

# IRS FINANCIAL REPORTING RETURN

Fiscal Year 2015 | Form 990 & 990T





## Form **990**

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

A	For the	2015 calen	dar year, or tax	year beg	inning		, 20	5, and endi	ng		172.00	Committee of the Control of the Control	
В	Check if ap	plicable:	С				-			D Employ		ification number	
	Addres	ss change	COMMUNITY	FOUND	ATION FOR	SW WAS	SHINGTO	N		91-	1246	778	
	Name	change	610 ESTHER				311111010			E Telepho			
	Initial		VANCOUVER,							27			
	$\vdash$									(36	0) 6	94-2550	
	$\vdash$	turn/terminated								_		<b>.</b>	
	$\vdash$	ded return	F							G Gross			
	Applic	ation pending	F Name and addre		OHN	NIFER F	CDAOHS		1	a group retur		143 140	
_			SAME AS C						H(b) Are all	subordinates attach a list.	include: see ins	d? Yes No	
느	Tax-exer	npt status	X 501(c)(3)	501(c) (	) <b>√</b> (in	isert no.)	4947(a)(1)	or 527			•	,	
J	Websi	te:► WW	W.CFSWW.OR	.G						exemption n	ımber 🕨	•	
K		organization:	X Corporation	Trust	Association	Other ►		L Year of forma	tion: 198	4 M:	State of I	egal domicile: WA	
Pa	irt F	Summar	У										
	1 Bri	iefly descri	be the organizat	tion's mis	sion or most s	significant a	activities:	THE FOUN	DATION	IS A	CHAR	ITABLE	
Ф	[ G	RANTING	ORGANIZAT	'ION W	HOSE MISS	ION IS	TO INSI	PIRE A C	ULTURE	OF GIV	/ING	TO CREATE A	
E C	<u>v</u> :	IBRANT	AND ENGAGE	D COM	MUNITY.		1112100-220						
Ĕ													
Activities & Governance	2 Ch	eck this bo	ox ► if the o	organizat	ion discontinu	ed its oper	ations or di	sposed of m	ore than 2	5% of its	net as	sets.	
Ö	3 Nu	imber of vo	ting members o	f the gov	erning body (F	Part VI, line	e 1a)				3	17	
SS	4 Nu	imber of in	dependent votin	g membe	ers of the gove	rning body	(Part VI, I	ine 1b <b>)</b>			4	17	
ığ:	5 To	tal number	of individuals e	mployed	in calendar ye	ear 2015 (F	art V, line	2a)			5	10	
듕	70 To	tal number	of volunteers (	esumate	if necessary)						6	320	
A	/a 10	tai urireiate	ed business reve	enue mon	1 Part VIII, coi	umn (C), II	ne 12				7a	2,047.	
-	D IVE	t unrelated	l business taxab	ie incom	e irom Form 9	90-1, line	34				7b	-36,420.	
	8 Co	ntributions	and grants (Pa	et \/\!!     -	o 16\					rior Year		Current Year	
ø			and grants (Pa vice revenue (Pa							855,		30,628,208.	
en	10 Inv	ografii s <del>e</del> rv	nce revenue (Pa ncome (Part VIII	art VIII, III	(A) lines 2 4					12,5		11,587.	
Revenue	11 Ot	har rayany	e (Part VIII, colu	, column	(A), lines 3, 4	, and /d).				605,	82.	760,178.	
	12 To	tal revenu	e (i ait viii, coit e – add lines 8	through 1	1 (must oqual	Dort VIII	and He)	line 10\		474		01 000 000	
-			imilar amounts							7,474,0		31,399,973.	
										7,830,4	119.	7,860,347.	
		nefits paid to or for members (Part IX, column (A), line 4)											
S	10 00	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)										833,173.	
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)												
ď.	<b>b</b> To	tal fundrais	sing expenses (F	⊃art IX, c	olumn (D), lin	e 25) 🟲		412,060.					
ш	17 Ot	her expens	ses (Part IX, coli	umn (A),	lines 11a-11d	, 11f-24e)				646,1	68.	584,437.	
			es. Add lines 13							9,194,1		9,277,957.	
	19 Re		expenses. Sub							1,279,9		22,122,016.	
ot Assets or and Balances			<u>·</u>							ng of Curre	$\overline{}$	End of Year	
5	<b>20</b> To	tal assets	(Part X, line 16)							3,614,9		102,940,316.	
AB	<b>21</b> To	tal liabilitie	s (Part X, line 2	26)						2.817.4		2,687,899.	
5	22 Ne		fund balances.										
		Signatur		Jubliaci	inie Zi iigiii i	1116 20			8(	797,	73.	100,252,417.	
-				/	1								
com	plete. Decla	or perjury, i de ration of prepa	iciare that I have exa irer (other than office	mined this re	eturn, including acc or all information of	companying so f which prepar	hedules and si er has any kno	atements, and to wledge.	the best of n	ny knowledge	and bel	lef, it is true, correct, and	
_		K (	NV	) P	79-0-1	-An	77			10	-	11 11	
Sic	110	Signatu	re of officer	114		#B}+H	<del>//</del>		Di	ate /	-0	4-16-	
Siç He	jii re	MAD	V DOTNOTE	. 11	$\mathcal{L}(\mathcal{H})$		ſ						
110	10		Y PRINGLE print name and title.		90	U			V.P.	& CFO			
_			preparer's name		Preparer's sign	ature	1 - 4	. Data		T	F	PTIN	
			·		/_7	7/5 W	K.CM	10/1)	111	١ -	X] if		
Pa			ND V. PROUI			· <i>U</i>	11 "	14/2/	116	seif-employ	ed	P00432577	
Pre	eparer	Firm's name											
US	e Only	Firm's addre			ST AVENUE	, SUITE	E 410			Firm's EIN	<b>▶</b> 93	-1157146	
_					R 97201					Phone no.	(50:	3) 222-3338	
May	the IRS	discuss th	is return with th	e prepar	er shown abov	e? (see in:	structions).				x: 03000	. X Yes No	

