ - /		, ,	· · · · / · · · ·			
c Net investment earnings, gains, and losses	-8,570,	,993.	8,307,43	18.	3,484,539.	9,114,760.	-3	,822,	732.
d Grants or scholarships	4,821	,815.	3,050,7	78.	2,596,031.	3,185,972.			364.
e Other expenditures for facilities and programs			3,500,50		, ,	0.			
f Administrative expenses	847.	,984.	863,88		792,801.	927,311.		836.	713.
g End of year balance			76,307,41		74,010,978.	69,761,721.	64	,094,	
2 Provide the estimated percentag								, ,	
a Board designated or quasi-endow	vment	-	00	-					
b Permanent endowment	100.008								
c Term endowment	<u> </u>								
The percentages on lines 2a, 2b,	and 2c should	d equal 1	00%.						
3a Are there endowment funds not i organization by:	in the possessi	ion of the	e organization th	at are	held and administe	red for the		Yes	No
(i) Unrelated organizations							3a(i)		X
(ii) Related organizations							3a(ii)		X
b If "Yes" on line 3a(ii), are the rel							3b		
4 Describe in Part XIII the intended	-		•				•••		<u> </u>
Part VI Land, Buildings, ar		-				****			
Complete if the organization			Form 990, Part	IV, lin	e 11a. See Form 990), Part X, line 10.			
Description of property		(a) Cost (in)	or other basis vestment)	(b)	Cost or other asis (other)	(c) Accumulated depreciation	(d)	Book va	lue
1 a Land			36,500.					36	,500.
b Buildings		19	,884,060.				19		,060.
c Leasehold improvements							-		<u> </u>
d Equipment.									
e Other									
Total. Add lines 1a through 1e. (Colum		ual Form	990, Part X, col	lumn ((B), line 10c.)		10	920	,560.
BAA									0) 2022

TEEA3302L 07/06/22

Schedule D (Form 990) 2022 COMMUNITY FOUNDATION FOR SW WASHINGTON

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
	al derivatives.			
. ,	held equity interests			
(3) Other	PRIVATE EQUITY PARTNERSHIPS &	38,347,444.	END OF YEAR MARKET VALU	E
(A) PRIVA	ATE_PLACEMENTS	156,259,262.	END OF YEAR MARKET VALU	Ξ
(B)				
(C)		-		
(D)				
<u>(E)</u>		-		
<u>(F)</u>		-		
<u>(G)</u> (H)		-		
(l)		-		
	n (b) must equal Form 990, Part X, column (B) line 12.)	194,606,706.		
Part VIII	Investments – Program Related.	194,000,700.	N/A	
	<u>Complete if the organization answered "Yes" o</u>		e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7) (8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX	Other Assets.	N/A		
	Complete if the organization answered "Yes" o	<u>n Form 990, Part IV, line</u> escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)	(a) De	scription		
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
(10)				
Total. (Colu	umn (b) must equal Form 990, Part X, column (E	3) line 15.)		
Part X	Other Liabilities.			05
1	Complete if the organization answered "Yes" o	n Form 990, Part IV, line ription of liability	e The or Th. See Form 990, Part X, line	25 . (b) Book value
1. (1) Federa	al income taxes	nption of nability		
	NCY ENDOWMENT AGMNTS			4,848,932.
	SE LIABILITY			1,589,136.
	B FOR SPLIT INTRST AGMNTS			1,863,203.
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, column (B) line 25.)			8,301,271.
			ancial statements that reports the organization's li	
	nder FASB ASC 740. Check here if the text of the footnote has			

BAA

Schedule D (Form 990) 2022 COMMUNITY FOUNDATION FOR SW WASHINGTON	91-124	6778	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total revenue, gains, and other support per audited financial statements	1	-18,008	3,163.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments 2a -37, 670, 236	5 .		
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.). SEE PART XIII. 2d -305,703	3.		
e Add lines 2a through 2d	2e	-37,97	5,939.
3 Subtract line 2e from line 1	3	19,96	7,776.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	4 c		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	19,96	7,776.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 Total expenses and losses per audited financial statements	1	27,470),221.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities 2a			
b Prior year adjustments	_		
c Other losses	_		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3	27,470),221.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		,	<u> </u>
a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	27,470),221.
Part XIII Supplemental Information.			

