

IRS FINANCIAL REPORTING RETURN

Fiscal Year 2013 | Form 990 & 990T





Form **990**

Copy for Public Use

Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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ept private foundations) e made public. gov/form990.

Open to Public Inspection

Α	For th	re 2013 calend	lar year, or tax y	ear beginn	iing		, 201	13, and endin	g		,		_
В	Check i	f applicable:	С	*****				-	_	D Employ	er Identifi	ication Number	—
	X Ad	ldress change	COMMUNITY	FOUNDA	TION FOR	SW WAS	нтисто	N		91-	12467	779	
		ime change	610 ESTHER			. 011 1111	IIIIIOIO			E Telepho			—
	\vdash	tial return	VANCOUVER							·			
	\vdash	rminated								(36	U) 65	94-2550	
										_			
	\blacksquare	nended return	F							G Gross r			
	Ap	plication pending	F Name and addre		al officer: MA	RY PRIN	GLE		H(a) Is this a	- •			
			SAME AS C						H(b) Are all if 'No,'	subordinates attach a list.	s included . (see inst	? Yes He	0
l		exempt status	X 501(c)(3)	501(c) () ▼ (in	sert no.)	4947(a)(1)	or 527					
J_			W.CFSWW.OF	₹ <u>G</u>					H(c) Group	exemption n	umber 🏲		
K		of organization:	X Corporation	Trust	Association	Other ►		L Year of forma	tion: 198	4 M:	State of le	gal domicile: WA	_
Pa	ाते ।	Summar											_
	1		e the organizat			-		THE COM	MUNITY_	FOUNDA	TION	'S MISSION IS	;
ė		TO SHAPE	THE FUTUE	E OF S	OUTHWEST	WASHIN	GTON TI	HROUGH P.	HILANTE	IROPY.	SINC	E OUR	_
anc		FOUNDING	IN 1984,	WE HAV	E_GRANTE	D_MORE_	THAN \$	130 MILL	ION.				_
Ĕ													_
Activities & Governance	2	Check this bo	x 🛌 if the c	organization	n discontinue	d its opera	lions or dis	sposed of mo	re than 25	% of its n	et asse	ts.	
9	3	Number of vo	ting members o	f the gover	ning body (P	art VI, line	1a)	****		• • • • • •	3	1	
Se	4	Total average	dependent voting	g members	of the gover	ning body i	(Part VI, III	ne lb)			4		8
Ě	5	Total number	of individuals en of volunteers (e	mpioyea in sclimata if :	calendar yea	ar zuis (Ma	rτ v, line 2	(a)			5	1	
늉	72	Total unrelate	ed business reve	oue from E	necessary) Part VIII - calc	ıma (C\ lin				• • • • • • • •	6	32	
⋖	/a h	Net unrelated	business taxab	le income :	from Form 90	111111 (U), 1111 10.T line 3/	₩ 12 1				7a 7b	25,432	
		TTO COMPONENCE	Dusiness taxab	·	HOITH OITH 93	/U-1, IIIIE J*	*				/b	-19,071	<u>•</u>
	8	Contributions	and grants (Par	t VIII line	161				<u> </u>	rior Year	162	Current Year	_
Ę			ice revenue (Pa							, 971, 3		18,563,156	
Revenue	10	Investment in	come (Part VIII,	column (A	1) lines 3 /	and 7d\	• • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	16,2 520,4		13,559	
Æ	11	Other revenue	e (Part VIII, colu	ımn (A). lir	es 5 6d 8c	9r 10r ar			• •	320,4	±/1.	499,258	<u>•</u>
			- add lines 8 t							,508,1	122	19,075,973	—
			milar amounts p							,936,0		6,873,259	
			to or for member							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0,013,233	÷
			er compensation							724,0	75	826,854	
es			fundraising fees							124,0	373.	020,034	<u>•</u>
Expenses	l												
X	l .		ing expenses (F					416,994.					
_			es (Part IX, colu							366,0	016.	449,585	٠.
			es. Add lines 13							,026,	153.	8,149,698	
	19	Revenue less	expenses. Sub	tract line 1	8 from line 12	2				-518,0	020.	10,926,275	
te or									8eginnir	ng of Curre	nt Year	End of Year	
Bala	20	Total assets ((Part X, line 16)						62	2,321,2	268.	80,166,552	-
Net Assets Fund Balanc	21	Total liabilities	s (Part X, line 2	6)					3	3,291,	909.	3,077,047	•
Zű	22	Net assets or	fund balances.	Subtract li	ne 21 from lii	ne 20			59	029,3	359.	77,089,505	
Pa	ırt II	Signatur	e Block		(A) (B)		77						
Unde	r penalti	es of perjury, I decl	are that I have examin arer (other than office	ed this return, i	including accompa	ny ng stilledules	and statemen	nts, and to the bes	t of my knowle	dge and belie	f, it is true,	, correct, and	_
com	piete. De	eciaration of prepa	irer (other than office	r) is based on	ill information o	t which repar	erhatany kn	iowledge.	-				
			npn	200		<i>-</i> u	u			11-3	3-1.	4	
Siç	gπ	Signatu	re of officer						Da	ate			
He	re		Y PRINGLE						V.P.	& CFO	ı		
			print name and title										_
		Print/Type p	preparer's name		Prepare Sisign	Paty L	100	Date	Tue	Check	X if	PŤIN	
Pa	id	RICHAI	RD V. PROU	LX, CPA	101	ロダ	CrH	[0/3]	//Y	self-employ		P00432577	
Pre	epare	Firm's name											
	e On				T AVENUE	, SUITE	410			Firm's EIN	▶ 93-	-1157146	
			PORTLA		97201					Phone no.	(503		_
May	v the I	RS discuss th	is return with the			e? (see inst	ructions)				,500	X Yes No	_

Form **8868**

(Rev January 2014)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

OMB No. 1545-1709

Electronic fi corporation request an e Associated	plete Part II unlessyou have already been granted iling (e-file). You can electronically file Form 8868 i required to file Form 990-T), or an additional (not a extension of time to file any of the forms listed in F With Certain Personal Benefit Contracts, which muling of this form, visit www.irs.gov/efile and click or	f you need automatic) 3 art I or Par ist be sent t	a 3-month automatic extension of time to 3-month extension of time. You can elect t II with the exception of Form 8870, Info o the IRS in paper format (see instruction	file (6 months for ronically file Forn rmation Return fo	n 8868 to or Transfers
Part I	Automatic 3-Month Extension of Time, C	nly subm	it original (no copies needed).		··· <u>·</u> ····
A corporation	on required to file Form 990-T and requesting an a		<u> </u>	mplete Part I onl	y ► 🗍
	rporations (including 1120-C filers), partnerships, F		d trusts must use Form 7004 to request a	an extension of tir	me to file
	Name of exempt organization or other filer, see instructions.		Enter filer's identif	ying number, see Employer identification	
Type or print	THE COMMUNITY FOUNDATION FOR SOUTHWEST WASHINGTON			91-1246778	
File by the due date for filing your	Number, street, and room or suite number. If a P.O. box, see i 1053 OFFICERS ROW			Social security numb	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign ad-	dress, see instr	uctions.		
Enter the R	VANCOUVER, WA 98661 elurn code for the return that this application is for	(file a sepa	arate application for each return)		01
Application Is For	1	Return Code	Application Is For		Return Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-E		02	Form 1041-A		08
Form 4720	(individual)	03	Form 4720 (other than individual)		09
Form 990-F	PF	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telepho If the or If this is check to the extension I I requested until The extension I I requested the extension of the exte	one No. (360) 694-2550 rganization does not have an office or place of bus so for a Group Return, enter the organization's four his box If it is for part of the group, coension is for. Just an automatic 3-month (6 months for a corporal extension is for the organization's return for: X calendar year 20 13 or tax year beginning , 20 Itax year entered in line 1 is for less than 12 months thange in accounting period	digit Group theck this b ation require anization re	E United States, check this box	f this is for the w	hole group, 🗔
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions.	1720, or 606	9, enter the tentative tax, less any	. 3a\$	0.
b if this tax p	s application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated is a credit	. 3b\$	0
c Balaı EFTF	nce due. Subtract line 3b from line 3a. Include you PS (Electronic Federal Tax Payment System). See	r payment v instructions	vith this form, if required, by using	. 3c\$	0.
Caution. If payment in	you are going to make an electronic funds withdrastructions.	awal (direct	debit) with this Form 8868, see Form 845	53-EO and Form	8879-EO for

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

	complete Part II if you have already been grare filing for an Automatic 3-Month Extension			usiy nied Form 8868.	
Part II	Additional (Not Automatic) 3-Mon			al (no copies needed).	
1, 011 4 11				identifying number, see Instru	
	Name of exempt organization or other filer, see Instruction	ıs.		Employer identification number (Ell	
Type or print	THE COMMUNITY FOUNDATION FO SOUTHWEST WASHINGTON Number, street, and room or suite number. If a P.O. box,			91-1246778 Social security number (SSN)	
File by the extended due date for filing your return. See instructions. KERN & THOMPSON, LLC 1800 SW FIRST AVENUE, SUITE 410 City, town or post office, state, and ZiP code. For a foreign address, see instructions.					
PORTLAND, OR 97201					
Enter the	Return code for the return that this application	n is for (file a sep	parate application for each return). Application		
Is For		Code	Is For		
	or Form 990-EZ	01			
Form 990-		02	Form 1041-A		
	(individual)	03	Form 4720 (other than individual)		
Form 990	-Ph -T (section 401(a) or 408(a) trust)	04	Form 5227		
	-T (trust other than above)	05 06	Form 6069 Form 8870	·	
····	onot complete Part II if you were not already	granted an autor	matic 3-month extension on a pre-	viously filed Form 8868.	
 The both Teleph If the limit of this whole growth 	onot complete Part II if you were not already ooks are in care of ► MARY PRINGLE none No. ► (360) 694-2550 organization does not have an office or place is for a Group Return, enter the organization up, check this box ►	Fax No. > of business in the 's four digit Group	ne United States, check this box	_	
• The borell Teleph • If the electric If this whole gromembers 4 recent If the electric If the Image If the Image If the Image Im	ooks are in care of ► <u>MARY PRINGLE</u> none No. ► <u>(360)</u> 694–2550 organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of	Fax No. Fax No	ne United States, check this box p Exemption Number (GEN) this box I and attach a list v , 20 14, 20, and ending reason:	. If this is with the names and EINs of the	
• The bo Teleph • If the • If this whole gro members 4 rec 5 For e 6 If the RE	poks are in care of MARY PRINGLE none No. (360) 694-2550 organization does not have an office or place is for a Group Return, enter the organization up, check this box If it is for part of the extension is for. Quest an additional 3-month extension of time calendar year 2013, or other tax year be a tax year entered in line 5 is for less than 12 Change in accounting period the in detail why you need the extension QUIRED FOR A COMPLETE AND ACTION is application is for Forms 990-BL, 990-PF, 9 refundable credits. See instructions	Fax No. Fax No	ne United States, check this box p Exemption Number (GEN) this box		
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• The borteleph • If the • If this whole gromembers 4 I recommended to the second of	poks are in care of ► MARY PRINGLE none No. ► (360) 694–2550 organization does not have an office or place is for a Group Return, enter the organization up, check this box ► If it is for part of the extension is for. quest an additional 3-month extension of time calendar year 2013, or other tax year be e tax year entered in line 5 is for less than 12 Change in accounting period the in detail why you need the extension QUIRED FOR A COMPLETE AND AC is application is for Forms 990-BL, 990-PF, 9 refundable credits. See instructions is application is for Forms 990-PF, 990-T, 47 payments made. Include any prior year overpriously with Form 8868 ance due, Subtract line 8b from line 8a. Inclu- PS (Electronic Federal Tax Payment System	Fax No. Fax No	ne United States, check this box p Exemption Number (GEN) this box and attach a list of the state o	If this is with the names and EINs of with the names and EINs of the property	