	990 (2015) COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778	Page 2
Par			
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE FOUNDATION'S MISSION IS TO INSPIRE A CULTURE OF GIVING TO CR	EATE A VIBRANT	AND
	ENGAGED COMMUNITY. SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED M	ORE THAN \$144	
	MILLION.		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	vices, as measured by e	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the total e	xpenses,
	and revenue, if any, for each program service reported.		
	(Code: ) (Expenses \$ 8,673,830, including grants of \$ 7,860,347,) (F	2	
4 8		Revenue \$	)
	SEE SCHEDULE O		
		- <b>-</b>	
4 5	(Code:) (Expenses \$ including grants of \$) (I	Revenue \$	)
		<b></b>	
40	: (Code: ) (Expenses \$ including grants of \$ ) (I	Revenue \$	)
	Other program services. (Describe in Schedule O.)		
4 (	and the second s		`
			)
46	e Total program service expenses ► 8,673,830.		

Yes								
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.							
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	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 b	Х					
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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		Х				
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X					
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X				
12	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	12b	Х					
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х				
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х				
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		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		17		Х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х				

Form 990 (2015) COMMUNITY FOUNDATION FOR SW WASHINGTON

Part IV Checklist of Required Schedules (continued)

1 CI	One chief of Required Scriedules (Commune)		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a	res	No X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' 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		
	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		
	d 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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 'Yes', 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	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> 'Yes,' complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' complete Schedule M	30		Х
31		31		X
32	Schedule N, Part II	32		X
33	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, Part II, III, or IV, and Part V, line 1.	34	Х	
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Note. All Form 990 filers are required to complete Schedule O.	38	Х	
BA	A	Forn	1 <b>990</b>	(2015)

# Form 990 (2015) COMMUNITY FOUNDATION FOR SW WASHINGTON 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....

Check it Schedule O contains a response of flote to any life in this Part V.			للن
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1000000		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
(gambling) winnings to prize winners?	1 c	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 1			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	Transmission (
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?		X	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country:			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</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?	5 c		—
6 a 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?	6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	STATE		
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?	7 a	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		E UX	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		Х
9 Sponsoring organizations maintaining donor advised funds.			I SEE
a Did the sponsoring organization make any taxable distributions under section 4966?			X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		X
10 Section 501(c)(7) organizations. Enter:		Se	
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	523		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	100		2
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	503		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	100		
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
Note. See the instructions for additional information the organization must report on Schedule O.	4		
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?	. 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.			
BAA TEEA0105L 10/12/15	Form	1 990	(2015)

Form 990 (2015) 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..... X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 1 b 17 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 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ 6 Did the organization have members or stockholders?.... Χ 6 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?.... 7 a Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?..... Χ 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 b Each committee with authority to act on behalf of the governing body?.... X 8h Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X 9 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 Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?.... 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a  $\overline{X}$ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 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 ...... Χ 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... X 15 a b Other officers or 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?..... Χ 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16b Section C. Disclosure 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19

the public during the tax year.

SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: 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

- 1 a 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) Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) Estimated amount of other (B) Average hours per week Reportable compensation from Reportable compensation from Officer Former the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) compensation from the emplayee Institutional trustee Individual Highest compensated director (list any hours for employee related organiza tions below dotted trustee (1) BRETT BRYANT 2 CHAIR 0 Χ X 0 0 0. (2) MARK MATTHIAS 2 VICE CHAIR 0 Χ X 0. 0 0. (3) STEVE HANSEN 2 TREASURER 0 Χ Χ 0 0 0. (4) DR. JIM YOUDE 2 SECRETARY 0. Х X 0 0. 0 SCOTT SOUTH 2 DIRECTOR 0 Χ 0. 0 0. KAYCEE WIITA 2 DIRECTOR 0 Χ 0 0 0. (7) VAUGHN LEIN 2 DIRECTOR X 0 0 0 0. (8) ALBERT ANGELO III 2 DIRECTOR 0 X 0 0 0. (9) JODY CAMPBELL 2 DIRECTOR 0 Χ 0 0 0. (10) MARK DODSON 2 DIRECTOR 0 Χ 0 0 0. (11) RICK WOLLENBERG 2 DIRECTOR 0 Χ 0 0 0. TWILA BARNES 2 DIRECTOR 0 Χ 0 0 0. (13)MARTY FORSMANN 2 DIRECTOR 0. 0 Χ 0 0 (14) TERRY PRILL 2 DIRECTOR Χ 0 0 0 0.

Tail the Occion Al Officers, proceeds, the	13(003,	, ve y		PIO	700	03,0	1110	ringinest con	perisated Emp	Oyces (continued)
(A) Name and title	Average hours per week	box.	not ch unlesser and	s per d a di	ition more rson i irecto	is both or/trusto	an ee)	(D)  Reportable compensation from	(E)  Reportable compensation from	<b>(F)</b> Estimated amount of other
	(list any hours for related organiza - tions	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	below dotted line)	stee	ustee		0	ensated				
<u>OISO DR. CANDACE YOUNG</u> DIRECTOR	2	X						0.	0.	0.
(16) DAVID NIERENBERG DIRECTOR	2	X						0.	0.	0.
(17) SCOTT KEENEY	2									
DIRECTOR (18) DAVID RUIZ	2	X						0.	0.	0.
DIRECTOR (19) JENNIFER RHOADS	0 40	X		$\dashv$				0.	0.	0.
PRESIDENT	0	1		Х				155,939.	0.	10,916.
(20) MARY E PRINGLE V.P AND CFO	_ <u>40</u> _			Х				114,400.	0.	17,662.
(21)	<del>-</del>									
(22)							i			
(23)										
(24)										
(25)			$\Box$							
1 b Sub-total							<b>&gt;</b>	270,339.	0.	28,578.
c Total from continuation sheets to Part VII, Secti							<b>&gt;</b>	0.	0.	0.
d Total (add lines 1b and 1c)								270,339. more than \$100,00	0. 00 of reportable comp	28,578. pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor, or tru	ustee	, key	em	ploy	yee,	or h	nighest compensa	ited employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations great such individual.	f reportater than \$	ole co 150,0	mpe 00?	nsa If 'Y	ition	and com	oth plet	ner compensation te Schedule J for		
5 Did any person listed on line 1a receive or accru	ie compe	nsatio	on fro	om :	anv	unre	late	ed organization or	individual	. 4 X
for services rendered to the organization? If 'Ye Section B. Independent Contractors										.   5   X
Complete this table for your five highest comper compensation from the organization. Report comper	nsation for	the o	dent	dar	ntra year	ctors endi	tha ng v	with or within the o	rganization's tax yea	
Name and business add	(A) (B) (C) Name and business address Description of services Compensation									
2 Total number of independent contractors (including	but not lin	nited	to tho	se 1	liste	d abo	ve)	who received more	e than	
\$100,000 of compensation from the organization	n <b>&gt;</b> 0	TEE *	.0108L	107	1205					Form <b>990</b> (2015)
		ILLA	UIUBL	10/	14/15	,				1.0(1) <b>220</b> (5012)