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

ALL ENDOWMENT FUNDS WILL BE USED TO FUND THE ORGANIZATION'S MISSION THROUGH

GRANTMAKING.

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CHANGE	IN	CHAR	TRUSTS,	GIFT	ANNUITIES	\$ -305,703.
					TOTAL	\$ -305,703.

BAA

Schedule D (Form 990) 2022

SCHEDULE I		Grants and (Grants and Other Assistance to Organizations ,	to Organization	S,		OMB No. 1545-0047
(Form 990)		Governments, Complete if the organiz	, and Individuals ir zation answered "Yes" on Fo	1 the United Sta	ntes or 22.		2022
Department of the Treasury Internal Revenue Service		Go to ww	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for the latest information.	atest information.			Open to Public Inspection
						Employer identification number	cation number
COMMUNITY FOUN	ATTY FOUNDATION FOR SW WASHINGTON General Information on Grants and Assistance	NGTON Assistance				AT-TZ40118	/8
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	ntiate the amount of the gassistance?	the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, the grantees' eligibility for the grants or	grants or assistance, a	and	X Yes No
Z Describe in Part I Part II Grants and Form 990,	Lescribe in Part IV the organization's procedures for monitoring the use or grant runds in the United States. SEE PART IV till 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.	ror monuoring the use or lestic Organizations recipient that receiv	ons and Domestic Governments. Complete if the organization answered ceived more than \$5,000. Part II can be duplicated if additional space	tates. nents. Complete if Part II can be dup	ד אשכ the organization a licated if addition	аtion answered "Yes" on ation answered "Yes" on dditional space is neede	on ded.
1 (a) Name and address of organization or government	ess of organization (b) EIN	IN (c) IRC section (if applicable)	n (d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE ATTACHED <u>610</u> ESTHER STREET #201 VANCOUVER, WA 98660	TACHED ET #201 8660		23,813,300.	.0			
<u>(2)</u>							
(3)							
(4)							
(5)							
(6)							
<u></u>							
<u>(8)</u>							
2 Enter total numbe3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	nment organizations liste the line 1 table	d in the line 1 table.				307
BAA For Paperwork Re	BAA For Paperwork Reduction Act Notice, see the Instructions for Form	tructions for Form 990.		TEEA3901L 06/29/22	06/29/22	Sche	Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 COMMUNITY FOI	COMMUNITY FOUNDATION FOR SU	SW WASHINGTON		6	91-1246778 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Domestic Individution Dace is needed.	uals. Complete if th	he organization an	swered "Yes" on Form	990, Part IV, line 22. Part III
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FINANCIAL SUPPORT STRUGGLING WOMEN	45	73,278.			
2 FINANCIAL ASSISTANCE FOR STUDENTS	363	1,003,854.			
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information	n required in Part I	, line 2; Part III, c	olumn (b); and any oth	er additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE	MONITORING USE	E OF GRANTS FUNDS IN U.S.	NDS IN U.S.		
WE GRANT PRIMARILY TO ORGANIZATIONS EXEMPT F	ATIONS EXEMPT H		ROM INCOME TAX UNDER IRC SECTION	LION	
501 (C) (3) AND ELIGIBLE TO RECEIVE CHARITABLE	EIVE CHARITABLH	GRANTS.	WE CONDUCT PERIODIC SITE VISITS	IC SITE VISITS	
AND COLLECT PROGRAM INFORMATION SUCH AS BUDGETS AND REPORTS OF COMMUNITY IMPACT	ON SUCH AS BUDG	GETS AND REPORT	S OF COMMUNITY	Z IMPACT	
RESULTING FROM GRANTS.					