		COMMUNITY FOUN				91-12467	78 Page	2
Par		ement of Program						_
		cif Schedule O contains		any line in this Part	III			Ш
1	Briefly descr	ibe the organization's m	ssion;					_
	THE COM	MUNITY FOUNDATION	ON'S MISSION I	S TO SHAPE TE	E FUTURE OF SO	OUTHWEST WAS	SHINGTON	
		PHILANTHROPY.						
	MILLION.						:	
2	Did the organ	nization undertake any s	ignificant program ser	vices during the year	which were not listed	on the prior		_
	Form 990 or	990-EZ?					Yes X No	5
		ribe these new services				<u>L</u>		
3	Did the organ	nization cease conductir	g, or make significant	changes in how it co	onducts, any program s	ervices?	Yes X No	o
		ribe these changes on S		-		اسم		
4	Describe the	organization's program	service accomplishme	ents for each of its the	ree largest program se	rvices. as measur	ed by expenses.	
	Section 501 (c)(3) and 501(c)(4) orga	nizations and section 4	1 9 47(a)(1) trusts are i	required to report the a	amount of grants a	ind allocations to	
	others, the to	otal expenses, and rever	nue, it any, for each p	rogram service repor	ted.			
	_	4.						
4 a	(Code:) (Expenses \$_		cluding grants of \$				_)
		MUNITY FOUNDATION						
		BUILD STRONG						
	HOLDS_O	ER 280 CHARITA	BLE FUNDS WHIC	H ARE POOLED,	MANAGED, AND	INVESTED TO	GENERATE	
	GROWTH A	AND INCOME FOR	GRANTING PURPO	SES. GRANTS E	ROM THESE FUNI	OS PROVIDE S	SUPPORT FOR	
		ND NATIONAL ORG						
	BUILDING	G, HEALTH AND H	UMAN SERVICES,	EDUCATION ,	ARTS AND CULT	JRE, AND COL	SERVATION.	
4 b	(Code:) (Expenses \$	ir	ncluding grants of \$) (Revenue \$)
						***************************************		_
								<u>-</u> -
			-					
	/O!							
4 c	(Code:) (Expenses \$_		ncluding grants of \$	<u> </u>) (Revenue \$		_)
								
					 -			
		· — — — — — — — — —						
		·			- -			
40	Other progra	ım services. (Describe in	Schedule O.)			•		
	(Expenses	\$	including grants	of \$) (Revenue	Ś)	
4 e		m service expenses 🕨			7 (,,	•		
	<u> </u>		.,,-					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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? If 'Yes,' complete Schedule C, Part III	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? If 'Yes,' complete Schedule D, Part 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? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
į	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 Ь	Х	
4	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? If 'Yes,' complete Schedule D, Part VIII.	11 c		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? If 'Yes,' complete Schedule D, Part IX	11 d	1	
-	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
	a 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	12Ь		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14Ь		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule-F, Parts III and IV.	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t		_

Part IV Checklist of Required Schedules (continued)

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

BAA

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			<u>. L</u>
4 - Falsa Haranas da da Da Barrera da da Cara		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3b	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4a		х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
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?	5с		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fi Form 8282?			x
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.	-		
a Did the organization make any taxable distributions under section 4966?	9a	***********	
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a 5ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2013) COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a 18 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 18 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?..... 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?..... $\overline{\mathbf{x}}$ 5 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?.... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or other persons other than the governing body?..... Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a b Each committee with authority to act on behalf of the governing body?..... X 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10 b 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done...SEE .SCHEDULE .Q...... 12c Х 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... Х 15 a b Other officers of key employees of the organization...SEE.SCHEDULE.O..... X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Another's website Own website |X| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY PRINGLE 610 ESTHER STREET VANCOUVER WA 98660 (360) 694-2550

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

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

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

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

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

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

				(C	;)		•	,		
(A) Name and Title	(B) Average hours per week (list	one bo offic	x, un er an	less r	erso	c more t n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
(1) KAYCEE WIITA	2									
CHAIRMAN	. 0	Х		Х				0.	0.	0.
(2) BRETT BRYANT	2									
VICE CHAIRMAN	0	Х		Х				0.	0.	0.
(3) STEVE HANSEN	2	1								
TREASURER	0	X		Χ				0.	0.	0.
(4) DR. JIM YOUDE	2	ļ								
SECRETARY	0	Х		X				0.	0.	0.
	2									
DIRECTOR	0	Х						0.	0.	0.
(6) JODY CAMPBELL	2	1								
DIRECTOR	0	X						0.	0.	0.
(7) MARK DODSON	2	1								
DIRECTOR	0	X						0.	0.	0.
(8) RICK WOLLENBERG	2									•
DIRECTOR	0	X						0.	0.	0.
(9) STEVEN HIX	2]								
DIRECTOR	0	Х						0.	0.	0.
(10) MARTY FORSMANN	2	1								
DIRECTOR	0	X					<u> </u>	0.	0.	0.
(11) SCOTT KEENEY	2	1								
DIRECTOR	0	X	_			ļ		0.	0.	0.
(12) DR. CANDACE YOUNG	2									
DIRECTOR	0	Х						0.	0.	0.
(13) DAVID NIERENBERG	2									
DIRECTOR	0	X	_					0.	0.	0.
(14) TERRY PRILL	2	1								
DIRECTOR	0	Х						0.	0.	0.

Tare via Section A. Officers, Directors, Ttu		IVE				ccs, all	u riigilest coi	npensaleu Em	ibioaces (continuea)
	(B)			((•				
(A)	Average	(do	not_cl	Pos heck	sition more	e than one	(D)	(E)	(F)
Name and title	hours per	box,	unles er an	ss pe id a c	erson direct	is both an or/trustee)	Reportable compensation from	Reportable compensation from	Estimated amount of other
•	week (list any						the organization (W-2/1099-MISC)	related organizations	compensation
	hours	Individual trustee or director	Institutional trustee)ffic	Key employee	Former Highest employe	(W-2/1033-MISC)	(W-2/10 99 -MISC)	from the organization
	related	ect gra	함	Œ.	충	8 5 E			and related organizations
	organiza tions	J E	<u>=</u>		Ş	<u>a</u>			
	below dotted	Iste	룶		o	<u> </u>		,	
	line)	(9	8			Former Highest compensated employee			
MC TINTOTTI I I III									
(15) VAUGHN LEIN	2_						_	_	_
DIRECTOR	0	X					0.	0.	. 0.
(16) MARK MATTHIAS	2_								
DIRECTOR	0	X					0.	0.	0.
(17) DR. DAVID RUIZ	2								
DIRECTOR	0	1 x	l				0.	0.	. 0.
(18) SCOTT SOUTH					ļ	 			
DIRECTOR	$-\frac{2}{0}$	x					0.	0.	. 0.
(19) RICHARD MELCHING	35	Λ				 	v.	· · · · · · · · · · · · · · · · · · ·	
FORMER PRES.		}		v			04 071	,	
	0	-		X			94,071.	0.	0.
(20) MARY PRINGLE	40	-							
V.P. & CFO	0	1	_	X	<u> </u>	$\perp \perp$	105,167.	0	. 0.
(21) JENNIFER RHOADS	40_								
PRESIDENT	0			X			139,793.	0.	. 0.
(22)									
(23)									
(24)									
	7								
(25)									
	7	1							
1 b Sub-total						· · · · · · · ·	339,031.	0	. 0.
c Total from continuation sheets to Part VII, Section	Α					🟲	0.	0	
d Total (add lines 1b and 1c)						►	339,031.	0	
2 Total number of individuals (including but not limite								100,000 of reporta	
from the organization 2					•			•	,
									Yes No
3 Did the organization list any former officer, director					_1	1_1			1.55
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	ir, or tru: individu	a/	key	em	Pioy	ee, or m	ignest compensati	ea employee	з х
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater	eportabl than \$1	e con so oo	nper 107 <i>I</i>	ısat Y'Y	lion 'es' .	ano otne com <i>olete</i>	er compensation to Schedule I for	om .	
such individual									4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	m a	anv I	unrelated	d organization or i	ndividual	
for services rendered to the organization? If 'Yes,	' <i>c</i> om <i>pl</i> e	te Sc	he di	ule .	J fo	r such pe	erson		5 X
Section B. Independent Contractors									
 Complete this table for your five highest compensation from the organization. Report comp 	ated inde	pend	dent	con	ntrac	ctors that	t received more th	an \$100,000 of	n tov voor
	ensation	ו וטו ו	ne c	ale	Huai	r year er	<u> </u>		·
(A) Name and business addre	ess						Description	of services	(C) Compensation
									n
							1		
							<u> </u>		·
								2000	
2 Total number of independent contractors (including	-	t limil	ted t	o th	ose	listed a	bove) who receive	ed more than	
\$100,000 of compensation from the organization	0		****						