Par	t VI	Statement of Revenue Check if Schedule O contains a	rasnonse or note to an	v line in this Part VII	1		П
		Gricel II Cericadie G contains a	esponse of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts			1a 1b				
s, G	C	: Fundraising events	1 c				
Siffts lar /	d	Related organizations	1 d				
ns, ( simi	е	Government grants (contributions)	1 e				
rtio	f	All other contributions, gifts, grants, and similar amounts not included above					
ig f			1f   30,628,208.				
nd	_	noncash contributions included in lines 1a-1f: Total. Add lines 1a-1f	1 0/300/010:	20 620 200			
<u>a</u> C		Total. Add lines Tarit	Business Code	30,628,208.			
Program Service Revenue	2 a	SERVICE FEES	900099	11,587.	11,587.		
Reg	Ŀ			11/00/	11/307.		
ice	c						
Sen	C	1					
E E	Е						
<u>p</u>		All other program service revenue.		44			
	-	Total. Add lines 2a-2f		11,587.			
	3	other similar amounts)		760,178.		2,047.	758,131.
	4	Income from investment of tax-exe	mpt bond proceeds	700,170.		2,047.	730,131.
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents					
	i	Less: rental expenses Rental income or (loss)					
		Net rental income or (loss)	<u> </u>				
		Gross amount from sales of (i) Securit					
	/ 6	assets other than inventory 8, 365, 8	343.				
	l t	Less; cost or other basis					
	_ ا	and sales expenses 8,365,8 Gain or (loss)	343.				
	1	Net gain or (loss)					
40	ĺ	Gross income from fundraising even				Instruction Series	
enne	٥٠	(not including., \$					
Ş		of contributions reported on line 10					
Other Rev		See Part IV, line 18					
E E	ı	Less: direct expenses					
0	l l	Net income or (loss) from fundrais		(and the contract of the contr			
		a Gross income from gaming activiti See Part IV, line 19					
		Less: direct expenses					
	1	Net income or (loss) from gaming					
	10 a	Gross sales of inventory, less retu and allowances	rns   <b>a</b>				
	l t	Less: cost of goods sold					
		Net income or (loss) from sales of	inventory	•			4
		Miscellaneous Revenue	Business Code				
	11 a						
	ן ו						
	'	d All other revenue					-
		Total. Add lines 11a-11d		<u> </u>	ENGO POR STATE	END THE STATE	
		Total revenue. See instructions		31,399,973.	11,587.	2,047	758,131.
			··				

### 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.

	Check if Schedule O contains a response or note to any line in this Part IX										
	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 domestic organizations and domestic governments. See Part IV, line 21.	7,213,086.	7,213,086.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22	647,261.	647,261.								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	,									
<b>4</b> 5	Benefits paid to or for members	300,053.	94,624.	60,011.	145,418.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.1	0.	0.						
7	Other salaries and wages	395,414.	300,623.	35,174.	59,617.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,048.	14,507.	3,360.	7,181.						
9	Other employee benefits	59,596.	34,516.	7,995.	17,085.						
10	Payroll taxes	53,062.	30,731.	7,119.	15,212.						
11	Fees for services (non-employees):	33,002.	30,731.	1,110.	10,212.						
ā	Management										
	Legal	2,603.	1,508.	349.	746.						
	: Accounting	45,399.	26,293.	6,091.	13,015.						
	Lobbying	.0,000.	20/2301	0,031.	10,010.						
6	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25, column	53,091.	30,748.	7,123.	15 220						
12	(A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion	5,563.	3,222.	7,123.	15,220. 1,595.						
13	Office expenses	30,008.	17,379.	4,026.	8,603.						
14	Information technology	82,671.	47,880.	11,091.	23,700.						
15	Royalties.	02,071.	47,000.	11,001.	25,100.						
16	Occupancy	105,560.	61,136.	14,162.	30,262.						
17	Travel	6,789.	3,932.	911.	1,946.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,1331	0,302.	311.	2,320.						
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	6,212.	3,598.	833.	1,781.						
	Insurance	16,858.	9,763.	2,262.	4,833.						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
-	OUTREACH EXPENSE	157,229.	91,060.	21,094.	45,075.						
	OTHER_EXPENSE	24,715.	14,314.	3,316.	7,085.						
	PRINTING AND PUBLICATIONS	22,095.	12,797.	2,964.	6,334.						
	DUES/SUBSCRIPTIONS	17,056.	9,878.	2,288.	4,890.						
	All other expenses.	8,588.	4,974.	1,152.	2,462.						
25	Total functional expenses. Add lines 1 through 24e	9,277,957.	8,673,830.	192,067.	412,060.						
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)										
BAA		TEEA0110L 1	1/10/15		Form <b>990</b> (2015)						