SCH	IEDULE J	Compensation Information	1	OMB No.	1545-004	47
	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensat	ed Employees	20	22	
		Complete if the organization answered "Yes" on Form 990, Part IV, line	23.			
Depart	ment of the Treasury I Revenue Service	Attach to Form 990. Go to <i>www.irs.gov/Form990</i> for instructions and the latest informatio	n	Open to	o Publicction	ic
	of the organization		Employer identification	•	cuon	
	-	NDATION FOR SW WASHINGTON	91-1246778	namber		
Par		s Regarding Compensation	<u> </u>			
	quosion				Yes	No
1a		priate box(es) if the organization provided any of the following to or for a person listed ne 1a. Complete Part III to provide any relevant information regarding these items.	l on Form 990, Par	t		
	First-class or	r charter travel Housing allowance or residence for	personal use			
	Travel for co	Payments for business use of person	nal residence			
	Tax indemni	fication and gross-up payments Health or social club dues or initiation	on fees			
	Discretionary	y spending account Personal services (such as maid, ch	nauffeur, chef)			
b		es on line 1a are checked, did the organization follow a written policy regarding payme or provision of all of the expenses described above? If "No," complete Part III to explai		. 1b		
		· F · · · · · · · · · · F · · · · · · ·				
2		tion require substantiation prior to reimbursing or allowing expenses incurred by all dir				
	trustees, and off	icers, including the CEO/Executive Director, regarding the items checked on line 1a? .		. 2		
3	Executive Director	f any, of the following the organization used to establish the compensation of the orga or. Check all that apply. Do not check any boxes for methods used by a related organi nsation of the CEO/Executive Director, but explain in Part III.	nization's CEO/ zation to			
	X Compensatio	on committee Written employment contract				
	Independent	compensation consultant X Compensation survey or study				
	Form 990 of	other organizations X Approval by the board or compensa	tion committee			
4	During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fili a related organization:	ng			
		ance payment or change-of-control payment?				Х
		receive payment from a supplemental nonqualified retirement plan?				X
С		receive payment from an equity-based compensation arrangement?		. 4 c		Х
	IT TES to any o	The state of the persons and provide the applicable amounts for each term in Fart				
	Only section 501	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co	mpensation			
5	contingent on the		mperioditeri			
		1?				Х
b		nization?		. 5b		Х
		5a or 5b, describe in Part III.				
	contingent on the	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co e net earnings of:				
	-	n?				X X
D	,	5a or 6b. describe in Part III.		- 6b		Λ
_						
		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed on lines 5 and 6? If "Yes," describe in Part III		. 7		Х
8	Were any amount	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was sul tract exception described in Regulations section 53.4958-4(a)(3)?	oject			ĺ
	If "Yes," describe	e in Part III		. 8		Х
9	If "Yes" on line 9	3, did the organization also follow the rebuttable presumption procedure described in F	Pagulations			
	section 53.4958-	6(c)?		. 9		
BAA		Reduction Act Notice, see the Instructions for Form 990.	Schedul		m 990)) 2022

Schedule J (Form 990) 2022 COMMUNITY FOUNDATION FOR St Part II Officers, Directors, Trustees, Key Employees, and Hig	CON FOR SW	WASHINGTON st Compensa	GTON ensated Em	ployees. Use c	 MASHINGTON 91–1246778 hest Compensated Employees. Use duplicate copies if additional space is needed 	91-1246778 if additional space i	6778 bace is needed.	Page 2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	Schedule J, repor 1 990, Part VII.	t compens	sation from the	organization on r	ow (i) and from rel	ated organizations	, described in the i	nstructions,
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the		ital amoun	t of Form 990,	total amount of Form 990, Part VII, Section A, line 1a,	A, line 1a, applicat	applicable column (D) and (E)	l (E) amounts for that individual	nat individual.
	(B) Breakdown	of W-2 and/0	or 1099-MISC and/	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	ation	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benetits		in column (B) reported as deferred on prior Form 990
PAM CABANATUAN	(i) <u>146</u> , 3	317.	1,200.	0.	10,396.	25,356.	183,269.	0.
1 CFO	 	0.		0.	0		0	.0
	(i) $-163, 6$	σ	<u></u>		<u>3,482.</u>	11, 648.	<u>180,021.</u>	0.
2 PRESIDENT		0.	0.	0.	0.	0.		0.
JANIE SPURGE	<u> </u>	<u>569 </u>	<u>-1,700.</u>		<u> </u>		<u> </u>	
3 EXEC VP AND CDO		0.	0.	0.	0.	0.		0.
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6	(ii)							
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	()							
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14		 						
	(j)							
15	(ii)							
16								
BAA	. ,	-	TEEA4102L 07/25/22	22			Schedule J	Schedule J (Form 990) 2022

Page 3		n 990) 2022
91-1246778	5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also	Schedule J (Form 990) 2022
Schedule J (Form 990) 2022 COMMUNITY FOUNDATION FOR SW WASHINGTON Part II Supplemental Information	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. complete this part for any additional information.	BA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer	identification	number
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91-1246778