		Check if Schedule O contains a response or note	e to any	line in this Part VIII	L		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns 1a					
氢		Membership dues					
왕의		Fundraising events 1c					
무		Related organizations 1 d					
ջ륄	e	Government grants (contributions) 1 e					
흔띪	f	All other contributions, gifts, grants, and					
量置		All other contributions, gifts, grants, and similar amounts not included above 11 18,563,	156.				
들의	_	Noncash contributions included in lines 1a-1f: \$ 2,192,	911.	The second of th			
8 3	h	Total. Add lines 1a-1f.		18,563,156.			
월	_	Business C	ode				
E	_	SERVICE FEES		13,559.	13,559.		
ببر ج	Ь						
Ĭ	ر 5						
용	a						
Æ	e	All other program service revenue					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS.		Total. Add lines 2a-2f		*3 FFA			
프				13,559.			
	3	Investment income (including dividends, interest ar other similar amounts).	na ►	499,258.	·	25,432.	473,826.
	4	Income from investment of tax-exempt bond proces		133,230.		23, 332,	475,020.
	5	Royalties					
		(i) Real (ii) Pers					
	6 a	Gross rents					
į	b	Less: rental expenses					
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities (ii) Oth	her				
		assets other than inventory . 6, 974, 916 .					
	b	Less: cost or other basis					
		and sales expenses 6, 974, 916.					
	C	Gain or (loss)					
		Net gain or (loss)					
띨	8 a	Gross income from fundraising events (not including \$		-			
OTHER REVEN		of contributions reported on line 1c).					
띮		See Part IV, line 18a					
剿	b	Less: direct expenses b					
9		Net income or (loss) from fundraising events	>				4
		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming activities		Manage Control Section 2022			**************************************
	10 a	Gross sales of inventory, less returns					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
ļ		Miscellaneous Revenue Business (Code				
	11 a						
	b						
	C در	All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1	10 556	05 450	450 005
- 1	-	LAWRED ACTION OF ILIQUID IN THE TANK I THE T	🥌	1 17,0/5,9/3.	13,559.	25,432.	473,826.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX									
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	6, 373, 437.	6,373,437.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	499,822.	499,822.						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.								
4 5	Benefits paid to or for members								
6	trustees, and key employees	324,982.	109,526.	59,247.	156,209.				
	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.				
7	Other salaries and wages	334,709.	215,476.	59,931.	59,302.				
8	Pension plan accruals and contributions			03,302.1	03,002.				
	(include section 401(k) and 403(b) employer contributions).	23,033.	11,347.	4,161.	7,525.				
9	Other employee benefits	91,299.	44,979.	16,494.	29,826.				
10	Payroll taxes	52,831.	26,028.	9,544.	17,259.				
11	Fees for services (non-employees):	JE/UJI.	20,020.		11,200.				
ā	Management		,						
ł	Legal	5,424.	2,672.	980.	1,772.				
(: Accounting	36,433.	17,949.	6,582.	11,902.				
•	l Lobbying		, , , , , , , , , , , , , , , , , , , ,	-, ·	,				
€	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	63,165.	31,119.	11,411.	20,635.				
12	Advertising and promotion	5,941.	2,927.	1,073.	1,941.				
13	Office expenses	21,140.	10,415.	3,819.	6,906.				
14	Information technology	51,340.	25,293.	9,275.	16,772.				
15	Royalties			,	**************************************				
16	Occupancy	66,235.	32,631.	11,966.	21,638.				
17	Travel	6,149.	3,029.	1,111.	2,009.				
	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings		•						
20	Interest	-							
21	Payments to affiliates								
22	, , , , , , , , , , , , , , , , , , , ,	11,271.	5,553.	2,036.	3,682.				
23 24		14,253.	7,022.	2,575.	4,656.				
24	covered above (List miscellaneous expenses								
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
	OTHER EXPENSE	75,848.	37,367.	13,702.	24,779.				
	OUTREACH EXPENSE	43,623.	21,491.	7,881.	14,251.				
	PRINTING AND PUBLICATIONS	25,333.	12,480.	4,577.	8,276.				
	EQUIPMENT LEASE & MAINTENANCE	18,150.	8,942.	3,279.	5,929.				
	All other expenses	5,280.	2,601.	954.	1,725.				
25	Total functional expenses. Add lines 1 through 24e	8,149,698.	7,502,106.	230,598.	416,994.				
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)				·				
RΔA			1	1	Form 000 (2012)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	50,033.	1	29,023.
	2	Savings and temporary cash investments	2,186,788.	2	1,259,545.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	7,352,905.
	S	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A S	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	38,110.	9	35,308.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	680,586.	10 c	655,755.
	11	Investments – publicly traded securities	34,501,253.	11	42,594,810.
	12	Investments – other securities. See Part IV, line 11.	21,026,093.	12	24,173,147.
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,838,405.	15	4,066,059.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	62,321,268.	16	80,166,552.
	17	Accounts payable and accrued expenses	40,781.	17	29,872.
	18	Grants payable	78,000.	18	54,000.
	19	Deferred revenue		19	10,000.
ŀ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	·····	23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	3,173,128.	25	2,983,175.
	26	Total liabilities. Add lines 17 through 25	3,291,909.	26	3,077,047.
E E Z		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ş	27	Unrestricted net assets	57,722,430.	27	68,385,751.
A AMOUNT	28	Temporarily restricted net assets	1,306,929.	28	8,703,754.
3	29	Permanently restricted net assets		29	
P.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
アコエロ	30	Capital stock or trust principal, or current funds		30	The state of the s
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-
ř	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本 しょうしゅう	33	Total net assets or fund balances	59,029,359.	33	77,089,505.
	34	Total liabilities and net assets/fund balances	62,321,268.	34	80,166,552.
BA	A				Form 990 (2013)

	n 990 (2013) COMMUNITY FOUNDATION FOR SW WASHINGTON	1-1246778	}	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>19,0</u>		
2	Total expenses (must equal Part IX, column (A), line 25)		<u>8,1</u>	<u>49,6</u>	<i>9</i> 8.
3	Revenue less expenses. Subtract line 2 from line 1		10,9		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		59,0	<u>29,3</u>	359.
5	Net unrealized gains (losses) on investments		7,0	50,8	39.
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9		83,0	132.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33.				
100-00000	column (B))	10	77,0	89,5	i05.
Pa	rt XIII Financial Statements and Reporting	• •			
	Check if Schedule O contains a response or note to any line in this Part XII				. П
-				Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
		-			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
fin (If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	wod on a	Za		
	separate basis, consolidated basis, or both:	wedulia			
	Separate basis Consolidated basis Both consolidated and separate basis				
				٦,	
,	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepi basis, consolidated basis, or both;	arate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
'	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c	х	1
	If the organization changed either its oversight process or selection process during the tax year, explain			1	
	in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t	he Single			Ī
	Audit Act and OMB Circular A-133?	· · · · · · · · · · · · · · · · · · ·	3 a		X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the r	equired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b		
BAA			Form	1 990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section S01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

2013

Open to Public Inspection

			N FOR SW WASH							46778		
Part	I R	leason for Publi	c Charity Status (/	All organizations m	ust cor	nplete	this pa	art.) S	ee inst	ruction	s.	
The o	rganiz	ation is not a privat	e foundation because	it is: (For lines 1 through	gh 11, cl	neck on	y one bo	x.)				
1	$\prod A$	church, convention	of churches or assoc	ation of churches desc	ribed in	section	170(ь)(1)(A)(i).				
2	ПΑ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's											
		ame, city, and state	· ·	,	.,				-74-74-34	,		
5	☐ Ar	n organization opera	ated for the benefit of	a college or university	owned o	r opera	led by a	govern	mental i	ınit desci	ribed in sec	ion
6				vernmental unit describ	ed in se	ction 17	О(Ь)(1)(А	4)(v).				
7	Ar In	n organization that i		ibstantial part of its sup					or from t	he gener	ral public de	scribed
8	X A	community trust de	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)						
9	in'	om activities related vestment income ar	l to its exempt function	more than 33-1/3% of insections of insections of the section of the sections o	exception	ns and	(2) no n	nore tha	an 33-1/3	19‰n fitsi	support from	m arnes
10	Ar	n organization orga	nized and operated ex	clusively to test for pub	olic safet	y. See :	section S	509(a)(4).			
11	Ľт	ore publicly support	ted organizations desc	clusively for the benefi cribed in section 509(a) on and complete lines	 or se 	ction 50	9(a)(2).	lions of See se	or carry ction SO	out the 9(a)(3). C	purposes o Check the bo	f one or x that
	а	Type I b	Type II c	Type III - Function	ally inte	grated	c	1 🗍 🗆	Type III -	– Non-fu	inctionally in	tegrated
e	⊔ ot	checking this box, her than foundation solution (2).	I certify that the orga managers and other	nization is not controlle than one or more publi	ed directl cly supp	y or ind orted o	irectly by ganizati	y one or ons des	r more d scribed in	isqualifie n section	ed persons i 509(a)(1) o	r
f	lf	the organization re-	ceived a written deter	mination from the IRS t	hat is a	Type I,	Type II o	r Type	III suppo	orting org	ganization,	П
9	Si	ince August 17, 200	6, has the organization	n accepted any gift or	contribu	ition froi	m anv of	the fol	owina p	ersons?	,	
_		•		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					5		Γ	Yes No
	(i)	A person who d	lirectly or indirectly co	ntrols, either alone or t	ogether	with per	sons de	scribed	in (ii) ar	nd (iii)		103 110
				ported organization?							——	
	(ii) A family memb	er of a person describ	ed in (i) above?							11 g (ii)	1
	(ii			escribed in (i) or (ii) ab							11 g (iii)	
h	Pı	rovide the following	information about the	supported organization	n(s).							
	O	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in listed in werning ment?	(v) Did yo the organi column (supp	zation in) of your	colur organize	s the ation in an (i) ed in the S.?	(vii) Amount supp	
					Yes	No	Yes	No	Yes	No		

(A)												
(B)												
(C)												
		-		***************************************								
(D)		18801 81 G										
<u>(E)</u>												
Total												
	Eor P	ananuark Daductia	n Act Notice conth-	Instructions for Form 9	00 == 00	0 67			Cobodil	A /T-	000 00°	1 E 7) 2012
	. 01 5	מאכו אטו ע עבמחבמה	n aci nonce, see me		20 OL 22	u-EŁ,			acriedule	: A (FON	n 990 or 99	パニム) という

Partil 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.)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 1 Gifts, grants, contributions, and membership fees received. (0o not include any 'unusual grants.')	(f) Total . 51,740,134.
2 Tax revenues levied for the organization's benefit and either paid to or expended	
2 Tax revenues levied for the organization's benefit and either paid to or expended	
on as penaliting the second se	
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.
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	
6 Public support. Subtract line 5	35,968,417.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013	(f) Total
7 Amounts from line 4	. 51,740,134.
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	. 5,793,486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.
11 Total support. Add lines 7 through 10	57,595,710.
12 Gross receipts from related activities, etc (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	3)
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	62.45%
15 Public support percentage from 2012 Schedule A, Part II, line 14	65.22 %
16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check and stop here. The organization qualifies as a publicly supported organization.	check this box
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check and stop here. The organization qualifies as a publicly supported organization	check this box
17 a 10%-facts-and-circumstances test — 2013. 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 IV he the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	s 10% t IV how on
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV he organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	t IV how the
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction.	