	107	Check if Schedule O contains a response or note to any line in	this Part X		White the second	police de compositionem
_		Should be defined to define the arrangement of the totally line in	and ( and //		-0107678787878	
				(A) Beginning of year		<b>(B)</b> End of year
$\neg$	1	Cash – non-interest-bearing		44,536.	1	80,125.
	2	Savings and temporary cash investments		857,170.	2	911,624.
	3	Pledges and grants receivable, net		037,170.	3	J11,024.
	4	Accounts receivable, net		2,170,000.	4	20,426,500.
	-		ŀ			20712070001
	5	Loans and other receivables from current and former officers, dire trustees, key employees, and highest compensated employees. Compart II of Schedule L	omplete			
					5	
	6	Loans and other receivables from other disqualified persons (as d	efined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and coremployers and sponsoring organizations of section 501(c)(9) voluntary beneficiary organizations (see instructions). Complete Part II of Science (1988)	employees'			
					6	
sts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges		34,963.	9	20,942.
	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D				
		Complete Part VI of Schedule D	329,515.			
	b	Less: accumulated depreciation. 10b	43,015.	540,114.	10 c	286,500.
	11	Investments – publicly traded securities	51,909,184.	11	55,235,469.	
	12	Investments – other securities. See Part IV, line 11	24,214,300.	12	22,425,918.	
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,844,732.	15	3,553,238.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		83,614,999.	16	102,940,316.
	17	Accounts payable and accrued expenses	37,263.	17	61,353.	
	18 19	Grants payable		65,000.	18	30,000.
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedu			21	
Liabilities	22				21	
Ē	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	d persons.			
Ξ		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties.			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24). Complete Part X	third parties,	2 715 162	25	2 506 546
	26	Total liabilities. Add lines 17 through 25		2,715,163. 2,817,426.	26	2,596,546. 2,687,899.
_		Organizations that follow SFAS 117 (ASC 958), check here ► X a		2,017,420.	20	2,001,099.
ances		lines 27 through 29, and lines 33 and 34,	ina compicte			
è	27	Unrestricted net assets		77,347,426.	27	78,711,514.
<u>a</u>	28	Temporarily restricted net assets		3,450,147.	28	21,540,903.
8	29	Permanently restricted net assets		0,100,147.	29	21/040/303.
Š		Organizations that do not follow SFAS 117 (ASC 958), check here				
II.		and complete lines 30 through 34.				
Net Assets or Fund Bala	30	Capital stock or trust principal, or current funds			30	
Se ta	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other ful			32	
<u>e</u>	33	Total net assets or fund balances		80,797,573.	33	100,252,417.
Z	34	Total liabilities and net assets/fund balances		83,614,999.	34	102,940,316.

Form	n 990 (2015) COMMUNITY FOUNDATION FOR SW WASHINGTON 91-	1246	778	ı	Page <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,	399	973.
2	Total expenses (must equal Part IX, column (A), line 25)	2			957.
3	Revenue less expenses. Subtract line 2 from line 1	3			,016.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			573.
5	Net unrealized gains (losses) on investments.	5			,057.
6	Donated services and use of facilities	6			, , , , , ,
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9		-159	,115.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	100	252	,417.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Г
				Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				SI ES
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a	. 1	3 10	1 100
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
t	b Were the organization's financial statements audited by an independent accountant?		2	:ь ≥	ζ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate	1	11 113	H EKE
	basis, consolidated basis, or both:				
	Separate basis X 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c 2	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		:	Ba	Х

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

BAA

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.....

3 b

Form 990 (2015)

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . . . . . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (i) EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (described on lines 1-9 above (see instructions)) support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E) Total

91-1246778

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

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

<u>Sec</u>	Section A. Public Support										
Cale: begin	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	8,017,395.	5,971,363.	18563156.	9,855,782.	30628208.	73,035,904.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.				
4	Total. Add lines 1 through 3	8,017,395.	5,971,363.	18563156.	9,855,782.	30628208.	73,035,904.				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,165,125.				
	Public support. Subtract line 5 from line 4						40,870,779.				
<u>Sec</u>	tion B. Total Support										
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total				
7	Amounts from line 4	8,017,395.	5,971,363.	18563156.	9,855,782.	30628208.	73,035,904.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	477,592.	520,471.	499,258.	601,752.	760,178.	2,859,251.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	38,072.		-19,071.			-18,608.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.				
	Total support. Add lines 7 through 10						75,876,547.				
12	Gross receipts from related activ	vities, etc. (see in	structions)				80,189.				
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []				
Sec	tion C. Computation of Pu	blic Support F	Percentage								
	Public support percentage for 20										
	Public support percentage from						63.25 %				
16 a	33-1/3% support test — 2015. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a rganization	and line 14 is 33-1	/3% or more, che	ck this box► X				
k	33-1/3% support test - 2014. If and stop here. The organization	the organization of qualifies as a pu	did not check a bo oblicly supported c	x on line 13 or 10	6a, and line 15 is	33-1/3% or more	check this box				
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	est – 2015. If the meets the 'facts- s-and-circumstand	organization did n and-circumstance ces' test. The orga	not check a box o s' test, check this anization qualifies	n line 13, 16a, or s box and <b>stop he</b> s as a publicly sup	16b, and line 14 <b>re.</b> Explain in Par oported organizati	is 10% t VI how on▶				
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- id-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	s box and <b>stop he</b> a publicly suppor	<b>re.</b> Explain in Par ted organization	t VI how the				
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	a, or 17b, check th	nis box and see in	structions				
BAA					Sc	hedule A (Form 9	90 or 990-F7) 2015				