Part I	Types of Pro	perty
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			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash		letermin	
1	Art – Wo	ks of art							
2	Art – Hist	orical treasures							
3	Art – Fra	ctional interests							
4	Books and	d publications							
5	Clothing a	and household goods							
6	Cars and	other vehicles							
7	Boats and	I planes							
8	Intellectua	al property							
9	Securities	- Publicly traded	Х	44	8,143,072.	FMV			
10	Securities	- Closely held stock							
11	Securities	- Partnership, LLC, or trust interests.							
12	Securities	– Miscellaneous							
13		conservation contribution –							
14	Qualified	conservation contribution – Other							
15	Real esta	te – Residential							
16	Real esta	te – Commercial							
17	Real esta	te – Other							
18	Collectible	es							
19	Food inve	ntory							
20	Drugs and	medical supplies							
21	Taxiderm	/							
22	Historical	artifacts							
23	Scientific	specimens							
24		ical artifacts							
25	Other	(DONATIONS_REC)	Х	5	819,135.	ESTIMA	ATE		
26	Other	()							
27	Other	()							
28	Other	()							
29	Number o organizati	f Forms 8283 received by the organization on completed Form 8283, Part V, Donee	on during the e Acknowledg	tax year for contribution	ns for which the	29			
								Yes	No
30a	During the	e year, did the organization receive by co	ontribution ar	ny property reported in F	Part I, lines 1 through 2	8. that			
	it must ho	Id for at least 3 years from the date of the	he initial cont	tribution, and which isn'	t required to be used				
		ot purposes for the entire holding period?					30 a		Х
	,	lescribe the arrangement in Part II.				-			
31	Does the	organization have a gift acceptance poli	cy that requir	es the review of any no	nstandard contributions	?	31	Х	
32a		organization hire or use third parties or i	5	2 I	2		32 a		Х
b	If "Yes," o	lescribe in Part II.							
33	If the orga describe i	anization didn't report an amount in colu n Part II.	mn (c) for a t	type of property for whic	ch column (a) is checke	d,			

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

Schedule M (Form 990) 2022

91-1246778 Page 2

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

Go t	o www.	.irs.gov/l	-orm990	for the	latest i	nformation	۱.
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OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number 91-1246778

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

OUR FORM 990 IS PREPARED BY OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS USING INFORMATION PROVIDED BY MANAGEMENT AND OBTAINED DURING THEIR AUDIT OF OUR FINANCIAL STATEMENTS. THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND SUBMITTED TO THE BOARD FOR REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT LISTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. ADDITIONALLY, MEMBERS ARE REQUIRED TO CONTEMPORANEOUSLY DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF INTEREST IN BOARD, COMMITTEE, AND STAFF MEETINGS AS THEY ARISE DURING THE YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES AS PART OF THE BUDGETING PROCESS, MANAGEMENT COMPARES CURRENT AND PROPOSED SALARIES AND JOB ACTIVITIES TO LOCAL MARKET RATES, COUNCIL ON FOUNDATION SURVEY RESULTS FOR FOUNDATIONS OUR SIZE, AND OTHER INDEPENDENT INDICATORS. COMPENSATION AND BENEFIT PACKAGES ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE COMMUNITY FOUNDATION PROVIDES OUR 501(C)(3) DETERMINATION LETTER ON OUR WEBSITE AND UPON REQUEST. IN ADDITION, OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 FOR THE PRIOR THREE YEARS ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST. GUIDESTAR, A NONPROFIT ORGANIZATION, MAKES AVAILABLE THE LAST THREE YEARS OF OUR FORM 990 ON ITS WEBSITE.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CONTINUED FROM FORM 990, PART III, 4A

AS A PHILANTHROPIC ADVISOR, WE PROMOTE PHILANTHROPY BY CONNECTING DONORS TO CAUSES THEY CARE ABOUT. IN ADDITION, WE OFFER STRATEGIC ADVICE TO HELP INDIVIDUALS, FAMILIES, AND COMPANIES ACHIEVE THEIR CHARITABLE GOALS. WE PROVIDE OPPORTUNITIES FOR COLLABORATIVE FUNDING AND IMPACT INVESTING THAT APPLY OUR REGION'S CHARITABLE RESOURCES IN EQUITABLE AND EFFECTIVE WAYS. AS A FUNDER, WE INVEST IN AND PARTNER WITH LOCAL NONPROFITS TO ADDRESS PERSISTENT AND EMERGING NEEDS. OUR FOCUS GRANTS PROGRAM IS A CENTRAL PART OF THIS WORK AND OFFERS FUNDING IN THREE IMPACT AREAS: EDUCATIONAL ATTAINMENT, BASIC HUMAN NEEDS AND ASSET BUILDING. THESE GRANTS FOCUS ON ACHIEVING SHARED PROSPERITY BY OPENING UP