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal yr beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contributions and membership fees received. (Do not include)			-	-		
received. (Do not include any 'unusual grants.')						
2 Gross receipts from admis-						
sions, merchandise sold or services performed, or facilitie	s					
furnished in any activity that is			;			
related to the organization's tax-exempt purpose						
3 Gross receipts from activities						
that are not an unrelated trade	.					
or business under section 513			ļ			
4 Tax revenues levied for the organization's benefit and					-	
either paid to or expended on						
its behalf						
facilities furnished by a						
governmental unit to the						
organization without charge.						
6 Total. Add lines 1 through 5.						
7 a Amounts included on lines 1, 2, and 3 received from						
disqualified persons	.					
b Amounts included on lines 2						
and 3 received from other that disqualified persons that	ר					
exceed the greater of \$5,000 to	or					
1% of the amount on line 13						
for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support	•					
Calendar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		(3) 2010	(0)2011	(u) 2012	(e) 2013	(i) rotal
a Amounta nom me a						
10a Gross income from interest, dividends, payments received	•					
10a Gross income from interest, dividends, payments received on securities loans, rents,	•					
10a Gross income from interest, dividends, payments received						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511)						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, 						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in 						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).		ation's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total Support. (Add ins 9,10c, 11 and 12 first five years. If the Form 95 organization, check this box a			d, third, fourth, or	fifth tax year as	a section 501(c)(3)
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total Support. (Add lins 9,10c, 11 and 12 first five years. If the Form 95 organization, check this box a	00 is for the organization stop here	Percentage				
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parf IV.) 13 Total Support. (Add Ins 9,10c, 11 and 12 organization, check this box a Section C. Computation of	00 is for the organization stop here 2013 (line 8, column	Percentage n (f) divided by lin	e 13, column (f)).			15 %
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 13 Total Support. (Add lins \$,10c, 11 and 12 organization, check this box a section C. Computation of Public support percentage fro	200 is for the organizand stop here 2013 (line 8, column 2012 Schedule A	Percentage n (f) divided by lin , Part III, line 15	e 13, column (f)).			
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parf IV.). 13 Total Support. (Add lins 9,10c, 11 and 13 organization, check this box a section C. Computation of Public support percentage for Section D. Computation of	2013 (line 8, column 2012 Schedule A	Percentage n (f) divided by lin , Part III, line 15 ome Percentag	e 13, column (f)).			15 %
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parf IV.). 13 Total Support. (Add lins \$10c, 11 and 12 first five years. If the Form 95 organization, check this box a section C. Computation of Public support percentage fro Section D. Computation of Investment income percentage	20) is for the organized of stop here	Percentage n (f) divided by lin , Part III, line 15 ome Percentage column (f) divided	e 13, column (f)). ge d by line 13, colun	mn (f)).	······ [·	15 % 16 %
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parf IV.). 13 Total Support. (Add lins 9,10c, 11 and 13 organization, check this box a section C. Computation of Public support percentage for Section D. Computation of	2013 (line 10c, efor 2013 (lin	Percentage n (f) divided by lin , Part III, line 15 ome Percentage column (f) divided	e 13, column (f)). ge d by line 13, colun	mn (f)).	······ [·	15 %
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parf IV.). 13 Total Support. (Add lins \$10c, 11 and 12 first five years. If the Form 95 organization, check this box a section C. Computation of Public support percentage fro Section D. Computation of Investment income percentage	2) 2) 30 is for the organization stop here	Percentage n (f) divided by lin , Part III, line 15 ome Percentage column (f) divided tile A, Part III, line did not check the	e 13, column (f)). ge d by line 13, colun 17	nn (f))	than 33-1/3%.	15 % 16 %
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b	2013 (line 8, column 2012 Schedule A Investment Inc. e from 2013 (line 10c, e from 2012 Schedule A In the organization ock this box and sto. If the organization of th	Percentage n (f) divided by lin , Part III, line 15 ome Percentage column (f) divided ale A, Part III, line did not check the p here. The organ did not check a both	e 13, column (f)). ge d by line 13, colun 17 box on line 14, ar ization qualifies as	nn (f)). Ind line 15 is more s a publicly suppone 19a, and line 1	than 33-1/3%, orted organization	15 % 16 % 17 % 18 % and line 17 on
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Parl IV.). 13 Total Support. (Add lins \$10c, 11 and 12 first five years. If the Form 95 organization, check this box a section C. Computation of Public support percentage fro Section D. Computation of Investment income percentag Investment income percentag 19 a 33-1/3% support tests — 2013 is not more than 33-1/3%, che	20 is for the organization and stop here	Percentage n (f) divided by lin , Part III, line 15 ome Percentage column (f) divided ale A, Part III, line did not check the p here. The organ did not check a be and stop here. The	e 13, column (f)). ge d by line 13, colun 17 box on line 14, ar ization qualifies as ox on line 14 or line e organization qua	nn (f)). nd line 15 is more s a publiciy suppo ne 19a, and line 1 alifies as a public!	than 33-1/3%, orted organization is more than y supported org	15 % 16 % 17 % 18 % and line 17 on

Schedule A	. (Form 990 or	· 990-EZ) 20	13 COW	MUNITY	FOUNDA'	TION FO	R SW W	ASHINGTON	91-1246778	Page 4
Part IV	Suppleme or 17b; an (See instr	ental Infor Id Part III, uctions).	ma tion. F line 12. <i>F</i>	Provide Also con	the expland	anations i is part f oi	equired any ac	d by Part II, li Iditional infor	ne 10; Part II, line 17 mation.	7a
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Schedule B (Form 990, 990-EZ, or 990-PF)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Organization type (check one): Filers of: Section: \overline{X} 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule.

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

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.

Special Rules

General Rule

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sec 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,1 (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.	tions)00 or
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes the prevention of cruelty to children or animals. Complete Parts I, II, and III.	year, s, or
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not total to more than \$1, If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charit purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclu religious, charitable, etc, contributions of \$5,000 or more during the year.	000. able. etc.

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Page

1 of

2 of Part 1

Name of organization COMMUNITY FOUNDATION FOR SW WASHINGTON Employer identification number 91-1246778

Part I Contributors	(see instructions).	Use duplicate copies of Part	I if additional space is needed.
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(a)			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$584,500.	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>800,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$2,194,341.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
4 (a) Number	(b) Name, address, and ZIP + 4	\$ 6,750,000. (c) Total contributions	Payroll Noncash Complete Part II for
(a)	Name, address, and ZIP + 4	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payrott
(a) Number	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(c) Total contributions	Payroll Noncash
(a) Number	Name, address, and ZIP + 4	(c) Total contributions \$1,000,000.	Payroll

2 of

2 of Part 1

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91	-1	24	46	7	7	8

Part I Contribute	ors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$52 <u>,</u> 905.	Person X Payrott Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
· — — — — — — — — — — — — — — — — — — —		\$\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	COMMON STOCK		
		\$ 138,841	3/28/13
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	COMMON STOCK	-	
		\$1,000,000	4/17/13
(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
			

of Part III

tame or organization	1			
COMMUNITY	FOUNDATION	FOR	SW	WASHINGTON

1 to 1 of Par Employer identification number 91-1246778

Part III	Exclusively religious, charitable, etc. organizations that total more than	, individual contributions to section \$1,000 for the year. Complete columns	501(c)(7), (8) or (10)
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year. (otal of exclusively religious, charitable, etc. Enter this information once. See instruction	, s.)
	Use duplicate copies of Part III if additional s	space is needed.	(d)
(a) No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, addres		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(0)	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4 R	elationship 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 gift s, and ZIP + 4 R	elationship of transferor to transferee
(a) No. from	(b)	(c) Use of gift	(d) Description of how gift is held
No. from Part I	Purpose of gift	Use of gift	Description of how gift is held
			-
_			
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	elationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

tf the organization answered 'Yes,' to Form 990, Part IV, tine 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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.

tf the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part tV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

		ganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
	MUNITY FOUNDATION 1			91-124677	
Pari	tl-A Complete if the org	janization is exempt under section !	501(c) or is a secti	on 527 organization	1.
1	Provide a description of the o	rganization's direct and indirect political ca	mpaign activities in P	art IV.	
					•
	to the same of the				
MAC 20 10 10 10 10 10 10 10 10 10 10 10 10 10	•	rganization is exempt under secti	• • • •		
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	> \$	0.
2	Enter the amount of any exci	se tax incurred by organization managers u	ınder section 4955		0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for the	his year?		Yes No
4 a	Was a correction made?				····· Yes No
	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities	
2	Enter the amount of the filing function activities	organization's funds contributed to other o	rganizations for section	on 527 exempt	
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and c	on Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
	organization made payments	and employer identification number (EIN) of Eor each organization listed, enter the amons received that were promptly and directly action committee (PAC). If additional space	rount paid from the fili	ing organization's funds	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
(1)				-	' none, ĕnter -0
(2)				11 90 11 11 10 10	
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).						
A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name,						
address,	address, EIN, expenses, and share of excess lobbying expenditures).					
B Check ► if the filing	ng organization chec	ked box A and 'limited conf	trol' provisions apply.			
(The term	Limits on Lobby 1 'expenditures' mea	ing Expenditures ns amounts paid or incurre	ed.)	(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditu	ires to influence pub	lic opinion (grass roots lob	bying)			
		gislative body (direct lobby				
		d 1b)		0.	0.	
-	-			8,149,698.		
e Total exempt purpose expenditures (add lines 1c and 1d)				8,149,698.	0.	
f Lobbying nontaxable am both columns	nount. Enter the amo	ount from the following table	e in	557, 485.		
If the amount on line 1e, colu		The lobbying nontaxable a	mount is:			
	Not over \$500,000 20% of the amount on line 1e.					
Over \$500,000 but not over \$1, Over \$1,000,000 but not over \$		\$100,000 plus 15% of the excess (\$175,000 plus 10% of the excess (
Over \$17,000,000	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000.					
			* - • • • • • • • • • • • • • • • • • •	139,371.	0.	
g Grassroots nontaxable amount (enter 25% of line 1f)					0.	
i Subtract line 1f from line 1c. If zero or less, enter -0				0. 0.	0.	
j If there is an amount ot section 4911 tax for this	her than zero on eith year?	er line 1h or line 1i, did the	e organization file Form	4720 reporting	Yes No	
		4-Year Averaging Period U	Inder Section 501(h)			
(Sai	me organizations th	at made a section 501(h) eless below. See the instruction	ection do not have to c			
	Lobb	ying Expenditures During	4-Year Averaging Perio	d		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total	
2a Lobbying non-taxable amount	719,20	9. 586,211.	501,308.	557,485.	2,364,213.	
b Lobbying ceiling amount (150% of line 2a, column (e))					3,546,320.	
c Total lobbying expenditures					0.	
d Grassroots nontaxable amount	179,80	2. 146,553.	125,327.	139,371.	591,053.	
e Grassroots ceiling amount (150% of line 2d, column (e))					886,580.	
f Grassroots lobbying expenditures					0.	
BAA				Schedule C (For	m 990 or 990-EZ) 2013	

schedule C (Form 990 or 990-EZ) 2013 COMMUNITY FOUNDATION FOR SW WASHINGTON	91-124	
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	d Form 57	68
For each 'Ves' response to lines 1s through 1i helpy, provide in Part IV a detailed description	(a)	

	(2	1)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount
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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50′ section 501(c)(6).	I(c)(5), or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	l(c)(5 Part	i), or	section 501(c) , line 3, 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 Current year			
b Carryover from last year			
c Total		<u> </u>	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		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 politiexpenditure next year?	cal	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information		<u>, </u>	
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); l	Part II	-A, line 2; and
Part II-B, line 1. Also, complete this part for any additional information.			
			·
· 			
			·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