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

	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
'	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
	Gross receipts from admis-						
	sions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1.						
	2, and 3 received from disqualified persons	]					
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that				1		
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line					herotest articlest	
Sac	7c from line 6.)		BANK OF DESCRIPTION	16315/153555			
	tion B. Total Support  dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6	(4) 2011	(b) 2012	(6) 2013	(u) 2014	(6) 2013	(i) Total
	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						
	Add lines 10a and 10b 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						
40	Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	and, third, fourth,	or fifth tax year as	s a section 501(c)(	3)
	tion C. Computation of Pu			10		1	
	Public support percentage for 20				*		8
16 Sec	Public support percentage from tion D. Computation of Inv					16	8
<u>3ec</u>	Investment income percentage				umn (fl)	17	8
	Investment income percentage						8
	33-1/3% support tests — 2015.						
	is not more than 33-1/3%, check	k this box and <b>sto</b>	<b>p here.</b> The orga	nization qualifies	as a publicly supp	ported organization	ո ▶ 📙
b	33-1/3% support tests - 2014. I						
20	line 18 is not more than 33-1/39 <b>Private foundation.</b> If the organ				•		
			55.1 G 55A 011 11116	, 134, 01 130,	SHOOK WIIS DON ON	monuciona	· · · · · · · · · · · · · · · · · · ·

Part IV | Supporting Organizations

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

Section A	A. AII	Supporting	Organizations	
				_

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

Pa	TIV   Supporting Organizations (continued)	-		
11	Has the organization accepted a gift or contribution from any of the following persons?	(16.00.0)	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	200	
ı	b A family member of a person described in (a) above?	11b		
	C A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations	1	<u> </u>	
	5 5			
1	The state of the s			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	ns).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		13.3	
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI the role played by the organization in this regard</i>	3b		

Sche	dule A (Form 990 or 990-EZ) 2015 COMMUNITY FOUNDATION FOR SW WAS	HTNG	TON 91-12	46778 Page (
_	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			40770 1490
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete			ons. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	i Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
			THE RESERVE AND ADDRESS OF THE PARTY OF THE	

1

2

3

4

5

Adjusted net income for prior year (from Section A, line 8, Column A).....

2 Enter 85% of line 1.....

3 Minimum asset amount for prior year (from Section B, line 8, Column A).....

5 Income tax imposed in prior year.....

Enter greater of line 2 or line 3.....

BAA

1

4

**Section C – Distributable Amount** 

Schedule A (Form 990 or 990-EZ) 2015

Current Year

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	poses	A - 000 PG -	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.	f supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of sup			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				Alphie Marketter
C				
	From 2013			
	From 2014			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				MENERENBURIE
C	Excess from 2013			
	Excess from 2014	HE DESIGNATION OF		EGSUS (SUSPENDING)
	Excess from 2015.			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization		Employer identification number
COMMUNITY FOUNDATION FOR SW	WASHINGTON	91-1246778
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$X = \frac{X}{501}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as	s a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a p	private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) o	rganization can check boxes for both the General Rule and	a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-property) from any one contributor. Com	EZ, or 990-PF that received, during the year, contributions plete Parts I and II. See instructions for determining a contributions	totaling \$5,000 or more (in money or
, , ,,, . ,		
Special Rules		
For an organization described in section	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% s i), that checked Schedule A (Form 990 or 990-EZ), Part II, line	support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(v	i), that checked Schedule A (Form 990 or 990-EZ), Part II, line the year, total contributions of the greater of (1) \$5,000 or	13, 16a, or 16b, and that
Form 990, Part VIII, line 1h, or (ii) Form	g the year, total contributions of the greater of (1) \$5,000 or 990-EZ, line 1. Complete Parts I and II.	(a) 2 % of the amount on (i)
For an organization described in section	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv	yed from any one contributor
during the year, total contributions of mo	re than \$1,000 <i>exclusively</i> for religious, charitable, scientifi to children or animals. Complete Parts I, II, and III.	c, literary, or educational
purposes, or for the prevention of cruenty	to children or animals. Complete raits i, ii, and iii.	
For an organization described in section	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv	ved from any one contributor.
during the year, contributions exclusively	for religious, charitable, etc., purposes, but no such contri	butions totaled more than
charitable, etc., purpose. Do not complet	e the total contributions that were received during the year to be any of the parts unless the <b>General Rule</b> applies to this o	for an <i>exclusively</i> religious, organization because
	table, etc., contributions totaling \$5,000 or more during the	

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

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

**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).

Page 1 of 2 of Part I

Name of organization			Employer identification number				
COMMUN	NITY FOUNDATION FOR SW WASHINGTON	91-13	246778				
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) Number	(b) Name, address, and ZIP + 4	(c) Total	(d)				

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,003,440.	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
2		\$632 <u>,500</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		\$652,502.	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b)	(c) Totai	(d)
Number	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
	Name, address, and ZIP + 4  (b)  Name, address, and ZIP + 4	contributions	Type of contribution
4	(b)	\$ 20,000,000.	Person Payroll X  (Complete Part II for noncash contributions.)
4 (a) Number	(b)	\$ 20,000,000.  (c) Total contributions	Type of contribution  Person Payroll Noncash X  (Complete Part II for noncash contributions.)  Type of contribution  Person X Payroll Noncash  (Complete Part II for

2 of Part I

Name of organization COMMUNITY FOUNDATION FOR SW WASHINGTON

Page 2 of 2 91-1246778

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed	
			(ah
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,264,607.	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
		\$	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 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.)

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
1	MARKETABLE SECURITIES		
		\$ 22,334.	1/30/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	MARKETABLE SECURITIES		
		 \$565,242.	4/21/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	BEQUEST RECEIVABLE		-
		\$ <u>20,000,000</u> .	5/10/15
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
5	LLC SHARES		
		\$ <u>1,182,000</u> .	10/29/15
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date receive
7	MARKETABLE SECURITIES		
		\$1,263,674.	7/17/15
a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date receive

Name of organization COMMUNITY FOUNDATION FOR SW WASHINGTON 1 to 1 of Part III
Employer identification number
91-1246778

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)▶\$							
(a) No. from Part I	(b) Purpose of gift	(b) (c) (d) Description of how gift is held						
- raiti	N/A							
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
				· <b></b>				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relatio			tionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d)  Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship 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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 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.