OPPORTUNITIES-IN EVERY STAGE OF LIFE-FOR THOSE FACING THE GREATEST BARRIERS AND CHALLENGES IN OUR COMMUNITY.

AS A COMMUNITY PARTNER, WE ENGAGE AND COLLABORATE WITH LOCAL RESIDENTS. WE JOIN, CONVENE AND LEAD COMMUNITY CONVERSATIONS TO DEEPEN OUR KNOWLEDGE OF THOSE WE SERVE AND NURTURE COLLABORATIVE SOLUTIONS THAT TAP INTO OUR RESPECTIVE STRENGTHS.

WORKING IN THESE WAYS, WE FULFILL OUR MISSION AND IMPROVE THE QUALITY OF LIFE FOR EVERYONE IN SOUTHWEST WASHINGTON.

							OMB No. 1545-0047	545-0047
SCHEDULE R (Form 990)	Re Complete	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	anizations and Unrelated Partnerships ation answered "Yes" on Form 990, Part IV, line 33, 34, 35b,	td Partnershi Part IV, line 33, 34,	pS 35b, 36, or 37.		20	2022
Department of the Treasury Internal Revenue Service		Autach to rorm 330. Go to <i>www.irs.gov/Form990</i> for instructions and the latest information.	Attach to Form 990. 190 for instructions and	the latest informati	.uc		Open to Inspe	Open to Public Inspection
Name of the organization	TION FOR SW WASHINGTON					Employer identification number 01 –1 2 467 7 8	ification numt 7 7 8	er
Part I Identification	regard		organization answered "Yes" on Form 990,		Part IV, line 33.		2	
Name, address, and E	(a) Name, address, and EIN (if applicable) of disregarded entity	tity Primary activity		(c) Legal domicile (state or foreign country)	Total income E	(e) End-of-year assets	Direct	(f) Direct controlling entity
(1) COMMUNITY FOUND. SW - 610 ESTHER STREFT # - VANCOUVER, WA 98660	<u>WA_CHARITABLE</u> 2011	LLC CHARITABLE GRANTING		MA		. 017.100.	COM FOUN FC	COMMUNITY FOUNDATION FOR SW WASHINGTON
(2) COMMUNITY FOUND. S - 610 ESTHER STREET VANCOUVER, WA 9866	<u>W_WA_CHARITABLE_</u> #201	LLC_#2_ 		WA	24,000.	275,000.	COM FOUN FC	COMMUNITY FOUNDATION FOR SW WASHINGTON
(3) COMMUNITY FOUN - 610 ESTHER STR - VANCOUVER, WA	Z_FOUND SW_WA_CHARITABLE_L ER_STREET_#201 ZWA_98660	LLC_#3_ 		Υ.Υ.	88,191.	19,972,251.	COM FOUN FC	COMMUNITY FOUNDATION FOR SW WASHINGTON
Part II Identification of Related had one or more related		Tax-Exempt Organizations. Complete if the organization answered tax-exempt organizations during the tax year.	e if the organizatio tax year.	n answered "Y∈	ss" on Form 990		34, beca	use it
Name, address, and I	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	tus Direct controlling (3)) entity		(g) Sec 512(b)(13) controlled entity? Yes No
$\begin{array}{c c} \hline (1) & \underline{SUPPORTING} & \underline{ORG} \\ \hline - & \underline{610} & \underline{ESTHER} & \underline{STR} \\ \hline - & \underline{VANCOUVER}, & \underline{WA} \\ \hline - & \underline{91-6558976} & \underline{-976} \\ \hline \end{array}$	ORGANIZATION OF THE COM STREET #201 WA 98660	SUPPORTING ORGANIZATION	WA	501 (C) (3)	12 A	COMMUNITY FOUNDATION FOR SW WASHINGTON	NITY ATION SW MGTON	×
(2) 								
(3) 								
(4) 								
BAA For Paperwork Redu	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.		TEEA5001L 07/21/22		Sche	edule R (Fo	Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 C	COMMUNITY FOUNDATION FOR SW	JNDATION	N FOR SW	WASHINGTON						91-1246778	46778	Ğ	Page 2
Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" 34, because it had one or more related organizations treated as a partnership during the tax year.	Related Organ	izations] related o	Faxable as rganizatio	a Partnershi ns treated as	p. Complete a partnershi	e if the organ p during the	iization ans tax year.	wered "	Yes" on For	rm 990	, Part I	on Form 990, Part IV, line	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	T T		tal	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	or-Code V-UBI amount in box s? 20 of Schedule K-1 (Form		G) General or managing partner?	or Percentage ownership) trage ship
(1)		country)		512-514)				Yes	No 1065		Yes	No	
I I I I													
(2)													
(3)													
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organ	izations 7 or more r	Faxable as elated org	s a Corporatio	n or Trust. (ated as a co	Complete if t	he organiz: trust durinç	ation an g the tay	swered "Ye year.	s" on F	orm 95	90, Part	
(a) Name, address, and EIN of related organization	related organizatior		Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp, (C corp, S corp,	y Share of total income		(g) Share of end-of- year assets		(h) Percentage ownership	CD Sec 512(b)(13) controlled entity?	(13) ntity?
				country)	enuty	or irusi)						Yes	٩
(1)													
		 											