CO:	MMUNITY FOUNDATION FOR SW WASHINGTON		91-1246778
Pa	nt Organizations Maintaining Donor Advised F	unds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered 'Yes'		
-	\	Donor advised funds	(b) Funds and other accounts
_	Total number at end of year	108	183
2	33 3	7,345,375.	11,217,781.
3	5a a a	4,344,805.	2,528,454.
4	Aggregate value at end of year	22,361,511.	54,727,994.
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad for charitable purposes and not for the benefit of the donor or impermissible private benefit?	visors in writing that grant funds donor advisor, or for any other	s can be used only purpose conferringXYes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered 'Yes'	to Form 990, Part IV, line	e 7 .
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or edu		of an historically important land area
	Protection of natural habitat	. ! !	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified last day of the tax year.	ed conservation contribution in t	he form of a conservation easement on the
	•		Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easements		2b
	c Number of conservation easements on a certified historic struc	cture included in (a)	2c
	d Number of conservation easements included in (c) acquired at	ter 8/17/06, and not on a histori	ıc.
	structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, reletax year ►	ased, extinguished, or terminat	ed by the organization during the
4	Number of states where property subject to conservation ease	ment is located -	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of violations,
_	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, and el	nforcing conservation easement	s during the year
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	satisfy the requirements of sec	ction 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization conservation easements.	n easements in its revenue and on's financial statements that de	expense statement, and balance sheet, and escribes the organization's accounting for
Рa	rt III Organizations Maintaining Collections of Art, F	listorical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered 'Yes'	to Form 990, Part IV, line	e 8.
1	a If the organization elected, as permitted under SFAS 116 (ASI art, historical treasures, or other similar assets held for public in Part XIII, the text of the footnote to its financial statements	exhibition, education, or resear	ue statement and balance sheet works of ch in furtherance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASI historical treasures, or other similar assets held for public exh following amounts relating to these items:	ibition, education, or research in	n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, historical trea amounts required to be reported under SFAS 116 (ASC 958) r	elating to these items:	
	a Revenues included in Form 990, Part VIII, line 1	*******	
	b Assets included in Form 990, Part X		►\$

Partill Organizations maintain	ing conect	IUIS UI AIL, HISIUIIC	ai freasures, or Ou	ier Similar Assets (C	onunueu)	
3 Using the organization's acquisition items (check all that apply):	on, accession,	, and other records, che	ck any of the following t	hat are a significant use	of its collection	on
a Public exhibition		d Loan o	or exchange programs			
b Scholarly research		e 🗍 Other				
c Preservation for future genera	ations					
4 Provide a description of the organ Part XIII.	nization's colle	ections and explain how	they further the organiz	ation's exempt purpose	in	
5 During the year, did the organizat to be sold to raise funds rather th	an to be main	tained as part of the or	ganization's collection?.	<u>.</u>	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangen amount on	nents. Complete if Form 990, Part X,	the organization ar line 21.	swered 'Yes' to Fo	rm 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian	n, or other intermediary	for contributions or othe	r assets not included	ີYes [No
b If 'Yes,' explain the arrangement				Γ		
					Amount	
c Beginning balance				. 1с		
d Additions during the year				. 1d	•	
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an a	mount on For	n 990, Part X, line 21?.			Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. C	heck here if the explant	lion has been provided i	n Part XIII		_
		·	•		L	
Part V Endowment Funds. Co	molete if th	ne organization ans	wered 'Yes' to Form	990, Part IV, line	10.	
1	(a) Current				(e) Four year	s back
1 a Beginning of year balance			.,,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b Contributions						
c Net investment earnings, gains,						
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	of the currer	nt year end balance (line	3 1g, column (a)) held a	s:	I.	
a Board designated or quasi-endow	/ment ►	. %				
b Permanent endowment ►						
c Temporarily restricted endowmen	it ►	8				
The percentages in lines 2a, 2b,		l equal 100%.				
			لماحملون لمرجع لمراجع ومرجع المحال	Calacad for the		
3a Are there endowment funds not in organization by:	ii iiie possess	ion of the organization i	ınat are nelu anu aumin	istered for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related of	rganizations I	isted as required on Sci	hedule R?			
4 Describe in Part XIII the intended	_	*			<u> </u>	
Part VI Land, Buildings, and						
Complete if the organi			990, Part IV, line	11a. See Form 990,	, Part X, Iin	e 10.
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land		640,212.			640	,212.
b Buildings						
c Leasehold improvements						
d Equipment						
e Other:			115,769.	100,226.	15	5,543.
Total. Add lines 1a through 1e. (Colum	n (d) must eq	ual Form 990, Part X, c				755.
BAA		· · · · · · · · · · · · · · · · · · ·			ule D (Form 9	

Part VII Investments - Other Securities.			
Complete if the organization answered	'Yes' to Form 990,	Part IV, line 11b. See Form 990). Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of	
(1) Financial derivatives		(2) mental of tradition doct of the di	Joan Mariot Value
(2) Closely-held equity interests	- 117 111111111		
(3) Other PRIVATE EQUITY PARNERSHIPS &	24 173 147	END OF YEAR MARKET VALUE	I
(A)	44,110,141.	END OF TEAR MARKET VALUE	
(B)			
(C) (D)		-	
(E)			
(F)			
(G)			
(d) (H)			
(1)	04 170 147		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	24,173,147.		
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV line 11c See Form 990) Part Y line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-	
(1)	(a) Dook Value	(c) (weatou of valuation, cost of cha-	or-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			**************************************
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.			
Complete if the organization answered 'Y	es' to Form 990. Pa	art IV. line 11d. See Form 990. Par	rt X. line 15.
	scription		(b) Book value
(1) ASSETS HELD IN CHARITABLE GIFT AND	NUITIES		1,514,782.
(2) ASSETS HELD IN CHARITABLE TRUSTS			2,191,778.
(3) BENEFICIAL INTEREST IN REMAINDER '	TRUSTS		264,553.
(4) LIFE INSURANCE POLICY			69,946.
(5) RESTRICTION ON USE OF LAND			25,000.
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	· · · · · · · · · · · · · · · · · · ·	4,066,059.
Part X Other Liabilities.	000 D. A.W. P. 11	116 G F 000 D 1 V # 05	
Complete if the organization answered 'Yes' to Form (a) Description of liability	990, Part IV, IIIIe I Ie or (b) Book value	TIT. See Form 990, Part X, line 25	*
(1) Federal income taxes	(b) Book value		
(2) AGENCY ENDOWMENT AGMNTS	010 60		
(3) LIAB FOR SPLIT INTRST AGMNTS	919,68 2,063,49		
(4)	2,003,43		
(5)		AND THE CONTRACT OF THE CONTRA	
(6)		CONTRACTOR CONTRACTOR SERVICES CONTRACTOR	
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,983,17	75	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for		nancial statements that reports the progression's li	iahility for uncertain

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	•	
1 Total revenue, gains, and other support per audited financial statements	1	26,209,844.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	1	
c Recoveries of prior year grants	1	
e Add lines 2a through 2d	2 e	7,133,871.
3 Subtract line 2e from line 1.	3	19,075,973.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		10,010,010.
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	1	
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.)	1	19,075,973.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu		13,073,313.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	1111.	
1 Total expenses and losses per audited financial statements	11	8,149,698.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		0,110,000.
a Donated services and use of facilities		
b Prior year adjustments 2b	-	
c Other losses.	-	
d Other (Describe in Part XIII.).	- 1	
e Add lines 2a through 2d	2 e	
3. Subtract line 2e from line 1.	\vdash	0.140.600
	3	8,149,698.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	-	
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	8,149,698.
Part XIII Supplemental Information.		0,145,050.
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 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	V, additiona	al information.
·		
	. _	
		- -
·		
BAA	Schedu	le D (Form 990) 2013

2013

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5

COMMUNITY FOUNDATION FOR SW WASHINGTON -

91-1246778

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

CHANGES IN TRUSTS, ANNUITIES, L-T CONTR.....

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No. 1545 0047

2013

Open to Public Inspection

Name of the organization Department of the Treasury Internal Revenue Service COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Employer identification number

Part General Information on Grants and Assistance	rants and Assis	tance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility the selection criteria used to award the grants or assistance?	s to substantiate the grants or assistance procedures for monit	amount of the grants e?oring the use of gran	s or assistance, the gra	s' eligibility	for the grants or assistance, and SEE PA	RT IV	X Yes □ No
Part III Grants and Other Assistance to Governments and Organizations in the United States. Com Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can	ce to Government for any recipient	ts and Organizat t that received n	ions in the United the constant that \$5,000.	Con	plete if the organization answered 'Yes' to be duplicated if additional space is needed	inswered 'Yes' to I space is needed	÷
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE ATTACHED 610 ESTHER STREET #201 VANCOUVER, WA 98660			6,083,498.	0.			
1 1 3							
(3)							
<u>(4)</u>							
<u>(5)</u>							
<u> </u>							
(8)		-					
	and government org	ganizations listed in t	the line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line 1	for Form 990		TEE 439011	07/12/13	Schedule	i (Form 990) (2013)
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	for Form 990.		TEEA3901L 07/12/13	07/12/13	Schedule) (Form 990) (Z013)

Part III can be duplicated if additional space is needed.	时间 Grants and Other Assistance to Individuals in the United States. Complete if the organization answ	edule (Form 990) (2013) COMMUNITY FOUNDATION FOR SW WASHINGTON
	nswered 'Yes' to Form 990, Part IV, line 22.	91-1246778
		Page 2

י מוניון ישו זמן ומטווסמוסמי יי משמוני	0.00				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SEE SCHEDULE ATTACHED		499, 822.			
		And the second s			
ا دي					
4					
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6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part II	de the informatio	n required in Part I	l, line 2, Part III, α	l, column (b), and any oth	any other additional information.
PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S	<u> 10NITORING US</u>	<u>e of Grants fui</u>	<u>NDS IN U.S.</u>	 	
WE GRANT FRIMARTIT TO ORGANIZANI LONG EXEMPT EROM INCOME ISS ONDER INC	TTONO TOWNET I	: KOM TINCOME THE	- ONDER TAC SEC	OFCITON	
501(C)(3),_WHO_ARE_IN_GOOD_STANDING_AND_ELIGIBLE	NDING_AND_ELIC	FOR CHARL	FOR CHARITABLE GRANTS. WE CONDUCT	WE_CONDUCT	
PERIODIC_SITE_VISITS_AND_COLLECT_OTHER_PROGRAM_INFORMATION_SUCH_AS_PROGRAM_AND	<u>CT_OTHER_PROG</u> I	RAM_INFORMATION	_SUCH_AS_PROGR	AM_AND	
ORGANIZATION BUDGET AND COMMUNITY IMPACT RESULTING FROM GRANTS.	ITY IMPACT RES	SULTING FROM GR	ANTS		
		 1 1 1 1 1			

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

COMMUNITY FOUNDATION FOR SW WASHINGTON

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

91-1246778

Par	Types of Property			·					
		(a) Check if applicable	(b) Number ot contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method ot determining noncash contribution amounts				
1	Art — Works ot art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications			·					
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	13	1,893,981.	FMV				
10	Securities — Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution — Historic structures								
14	Qualified conservation contribution — Other								
15	Real estate - Residential	X	1	291,730.	FMV				
16	Real estate - Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	1							
24	Archeological artifacts								
25	Other ► (IN-KIND)	Х	2	7,200.	FMV				
26	Other ()								
27	Other ()								
28	Other ► ()								
29	Number of Forms 8283 received by the organization completed Form 8283, Part IV, Done	on during the e Acknowle	e tax year for contribution	ons for which the	29				
	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used tor exempt purposes for the entire holding period? 50 b If 'Yes,' describe the arrangement in Part II.								
	-	cy that requ	ires the review of any n	on-standard contributio	ns? 31 X				
	Does the organization hire or use third parties or related organizations to solicit, process, or sell								
	noncash contributions? 32a X								
	olt 'Yes,' describe in Part II. It the organization did not report an amount in column (c) tor a type ot property for which column (a) is checked, describe in Part II.								
DAA	For Panenwork Reduction Act Notice see the Inc	Lucations fo	- Farma 000		Schedule M (Form 990) 2013				

Schedule	M (Form 990) 2013	COMMUNITY	FOUNDATION	FOR S	W WASHINGT	ON	91-1246778	Page 2
PartIII	Supplemental I the organization received, or a c	nformation. P n is reporting i ombination of	rovide the inf n Part I, colu both. Also co	ormatio mn (b), omplete	n required by the number of this part for	Part I, lines 30b, of contributions, the any additional info	32b, and 33, and some number of interesting the second sec	and whether tems
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	- -	——————————————————————————————————————						
		. — — — — — — — — — — — — — — — — — — —						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 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, BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST 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 THEIR WEBSITE.