### If the organization answered 'Yes,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

-	sy rax) (see instructions), the Section 501(c)(4), (5), or (6) o	en rganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
CON	MMUNITY FOUNDATION	FOR SW WASHINGTON		91-124677	8
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
1	,	organization's direct and indirect political c			
2					
3					
		rganization is exempt under section			
1		ise tax incurred by the organization under		· · ·	0.
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.		0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	Was a correction made?	• • • • • • • • • • • • • • • • • • • •			Yes No
	b If 'Yes,' describe in Part IV.				
Pai	rt I-C   Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities 🟲 \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 52	7 exempt ▶ \$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the a sereceived that were promptly and directly deal action committee (PAC). If additional spa	of all section 527 pol	itical organizations to w	hich the filing
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2015

91	-1	2	Λ	6	77	' Q
21		_	-	v	, ,	u

• • • • • • • • • • • • • • • • • • • •	COMMONTIL LOC	DNDWIION LOK 2M M	<b>MOUTINGTOIN</b>	91-1240	//8 1 dgc =
	ne organization i	is exempt under secti			
		to an affiliated group (and lis	t in Part IV each affiliated	d group member's name,	
		share of excess lobbying ex		3	
B Check ► if the filing	organization check	ed box A and 'limited contr	ol' provisions apply.		
(The term 'e	Limits on Lobbyin expenditures' means	g Expenditures s amounts paid or incurred	1.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditur	*				
<b>b</b> Total lobbying expenditur	_		o,		
c Total lobbying expenditur		-		0.	0.
d Other exempt purpose ex			_	9,277,957.	
e Total exempt purpose ex	penditures (add lines	s 1c and 1d)		9,277,957.	0.
f Lobbying nontaxable amo	ount. Enter the amou	unt from the following table	in	613,898.	
If the amount on line 1e, colur		he lobbying nontaxable an		013,030.	
Not over \$500,000	20	)% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	00,000 \$1	00,000 plus 15% of the excess ov	er \$500,000.		
Over \$1,000,000 but not over \$1,		75,000 plus 10% of the excess ov			
Over \$1,500,000 but not over \$1	7,000,000 \$2	225,000 plus 5% of the excess ove	r \$1,500,000.		
Over \$17,000,000		,000,000.			
g Grassroots nontaxable ar				153,475.	0.
h Subtract line 1g from line			<u> </u>	0.	0.
i Subtract line 1f from line	1c. If zero or less, e	enter -0		0.	0.
j If there is an amount other section 4911 tax for this	than zero on either lir year?	ne 1h or line 1i, did the orgar	nization file Form 4720 re	porting	Yes No
(Some	organizations that	Year Averaging Period Un made a section 501(h) elec below. See the instruction	tion do not have to cor		
	Lobbyi	ng Expenditures During 4	Year Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) Total
2 a Lobbying nontaxable amount	501,308	. 557,485.	609,709.	613,898.	2,282,400.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,423,600.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount	125,327	. 139,371.	152,427.	153,475.	570,600.
e Grassroots ceiling amount (150% of line 2d, column (e))					855,900.
f Grassroots lobbying expenditures					0

BAA

Schedule **C** (Form 990 or 990-EZ) 2015

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has N	NOT filed Form 5768
	(election under section 501(h)).	

(election under section 501(h)).	(a	<u>,                                    </u>	/h\	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	(b) Amo	
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>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		100		
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.		I COLD		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1000	1000 U.S.	889711118
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		20000		
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?		ERODETE DAYS	The St. 100	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501		0.5		
section 501(c)(6).	(C)(S)	, or		
				Yes N
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part	, or sec III-A, lin	tion 50 e 3, is	1(c)
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		2a		
<b>b</b> Carryover from last year		2 b		
c Total		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
• • • • • • • • • • • • • • • • • • • •		100000		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV   Supplemental Information				

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

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury internal Revenue Service

Name of the organization

	COMMUNITY FOUNDATION FOR SV	WASHINGTON		91-1246778
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar F	unds or Ac	
	Complete if the organization answ	vered 'Yes' on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) F	Funds and other accounts
1	Total number at end of year	11	.5	189
2	Aggregate value of contributions to (during year)	25,588,775	i.	4,989,158.
3	Aggregate value of grants from (during year)	4,066,439	1.	3,793,908.
4	Aggregate value at end of year	44,218,048	<u> </u>	56,034,369.
5	Did the organization inform all donors and dor are the organization's property, subject to the	organization's exclusive legal control?		X Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant f of the donor or donor advisor, or for any ot	unds can be us her purpose co	sed only onferring X Yes No
Par	t II Conservation Easements.			
	Complete if the organization answ	wered 'Yes' on Form 990, Part IV, li	ne 7.	
1	Purpose(s) of conservation easements held by	the organization (check all that apply).		
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	on of a historica	ally important land area
	Protection of natural habitat	Preservation	on of a certified	I historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the	,	
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation ease			
	Number of conservation easements on a certi	• •		
(	Number of conservation easements included i structure listed in the National Register		2 d	
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or terminated l	by the organizat	ion during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re	garding the periodic monitoring, inspection,	handling of vio	olations,
_	and enforcement of the conservation easemen			
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, and enforcing	g conservation e	asements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing cor	servation easen	nents during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements o	f section 170(h	)(4)(B)(i) 
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its revenue and ex to the organization's financial statements th	pense statemer at describes th	nt, and balance sheet, and ne organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, wered 'Yes' on Form 990, Part IV, I	or Other Si ine 8.	milar Assets.
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research	in furtherance of	ent and balance sheet works of fublic service, provide,
!	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII,	line 1		
	(ii) Assets included in Form 990, Part X			▶\$
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these items:		_
	a Revenue included on Form 990, Part VIII, line			
	<b>b</b> Assets included in Form 990, Part X			►\$