(2)													
(3)													
BAA				TEEA5	TEEA5002L 07/21/22					Sche	dule R (F	Schedule R (Form 990) 2022	2022

Schedule R (Form 990) 2022 COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778	Page 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line	34, 35b, or 36.	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)		×
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	1d	×
e Loans or loan guarantees by related organization(s)	1e	×
f Dividends from related organization(s).	1f	×
g Sale of assets to related organization(s).	19	×
h Purchase of assets from related organization(s)	1 h	×
i Exchange of assets with related organization(s)	1i	×
j Lease of facilities, equipment, or other assets to related organization(s)	1j	×
k Lease of facilities. equipment: or other assets from related organization(s)	14	~
I Performance of services or membership or fundraising solicitations for related organization(s).		××
Performance of services or membership or fundraising solicitations by		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		×
		×
p Reimbursement paid to related organization(s) for expenses	1 p	Х
q Reimbursement paid by related organization(s) for expenses	1 d	×
r Other transfer of cash or property to related organization(s)		X
S	1 s	X
ationships an	Isaction thresholds.	
(a) (b) Am Transaction Am type (a-s)	Amount involved Method of contend	(d) Method of determining amount involved
(1)		
(4)		
۵		
TEEA5003L 07/21/22	Schedule R (Form 990) 2022	n 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes"	tions Taxable as	s a Partnership.(Complete if th	ie organiz	ation answered "	Yes" on Form	on Form 990, Part IV, line 37.	IV, line 37.		
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	each entity taxed a anization. See instru	as a partnership thro lotions regarding ex	ough which the o clusion for certai	rganization (in investmer	conducted more thar t partnerships.	five percent of i	ts activities (n	neasured by total	assets or gro	SS
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	s Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1055)	General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	-
(<u>)</u>										
(2)										
(3)										
(4)										
(5) 										
(6)										
<u></u>										
(8) 										
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91-1246778

Schedule R (Form 990) 2022 COMMUNITY FOUNDATION FOR SW WASHINGTON

 Schedule R (Form 990) 2022
 COMMUNITY
 FOUNDATION
 FOR
 SW
 WASHINGTON
 91-124677

 Part VII
 Provide additional information for responses to questions on Schedule R. See instructions.

Ŭ	Continuation Sheet for Schedule R	t for Schedule R		Conti	2022 Continuation Page 1 of 1
Name of filing organization COMMUNITY FOUNDATION FOR SW WASHINGTON				Employer identification number 91–1246778	5 H
Part I Continuation of Identification of Disregarded Entities	tities				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY FOUND. SW WA CHARITABLE LLC #4 610 ESTHER STREET #201 VANCOUVER, WA 98660	CHARITABLE GRANTING	WA	0.	.0	COMMUNITY FOUNDATION FOR SW WASHINGTON
	TEEA5101L 07/21/22	7/21/22		Schedule R	Schedule R Cont (Form 990) 2022