2013

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

CHANGES IN TRUSTS, ANNUITIES, L-T CONTR. \$83,032. TOTAL \$83,032.

(Form 990) SCHEDULE R

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service Vame of the organization

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

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON Part III Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. 91-1246778

(4)	(3) 		Name, address, and EIN of related organization	Partill Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	(a)	(2)	(1) COMMUNITY FOUND. SW WA CHARITABLE LIC610 ESTHER STREET #201VANCOUVER, WA 98660	(a) Name, address, and EIN (if applicable) of disregarded entity
			(b) Primary activity	Complete if the during the tax y			CHARITABLE GRANTING	(b) Primary activity
			(c) Legal domicile (state or foreign country)	organization ear.			NG	
				answered 'Y			WA	(c) Legal domicile (state or foreign country)
***			(d) Exempt Code section	es' on For				
			(e) Public charity status (if section 501(c)(3))	n 990, Part IV,			0	(d) Total income
				line 34 becaus				(e) End-of-year assets
			(f) Direct controlling entity	e it had			0.	
			Sec 512(b)(13) controlled entity?	, t			N/A	Direct controlling entity

Page 2

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

(3)		(D)	(a) Name, address, and EIN of related organization	Part IV Identification of line 34 because	(3)			Name, address, and EIN of related organization
			of related organization	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organized because it had one or more related organizations treated as a corporation or the complete if the organizations.				(b) nary activity
				ions Taxa nore rela				(c) Legal domicile (state or foreign country)
			(b) Primary activity	ible as a Co ted organiz				
			(c) Legal domicite (state or foreign country)	r <mark>poration or Tr</mark> zations treated				Predominant (related, universely under segunder free 512-51
			(d) Direct controlling entity	ust Complete d as a corpo		_		
			(e) Type of entity (C corp, S corp, or trust)	e if the organ ration or tru				Share of total income
-				ization a ıst durin			·	(9) Share of end-of-year assets
			(f) Share of total income	anization answered 'Yes' o trust during the tax year.				
		:		'Yes' on x year.				(h) proper- prate ations?
			(g) Share of end-of- year assets	anization answered 'Yes' on Form 990, Part IV, trust during the tax year.			·	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
			(h) Percentage ownership	art IV,				Genera manag partne
			Sec 512(b)(13) controlled entity?				· <u>.</u>	d or Percentage ownership er?

BAA

TEEA5002L 06/27/13

Schedule R (Form 990) 2013

Page 3

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

2013	R (Form 990) 2013		Schedule		BAA TEEA5003L 06/27/13
		1	- La de la constanta de la con		(6)
	***************************************				(5)
					(4)
					(3)
	-				(2)
					(I)
ening Buini	Method of determining amount involved	Method c	Amount involved	(b) Transaction type (a-s)	Name of related organization
	<u>}</u>	ds.	covered relationships and transaction thresholds	covered relationships ar	崮
×	1 s	:			Other transfer of cash or property from related organization(s)
×	7				r Other transfer of cash or property to related organization(s)
		1			d trailing regions bein by the word of Benness (A) for substitute
×		- - -			p Reimbursement haid by related organization(s) for expenses
×	1 p				
×	10				o Sharing of paid employees with related organization(s)
×	1 n	: -			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	1 m	: :			m Performance of services or membership or fundraising solicitations by related organization(s)s
×	11	:			Performance of services or membership or fundraising solicitations for related organization(s)
×	<u>,</u>	-1			k Lease of facilities, equipment, or other assets from related organization(s)
					Tedage of tentiment entire to the state of t
×	1	<u> </u>	· · · · · · · · · · · · · · · · · · ·		i Lose of facilities equipment or other assets to related organization(s)
×	=	: _]		- '	Exchange of assets with related organization(s)
×	1 h	: []			
X	1 g	: :			
Х	1 f				f Dividends from related organization(s)
					C Experience of Local Grant at the control of the c
×	1 e	: 			e I cans or loan guarantees by related organization(s)
×	1 d	:			
X	1 c	: -			c Gift, grant, or capital contribution from related organization(s)
×	16	:			
×	1 a	<u>:</u>			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
			.~	ons listed in Parts II-IV?	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?
No	Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d) (e) (c) (f) (f) (c) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	nization. See instru	ctions regarding ex	clusion for certain	n investment p	artnerships.	(9)	Dispose.	() Jak		(K)
	***	(state or foreign country)		section 501(c)(3) organizations?	total income	end-of-year assets		amount in box 20 of Schedule K-1 Form (1065)	managing partner?	ownership
			section 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										

<u>(3)</u>				•						
<u>(4)</u>										
(5)	·			-						
(6)										
<u> </u>										
(8)		•								
1										

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TEEA5004L 06/27/13

Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	COMMUNITY	FOUNDATION	FOR SW WAS	HINGTON	91-1246778	Page 5
Part VII	Supplemental	Information					
	Provide addition	onal informat	ion for respor	nses to questic	ons on Schedule	e R (see instructions).	
	•			£1000000000000000000000000000000000000			
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Form **990-T**

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nding	,	ZU I	•

OMB No. 1545-0687

Depar Intern	ment of the Treasury al Revenue Service Information about Form 991-1 and its inst Do not enter SSN numbers on this form a	tructions it may	ms is available at www. y be public if you organizatio	<i>irs.gov/form990t.</i> on is a 501(c)(3).	•	Open to Public Inspe 501(c)(3) Organizatio	ction for ons Only
A	X Check box if Check box If		changed and see instructions.		n Em	ployer identification	
ВЕ	address changed Exempt under section Print COMMUNITY FOUNDATION	N F	OR SW WASHINGTO)N	inst	iployees' trust, see ructions.)	
	X 501(C)(3) or 610 ESTHER STREET #	201			9:	1-1246778	
	408(e) $220(e)$ Type VANCOUVER, WA 98660)			E Du	related business act	
	408A 530(a)				Loc	des (See instructions)
	52 9 (a)						
С	Book value of all assets at F Group exemption number (See instruend of year						
	80,166,552. G Check organization type X	501(c) corporation 501	(c) trust 4	01(a) tr	rust Othe	er trust
Ħ [Describe the organization's primary unrelated business activity. INCOME RECEIVED FROM PARTNERSHIP INVESTMI	ENT					
1 [During the tax year, was the corporation a subsidiary in an affiliate	ed gro	up or a parent-subsidia	ry controlled grou	p?	. Yes	No X
	f 'Yes,' enter the name and identifying number of the parent corp	oratio					-
	he books are in care of MARY PRINGLE		T	elephone number	- (30	60) 694-25	50
	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
	Gross receipts or sales						
_	b Less returns and allowances c Balance►	1 c					
_	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c.	3					
	Capital gain net income (attach Form 8949 and Schedule D)	4a					
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b					
, 5	Capital loss deduction for trusts	4 c					
J	(attach statement)	5	25,432.			25.	432.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		•			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions; attach schedule.)						
		12					
_	Total. Combine lines 3 through 12	13	25,432.		0.	25,	,432.
Pa	Till Deductions Not Taken Elsewhere (See instructions, deductions must be directly cor						
14	Compensation of officers, directors, and trustees (Schedule K).				14		,030.
15	Salaries and wages				15	23	, 030.
16	Repairs and maintenance				16		
17	Bad debts				17		
18	Interest (attach schedule)				18		
19	Taxes and licenses				19		
20	Charitable contributions (See instructions for limitation rules.)				20		
21	Depreciation (attach Form 4562)		21				
22	Less depreciation claimed on Schedule A and elsewhere on retu	urn	22 a		22 b		
23	Depletion				23		
24	Contributions to deferred compensation plans				24		
25	Employee benefit programs						
26	Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)		CFF	Статемект 2	27		
28 29	Other deductions (attach schedule)						,473.
30	Total deductions. Add lines 14 through 28				29 30		,503. ,071.
31	Net operating loss deduction (limited to the amount on line 30).					19	, U / I .
32	Unrelated business taxable income before specific deduction. S					-19	,071.
33	Specific deduction (Generally \$1,000, but see line 33 instruction						,
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is g				34	-19	.071.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

 If you a 	re filing for an Automatic 3-Month Extension	complete only P	art I and check this boy	▶ [汉]
	re filing for an Additional (Not Automatic) 3-			
	nplete Part II unlessyou have already been g		· · · · · · · · · · · · · · · · · · ·	_
Electronic f corporation request an Associated	illing (e-file). You can electronically file Form required to file Form 990-T), or an additiona extension of time to file any of the forms list. With Certain Personal Benefit Contracts, wh ling of this form, visit www.irs.gov/efile and it	8868 if you need if (not automatic) 3 ed in Part I or Par ich must be sent t	a 3-month automatic extension of time t 3-month extension of time. You can elec t II with the exception of Form 8870, Info o the IRS in page formal (see instruction	to file (6 months for a stronically file Form 8868 to
Part I	Automatic 3-Month Extension of Ti	me. Only subm	it original (no copies needed).	
A corporation	on required to file Form 990-T and requesting			omplete Part 1 only▶ 🔽
	rporations (including 1120-C filers), partners		d trusts must us e Form 7004 to request	an extension of time to file
	Name of exempt organization or other filer, see instruc-	ctions.	Enter filer's identi	fying number, see instructions Employer identification number (EIN) or
Type or print	THE COMMUNITY FOUNDATION I	FOR		91-1246778
File by the due date for	Number, street, and room or suite number. If a P.O. b	ox, see instructions.		Social security number (SSN)
filing your	1053 OFFICERS ROW			
return. See instructions.	City, town or post office, state, and ZIP code. For a fo VANCOUVER, WA 98661	reign address, see instr	uctions.	
Application Is For		Return Code	Application Is For	Return Code
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-E	BL	02	Form 1041-A	08
	(individual)	03	Form 4720 (other than individual)	09
Form 990-F	-	04	Form 5227	10
	(section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T	(trust other than above)	06	Form 8870	12 ·
Telepho If the o	one No. (360) 694-2550 rganization does not have an office or place of a Group Return, enter the organization his box	Fax No of business in the s four digit Group	United States, check this box Exemption Number (GEN)	If this is for the whole group,
the exte	his box $ ightharpoonup igbisplim$. If it is for part of the grension is for,		bossund	ames and EINs of all members
until The e	uest an automatic 3-month (6 months for a c $11/15$, 20 14 , to file the exemplextension is for the organization's return for: \overline{X} calendar year 20 13 or			

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3 c \$ 0.