Part III Organizations Maintaining Coll	ections of Art, Histo	rical Treasures, or	Other Similar Asse	ets (co	ntinu	ed)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check ar	ny of the following that are	a significant use of its c	ollection	1	
a Public exhibition		r exchange programs				
<b>b</b> Scholarly research	e Other					
c Preservation for future generations	_					
4 Provide a description of the organization's collect Part XIII.						
5 During the year, did the organization solicit of to be sold to raise funds rather than to be many	r receive donations of art aintained as part of the or	, historical treasures, or ganization's collection?	other similar assets	Yes		No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ments. Complete if the Form 990, Part X, I	ne organization ans line 21.	wered 'Yes' on For	m 990	), Par	i IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermediary t	for contributions or othe	r assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement in Part XIII				_		_
				Amount		
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance				1		
2a Did the organization include an amount on F			· L		-	No
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	Check here if the explan	ation has been provided	on Part XIII			_
Part V Endowment Funds. Complete i	f the organization an	swored 'Ves' on Fo	rm 990 Part IV lin	10		
(a) Curre			(d) Three years back		our years	- book
1 a Beginning of year balance	it year (b) (1101 year	(C) TWO years back	(u) three years back	(e) r	oui year:	, Dack
<b>b</b> Contributions				1		
C Nist investment countries.						
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 curr	ent year end balance (lin	e 1g, column (a)) held a	as:			
a Board designated or quasi-endowment	<u> </u>					
	8					
c Temporarily restricted endowment						
The percentages on lines 2a, 2b, and 2c should	equal 100%.					
3a Are there endowment funds not in the possession	on of the organization that a	re held and administered	for the	_		
organization by:					Yes	No
(i) unrelated organizations				3a(i)		
<ul><li>(ii) related organizations</li><li>b If 'Yes' on line 3a(ii), are the related organization</li></ul>				3a(ii)		-
4 Describe in Part XIII the intended uses of the				3b		<u> </u>
Part VI Land, Buildings, and Equipment		int fullus.				
Complete if the organization an		n 990, Part IV, line	11a. See Form 990	0, Par	t X, li	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation		Book va	
<b>1 a</b> Land		222.2 (38.131)	Table 1 and		286	,500.
<b>b</b> Buildings	200/0001				200	, 500.
c Leasehold improvements						
<b>d</b> Equipment						
e Other		43,015.	43,015.			0.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X, o	column (B), line 10c.)			286	,500.
BAA				ule <b>D</b> (F		

Complete if the organization answered				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method (	of valuation: Cost or end	1-ot-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other PRIVATE EQUITY PARNERSHIPS &	22,425,918.	END OF YEAR	MARKET VAL	UE
(A) (B) (C)				
(B)				
(C)				·
(D)				
(E)				
(F)				
(G)	-			
(H)		· · · · · · · · · · · · · · · · · · ·		
(l)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •	22,425,918.	Release State of the State of t		
Part VIII Investments - Program Related.		N/A		
Complete if the organization answered	'Yes' on Form 99	0, Part IV, line		
(a) Description of investment	(b) Book value			nd-of-year market value
(1)				
(2)				
(3)				
(4)			-	<u> </u>
(5)				
(6)				<u> </u>
(7)				
(8)			<del></del>	
(9)				
(9)			<del>-</del>	<u> </u>
(10)				
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			n Andrews	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶  Part IX Other Assets.  Complete if the organization answered	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered (a) De		O, Part IV, line	11d. See Form	990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec	N/A 'Yes' on Form 99	O, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2)	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec. (1) (2) (3)	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4)	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4) (5)	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6)	N/A 'Yes' on Form 99	0, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4) (5) (6) (7)	N/A 'Yes' on Form 99	O, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8)	N/A 'Yes' on Form 99	O, Part IV, line	11d. See Form	
(10)  Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX  Other Assets.  Complete if the organization answered (a) Dec.  (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 'Yes' on Form 99	O, Part IV, line	11d. See Form	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) December (a) December (b) December (b) December (c) Decemb	N/A			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December 13.	N/A			(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) December (a) December (b) December (b) December (c) Decemb	N/A I 'Yes' on Form 99 scription  B) line 15.)	1e or 11f. See Forn		(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability	N/A	1e or 11f. See Forn		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes	N/A I 'Yes' on Form 99 scription  B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS	N/A I 'Yes' on Form 99 scription  B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on F.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Factor (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)  (7)  (8)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fart X Other Liabilities.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec. (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fart X Other Liabilities.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)  (7)  (8)  (9)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec.  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fart X Other Liabilities.  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)  (7)  (8)	B) line 15.)	1e or 11f. See Form		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . Part IX Other Assets.  Complete if the organization answered (a) Dec. (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.  Complete if the organization answered 'Yes' on Factorial income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)  (7)  (8)  (9)  (10)	N/P i 'Yes' on Form 99 scription  B) line 15.)  form 990, Part IV, line 1 (b) Book value 608, 1 1, 988, 3	1e or 11f. See Form		(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	28,744,244.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	100	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b 11,443.		
c Recoveries of prior year grants		
e Add lines 2a through 2d.	2 e	-2,655,729.
3 Subtract line 2e from line 1	3	31,399,973.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1137	
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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	31,399,973.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	'n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	9,289,400.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1881	· · · · · · · · · · · · · · · · · · ·
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	11,443.
3 Subtract line 2e from line 1	3	9,277,957.
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.) 4b		
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	<u>9,277,957.</u>
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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	t V,	hand Hafayanakiya
This are A, i are A, i are AI, lines and and 40, and hart AII, lines an and 40. Also complete this part to provide any	/ additi	onal information.