Initial return

| | Final return

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Change in accounting period

> FIFZ0501L 12/31/13 (MS/91)-4 (FAT: FOT FOTE 16/20 00072, 2012 6/29

rar	TIN TAX Computation	Page and the second	-
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ► See instructions and:		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	_	
	(2) Additional 3% tax (not more than \$100,000)	2 8 2 8	
	Income tax on the amount on line 34.	► 35 c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	on line 34 from: Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax. See instructions		
38	Alternative minimum tax		
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	<u> </u>
	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40 a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	e Total credits. Add lines 40a through 40d		0.
41	Subtract line 40e from line 39	41	<u> </u>
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)		
	Total tax. Add lines 41 and 42	43	0.
	Payments: A 2012 overpayment credited to 2013	•	
	2013 estimated tax payments		
	Tax deposited with Form 8868	_ 1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 44 d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (Attach Form 8941)	_	
č	g Other credits and payments: Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 44 g		
45	Total payments. Add lines 44a through 44g	45	2,500.
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached	46	
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	▶ 47	
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	▶ 48	2,500.
49	Enter the amount of line 48 you want: Credited to 2014 estimated tax 2,500. Refunded	▶ 49	0.
Pai	TV Statements Regarding Certain Activities and Other Information (see instructions)	' - '	
1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other au	thority o	vera Yes No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form 1	-	I
	Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreio	
_	If YES, see instructions for other forms the organization may have to file.	a loreig	T dust
9			
	nedule A — Cost of Goods Sold.Enter method of inventory valuation ►	_ <u></u>	
1	Inventory at beginning of year	. 6	
2	Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here		
3	and in Part I, line 2	. 7	
4 8	a Additional section 263A costs (attach schedule)	- <u> </u>	Yes No
	h Other costs 8 Do the rules of section 263A (v	with reco	
ŀ	b Other costs (att. sch.) 4b property produced or acquired		
			· ' ' ' ' 1 32
5	Total. Add (nes 1 through 4th.). 5 to the organization?		X
	Total. Add (nes 1 (frough 4th.)		l I
5 Sig	Total. Add (nes 1 through 4b	est of my language	knowledge and edge.
Sig Her	Total. Add (nes 1 trough 4b	est of my lany knowl	knowledge and ledge. e IRS discuss this return with a parer shown below (see
Sig Her	Total. Add (nes 1 trough 4b	est of my languages any knowl	knowledge and ledge. e IRS discuss this return with a parer shown below (see
Her	Total. Add fines 1 through 4th	pest of my lany knowl May the the pre- instruc	knowledge and ledge. e IRS discuss this return with parer shown below (see
Her — Pai	Total. Add fines 1 strough 4b	pest of my land knowl May the pre- instructory if	knowledge and ledge. e IRS discuss this return with parer shown below (see titons)? X Yes No
Pai Pre	Total. Add fines 1 strough 4b	pest of my list any knowl May the the pre- instruction if Pred F	knowledge and ledge. e IRS discuss this return with sparer shown below (see titons)? X Yes No
Pai Pre par	Total. Add (nes 1 tirrough 4b). 5 to the organization?	pest of my list any knowl May the the pre- instruction if Pred F	knowledge and ledge. e IRS discuss this return with parer shown below (see titons)? X Yes No
Pai Pre par Use	Total. Add fines 1 ftrough 45	est of my leady knowledge in the preinstruction if Pred Pred Pred Pred Pred Pred Pred Pred	knowledge and ledge. e IRS discuss this return with enarer shown below (see titons)? X Yes No TIN 200432577 1157146
Pai Pre par	Total. Add fines 1 ftrough 45	est of my leady knowledge in the preinstruction if Pred Pred Pred Pred Pred Pred Pred Pred	knowledge and ledge. e IRS discuss this return with sparer shown below (see titons)? X Yes No

Schedule C — Rent Income (From Real Proper	ty and Pers	sonal Pro	perty Leased	With F	Real Property	(see ins	structions)	
1 Description of property									
(2)									
(3) (4)								to thirty	
-	2 Rent received or	accrued			Т				
(a) From personal pro		(b) From re	eal and pe	rsonal property				ectly connected with	
(if the percentage of rent for property is more than 109 more than 50%)	% but not	(if the perce property ex based	entage of r sceeds 50% d on profit o	ent for persona 6 or if the rent is or income)	ıl s	the incom	(attach s	mns 2(a) and 2(b) chedule)	
(I)									
(2)									
(3)									
(4) Total	T-1-								
Total	Tota					(b) Total deductio	ns. Enter		
(c) Total income. Add totals of co	6, column (A)					here and on page 1, I, line 6, column (B	, Part		
Schedule E – Unrelated [Dept-Financed in	icome (see	instructio	ns)	1				
1 Description of det	ot-financed property		or alloca	income from		debt-f	inanced		
			Ilnance	ed property	depre	a) Straight line ciation (attach	sch)	(b) Other deductions (attach schedule)	
<u>(1)</u> (2)									
(3)									
(4)			 						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to de property (attach	bt-financed	div	olumn 4 rided by Ilumn 5		Gross income rtable (column column 6)	2 x	Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				암					
(2)				8					
(3)				ş					
(4)				왕					
Totals	-,			,,,.	Enter Part I	here and on pa , line 7, columr	ige 1, En ı (A). Pa	iter here and on page 1 art I, line 7, column (B).	
Total dividends-received deduct							>		
Schedule F – Interest, Ai					d Org	anizations	(see instr	ructions)	
		Exempt Con	trolled Org	anizations					
1 Name of controlled organization	2 Employer identification number	3 Net uni income (see instri	(loss)	payments made		ied 5 Part of column that is included the controlling organization's gross income		connected with income in column 5	
(1)									
(2)									
(3)				-					
(4)									
Nonexempt Controlled Organizat		T #=							
7 Taxable Income	8 Net unrelated income (loss) (see instructions)		f specified nts made	included	d in the	nn 9 that is controlling ross income		Deductions directly nected with income in column 10	
(1)									
(2)									
(3)									
(4)									
Table			<u>-</u>	here and o		nd 10. Enter 1, Part I, line ı (A).		olumns 6 and 11. Enter id on page 1, Part I, line 8, column (B).	
Totals								•	

1 Description of income	2 Amount of inco		3 dired	Deductions ctly connected	4 Set-aside (attach sched	s	5 Tota	deductions and sides (column 3
-			į (atta	ach schedule)	(ıs column 4)
(1)								
(2)								
(3) (4)								
(4)	Enter here and an	2222 1					Entor bo	
Tatala	Enter here and on p Part I, line 9 , colun	nn (A).					Part I, li	re and on page 1, ne 9 , column (B).
Totals ► Schedule I — Exploited Exem	 nt Activity Incom	20 Ot	hor The	n Advodicina	Incomo (l	-11		
Schedule I — Exploited Exem	2 Gross			T				I
1 Description of exploited activity	unrelated business income from trade or business	conne prod of ur	ses directly cted with luction related ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals	Enter here and on page 1, Part I, line 10, column (A).	on p Part I	here and age 1, , line 10, nn (B).					Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Inc	omo (Cardinalia							
	•	•		.11 🖰				
Part I Income From Periodic								T =
1 Name of periodical	2 Gross advertising income	adve	Pirect Prtising Posts	4 Advertising gain or (loss) (col. 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income		adership osts	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)						•		
(3)				-				-
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Periodic 7 on a line-by-line basis.)	cals Reported o	n a Se	parate	Basis (For each	periodical listed in	n Part I	l, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	adve	Direct ertising osts	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income			7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								
(5) Totals from Part I								
	Enter here and on page 1, Part I, line 11, column (A)	on p Part I	here and page 1, I, line 11, mn (B).					Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		<u> </u>						
Schedule K — Compensation	of Officers, Dire	ectors	, and T	rustees (see ins	tructions)			
1 Name				2 Title	3 Percent time devot to busines	ed		sation attributable ated business
MARY PRINGLE		V.P	. & CF	· 0	15	용		17,040.
JENNIFER RHOADS			SIDENI			8		6,990.
	**************************************					왕	***	-,
						용		
Total. Enter here and on page 1, Part	II, line 14					-		24,030.

2013

FEDERAL STATEMENTS

PAGE 1

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

STATEMENT 1 FORM 990-T, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
COMMON SENSE PARTNERS II, LP COMMON SENSE LONG-BIASED II, LP SOVEREIGN NEW MILLENIUM FUND II, LP ABBOTT CAPITAL PRIVATE EQUITY FD III FRONTIER MARKET SELECT FUND, LP DMD INVESTMENT GROUP, LLC POWERSHARES DB COMMODITY INDEX TRACK SEMPER VIC PARTNERS (QP), L.P. CAPITAL DYNAMICS GLOBAL SECONDARIES	\$ 0. 22,530. -584. 3,228. 0. 0. 0. 258.	\$ 0. 8 0. 0. 0. 0. 0. 0. TOTAL	\$ 0. 22,530. -584. 3,228. 0. 0. 0. 258. \$ 25,432.

STATEMENT 2 FORM 990-T, PART II, LINE 28 OTHER DEDUCTIONS

91-1285201 501(C 3) 11,300 Early Childhood Development Program 22-2678005 501(C 3) 10,000 Challenge Grant/Matching Funds 91-1181503 501(C 3) 5,061 Building Fund 91-1181503 501(C 3) 1,991 Building Fund 91-1285652 501(C 3) 1,991 Building Fund 91-1285652 501(C 3) 1,000 Unrestricted 91-1057994 501(C 3) 1,000 Unrestricted 91-1257994 501(C 3) 1,000 Unrestricted 91-1257994 501(C 3) 5,000 Unrestricted 91-1259420 501(C 3) 5,000 Unrestricted 5,000 5,	Bridgeview Housing,2500 Main Street, Sulte 200 Vancouver, WA 98660 Bridgewater, State University Foundation, PD Box 42 Bridgewater, MA 02224-9989 Bridgewater State University Foundation, PD Box 42 Bridgewater, MA 02224-9989 Bridgewater State University Foundation, PD Box 42 Bridgewater, MA 02224-9989 Bridgewater State University Foundation, PD Box 42 Bridgewater, WA 98662 Bascades Preshyterian Church of Vancouver, PO Box 820189 Vancouver, WA 98662 Cascades Preshyterian Church of Vancouver, PO Box 820189 Vancouver, WA 98662 Castolic Community Services of Western Washington,100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washington,200 23rd Avenue South Seattle, WA 98144 Catholic Center, PO Box 484 Vancouver, WA 981666 Children's Center, PO Box 484 Vancouver, WA 981666
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501(C)(3) 1,000 Unrestricted	Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598
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5 Scholarships for students entering of currents entering e	Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598
501(C)(3) 30,000 Veteran's Re-	Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598
501(C)(3) 2,000 Veteran's Res	Clark College Foundation 1933 Fort Vancouver Way Vancouver, WA 98663-3598
501(C)(3) 5,000 Athletic Score	Clark College Poundation, 5333 Fort Vancouver Way Vancouver, WA 98663-3598
501(C)(3) 1,000 Unrestricted	City bit is Certify 1033 Fort Vancouver Way Vancouver WA 98663-3598
501(c)(3) 5,000	Children's Justice and Advocacy Center, 244 N Eddis, Avenue Series, 337 2004
501(C)(3) 5,000	Children's Home Society of Washington, PO Box 605 Vancouver, WA 98000
501(C)(3) 1.154	Children's Home Society of Washington, PO Box 505 Vancouver, WA 98550
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s in the United States	Schedule 1, Part il Grants and Other Assistance to Governments and Organizations in the United States
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	The Community Foundation for Southwest Washington

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e Community Foundation for Southwest Washington			
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Schedule 1, Part II Grants and Other Assistance to Governments and Organizations in the United States	- Land		And the second s
me Address and in	EIN IRC Code	Cash Grant	urpose of Grant or Assistance
Congregation Kot Ami, PO Box 399 Brush Prairie, WA 98606-0399	91-1487789 501(C)(3)	5,769 35.000	Rabbi Insurance \$12,000, Rabbi Pension \$18,000, Board Development \$5,000
gregation Kol Ami, PO Box 399 Brush Prairle, WA 98606-0399	91-1487789 501(C)(3)	2,500	nnual contribution to Operating Fund
	91-1487789 501(C)(3)	1,291	Designated for 8.29.13 maintenance of CKA parking for; to be paid to: Pavement Maintenance, Incinv 173243
inecticut College, Becker House 270 Mohegan Avenue New London, CT 05320-4196	06-0646587 501(C)(3)		Unrestricted
uncil for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828 501(C)(3)		hrestricted
Ouncil for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828 501(C)(3)		2,000 Unrestricted
uncil for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828 501(C)(3)	_	nrestricted latching funds for challenge at September Luncheon
uncil for the Homeless 2500 Main Street Vancouver, WA 98500	91-2001BZ8 501(C)(3)	П	nrestricted
uncil for the Homeless, 2500 Main Street Vancouver, WA 98560	91-2001828 501(C)(3)	T	Unrestricted
uncil for the Homeless 2500 Main Street Vancouver, WA 98660	91-2001828 501(C)(3)		Serieral Fund San Marc Challenge 2012
Dana-Farber Cancer Institute, 77 Fourth Avenue Needham, MA 02454	04-2263040 501(C)(3)		5,000 Pan-Mass Challenge
break Youth Services, 404 E 15th Street, Sulte 6 Vancouver, WA 98663	91-1083936 501(C)(3)		Inrestricted
La Salle North Catholic High School, 7528 North Fenwick Avenue Portland, OR 97217	91-0847188 501(c)(3)	T	eady School Strategy Group
reasonal bervice District # 112,2000 NG OOH AVEILUSE VALIGUAGE, VAN 30002	91-1557462 501(C)(3)	9,547	9,547 Unrestricted
rgreen Habitat for Humanity,521 E 33rd Street Vancouver, WA 98663	91-1557462 501(C)(3)	Τ	Construction costs MVH5 student nouse project
rgreen Habitat for Humanity,521 E 33rd Street Vancouver, WA 98663	91-1557462 501(C)(3)		eneral Fund
rgreen School District Foundation, 13215 C-8 SE Will Plain Boulevard PM8 252 Vancouver, WA 98684-9980	91-1714854 501(C)(3)		restline Elementary emergency support due to school fire
rgreen School District Foundation, 13215 C-8 SE Mill Plain Boulevard PM8 252 Vancouver, WA 98684-9980	91-1714854 501(C)(3)	Ι.	Intestricted
t United Methodist Church,401 £ 33rd Street Vancouver, WA 98653-2297	91-0593487 501(c)(3)		4,000 Unitestricted
t United Methodist Church 401 E 33rd Street Vancouver, WA 98653-2297	91-0593487 501(c)(3)	6,000	Unrestricted
First United Methodist Church 401 E 33rd Street Vancouver, WA 98663-2297	91-0593487 501(c)(3)		Unrestricted
t United Methodist Church,401 E 33rd Street Vancouver, WA 98663-2297	91-0593487 501(c)(3)	1 5	16,000 Unrestricted
d Lifeline,1702 NE 150th Street Shoreline, WA 98155	91-1090450 501(C)(3)	1	dobite Food Pantry
t Vancouver National Trust General O. C. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645 SO1(C)(3)		inrestricted
t Vancouver National Trust General O.O. Howard House 750 Anderson Street Vancouver, with 20051	91-1937645 501(C)(3)		hrestricted
t Vancouver National Triet General O.D. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645 501(C)(3)	50,000	Support for purchase of The Academy Building (1st of 5 pledged grant payments)
t Vancouver National Trust General O.O. Howard House "50 Anderson Street Vancouver, WA 98661	91-1937645 501(C)(3)	20,000	20,000 Unrestricted
t Vancouver National Trust, General O. O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645 501(C)(3)	- 1	Inrestricted
t Vancouver National Trust General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1456753 501(C)(3)	- 1	poks for Community discussion groups at La Center Library
t Vancouver Regional Library Foundation, PO Box 2384 Vancouver, WA 98668	91-1456753 501(C)(3)	- 1	Hello, Babyl'' Book Bag Project
t Vancouver Regional Library Foundation PO 80x 2384 Vancouver, WA 98568	91-1456753 501(C)(3)	1 1	nrestricted
t Vancouver Seafarers Center,PO Box 1102 Vancouver, WA 98666-1102	91-6068346 501(c)(3)	1 1	nrestricted
t Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98665-1102	91-6068346 501(c)(3)	10,000	Unrestricted
t Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 9855-1102	91-6068346 501(c)(3)	10,000	General Operating Support
t Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98565-1102	91-6068346 501(c)(3)	5.595	Matching Grant - Payment #2
Vancouver Seafarers Center PO Box 1102 Vancouver, WA 98565-1102	91-6068346 501(c)(3)	650	Matching Grant - Final Payment
t Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98555-1102	91-6068346 501(c)(3)	5,000	Operations
t Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-1102	91-6068346 501(c)(3)	13,755	Matching Grant - Payment #1
nciscan Montessorl Earth School,14750 SE Clinton Street Portland, OR 97236	31-1758439 501(C)(3)	29 147	nallenge Grant/ Matching runes
d Hutchinson Cancer Research Center, PO Box 19024, 15-200 Seattle, WA 98109-1024	91-1707542 501(C)(3)	1,000	Unrestricted
clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)		nrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)		1,000 Unrestricted
	91-1707542 501(C)(3)	Γ	nrastricted
e Clinic of 5outhwest Washington,4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)		5,000 Unrestricted

Column C		5 200 Historietad	503/-1(3)		
EIN RC Code Cash Grant Purpose of Gra 91-197543 501(C 3) 1,000 Unrestricted 94-935961 501(C 3) 1,000 Unrestricted 1	- Charles Control of the Control of	4,800 Unrestricted	501(c)(3)		Have a from Payroll Account 1053 Officers flow Vancouver, WA 98661
EIN RC Code Cash Grant Purpose of Gra					Have a Tream Payroll Account 1053 Officers Row Vancouver, WA 98851
EIN RC Code Cash Grant Purpose of Gra	ANALY ANALY ANALYS ANAL				Have a Dream Payroll Account 1053 Officers Row Vancouver, WA 98561
EIN RC Code Cash Grant Purpose of Gra 91-193261 501(C/3) 1,000 Unrestricted 94-3136961 501(C/3) 1,000 Unrestricted 95-0782467 501(C/3) 1,000 Unrestricted 95-0782467 501(C/3) 1,000 Unrestricted 95-0782467 501(C/3) 5,000 Unrestricted 95-1682776 501(C/3) 5,000 Unrestricted 95-1682776 501(C/3) 5,000 Unrestricted 95-1682776 501(C/3) 5,000 Unrestricted 95-168285 501(C/3) 5,000 Unrestricted 95-168285 501(C/3) 5,000 Unrestricted 95-168285 501(C/3) 5,000 Unrestricted 95-0789124 501(C/3) 5,000 Unrestricted 95-0789124 501(C/3) 5,000 Unrestricted 95-1682165 501(C/3) 5,000 Unrestricted 95-1682165 501(C/3) 5,000 Unrestricted 95-1682165 501(C/3) 3,000 Unrestricted 95-1682165 501(C/3) 3,0	WASHINGTON WAND WASHINGTON WASHINGTON WASHINGTON WASHINGTON WASHINGTON WASHIN		 		Have a Dream Payroll Account, 1053 Officers Row Vancouver, WA 98651
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Itizations In the United States EIN	Izations in the United States Inc Code Cash Grant Inc Code		╁		Wellesley College, Office of Development Services 106 Central Street Wellesley, MA 02481
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Interview Inte	Itations in the United States EIN IRC Code Cash Grant Purpose of Grant Purpos	Washington C	T	-	Special Olympics Washington, 1809 7th Avenue, Suite 1509 Seattle, WA 98101-4400
Izations in the United States EIN IRC Code Cash Grant Purpose of Grant Purpos	Itations in the United States EIN IRC Code Cash Grant Eurpose of Grant European Europe	Existing and n	T	-	Southwest Washington Workforce Development Council, 805 Broadway Street, Suite 412 Vancouver, WA 98660
IRC Code Cash Grant Purpose of Grant	Itrations in the United States ItIN IRC Code Cash Grant Purpose of Grant Purp	Unrestricted	T		Southwest Washington Symphony, PO Box 1011 Longview, WA 98532
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The Community Foundation for Southwest Washington Form 990 - 2013 Form 990 - 2013 FEIN: 91-1240778 FEIN: 91-1240778 Schedule 1, Part II Grants and Other Assistance to Governments and Organizations in the United States	ation for Southwest Washington. Is and Other Assistance to Governments and Organizations in the United States		1_		
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The Community Foundation for Southwest Washington Form 990 - 2013
Grants and Other Assistance to Individuals in the United States Schedule I, Part III

\$ 499,822		Combined
4,792	ယ	Support for employees suffering severe financial hardship as a result of catastrophic events in their lives.
372,773	190	Financial assistance to post-secondary students attending institutions of higher learning.
3,387	360	Financial assistance for low-income elementary school children.
108,852	97	Financial support for ecute needs of struggling women in the greater Clark county area.
Amt of Cash Grants \$ 10,018	Number of Recipients 165	Type of Grant Financial assistance for tow-income students attending Southwest Washington schools.