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

CHANGE IN CHAR TRUSTS, GIFT ANNUITIES		
---------------------------------------	--	--

BAA

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

2015

OMB No. 1545-0047

2

Open to Public Inspection Employer identification number XXes 91-1246778 SEE PART IV ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Governments, and Individuals in the United States Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part I General Information on Grants and Assistance SW WASHINGTON COMMUNITY FOUNDATION FOR Department of the Treasury Internal Revenue Service Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ce to Domestic for any recipient	Organizations of that received n	and Domestic Governore than \$5,000. F	ernments. Comple Part II can be dupli	te if the organizal cated if additional	tion answered 'Y	es' on
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			6,994,142.	0.			
1   1   1   1   1   1   1   1   1   1							:
1 1 1 1 1 1 1 1 1							
f section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ganizations listed i	n the line 1 table				198
other organizatio	Enter total number of other organizations listed in the line 1		table			•	0

Schedule I (Form 990) (2015)

TEEA3901L 11/04/15

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

Page 2

Schedule I (Form 990) (2015) COMMUNITY FOUNDATION FOR SW WASHINGTON

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

	ממון היי המשלה והיי ממשה את וויים	500000000000000000000000000000000000000				
	(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
FINANC 1 WOMEN	FINANCIAL SUPPORT STRUGGLING WOMEN	7.7	84,792.			
FINANCIAN 2 STUDENTS	FINANCIAL ASSISTANCE FOR STUDENTS	212	553, 352.			
3 SUPE	3 SUPPORT FOR SEVERE HARDSHIP	3	9,117.			
4						
S.						
ဖ						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	le the information	required in Part I,	line 2, Part III, col	umn (b), and any other	additional information.

# PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

WE GRANT PRIMARILY TO ORGANIZATIONS EXEMPT FROM INCOME TAX UNDER IRC SECTION

501(C)(3), WHO ARE IN GOOD STANDING AND ELIGIBLE FOR CHARITABLE GRANTS. WE CONDUCT

PERIODIC SITE VISITS AND COLLECT OTHER PROGRAM INFORMATION SUCH AS PROGRAM AND

ORGANIZATION BUDGET AND COMMUNITY IMPACT RESULTING FROM GRANTS.

Schedule I (Form 990) (2015)

Community Foundation for Southwest Washington 2013 8478 FEIN: 91-1246778 Schedule I, Part 1 Grants and Other Assistance to Governments and Organizations in the United States		
ERIN: 91-1246778 Schedule I, Part 1 Grants and Other Assistance to Governments and Organizations in the United States		
Schedule I, Part 1 Grants and Other Assistance to Governments and Organizations in the United States		
	EIN IRC Code	Cash Grani Purpose of Grant or Assistance
American Cancer Society, Great West Division 2120 1st Ave N Seattle, WA 98105	13-178849 501[C](3)	8,944 Unrestricted
American Heart Association of Oregon & SW WA, 4380 SW Macadam Avenue #480 Portiand, OR 97.23:	13-5613/9 501(C)[3]	E. CAON ("Concernees" Deceditation
Artists Repertory I heatre, 1315 SW Morrison Street Portiand, UR 57,202	93-06267 8 301 (5)(3)	1) ACO Education of serioritime horizonthree dairoins and domestic science
Battle Ground Publik Schools, PU Box 200 Battle Ground, WA 300000	46-246837 501(C)(3)	499 Unrestricted
Reen There Done That PO Box 2207 Loneview. WA 98632		5,000 Mentorship Training
Bip Brothers Bip Sisters Columbia Northwest, 1827 NE 44th Avenue, Suite 100 Portland, OR 9721:	93-130364 501(C)(3)	10,000 Unrestricted
	45-259197 501(C)(3)	5,910 Unrestricted
Boy Scouts of America - Cascade Pacific Council, 2145 SW Natto Parkway Portland, OR 97203	22-157630 501(C)(3)	25,000 Improvements to Camp Lewis, Clark County, WA
Boy Scouts of America - Cascade Pacific Council, 2145 SW Natto Parkway Portland, OR 9720?	22-157630 501(C)(3)	1,000 Fort Vancouver District for camp upkeep & campership
Boys & Girls Clubs of Portland Metropolitan Area, 8203 SE 7th Avenue, Suite 100 Portland, OR 9720.	93-047480 501(C)(3)	5,593 Unrestricted
Boys & Girls Clubs of Portland Metropolitan Area, 8203 SE 7th Avenue, Suite 100 Portland, OR 9720.	93-047480 501(C)(3)	3,354 Operating expenses for youth program - Jack, Will and Rob Center in Camas, WA
	93-047480 501(C)(3)	25,000 Jack, Will and Rob Kids' Center, Camas, WA
	93-047480 501(C)(3)	25,000 Jack, Will and Rob Kids' Center, Camas, WA
	93-047480 501(C)(3)	25,000 Jack, Will and Rob Kids' Center, Camas, WA
	93-047480 501(C((3)	25,000 Jack, Will and Rob Kids' Center, Camas, WA
	93-047480 501(C[[3]	2,500 Unrestricted
	91-197864 501(C)(3)	500 Unrestricted
ļ	91-197864 501[C](3[	5,000 Unrestricted
	91-197864 501(C)(3)	2,000 Unrestricted Grant
	91-197864 501(C)(3[	25,000 Skyline Project
	91-197864 501(C)(3)	50,000 Construction of new clubbouse on the Heights in Vancouver
	91-197864 501(C)(3)	3,000 Food and supplies for attendees in need
	91-197864 501(C)(3)	20,000 Be £ducated Be Great; College Program
	91-197864 501(C)(3)	1,000 Clinton and Gioria John Clubhouse
	91-197864 501(C)(3)	17,053 Unrestricted
	91-197864 501(C)[3)	SU, DODI New Boys & Giffs Libbnouse at Skyline Lifest Housing Development
	91-19/864 501(C)(3)	2 Only Unestituted
	91-197864 501(C  3)	L CACO UNICATION
	91-19/864 501(1)(3)	JUDO OTICE TO THE CONTRIBUTE OF THE CONTRIBUTE O
	91-19/864 501(C)[3]	12),001 Unestitated
	91-19/889 301(0)(3)	2) DOUGH LINESHIFTER
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite bus Vancouver, WA 98660	91-197604 301(C)(3)	C DOUG Invocation
	91-1944/9 501(C)(3)	Sycol Office little Michael C CAO (Consider little Michael
Bridge the Gap, 411 NW 112th St. Vancouver, WA 98083	CO 052330501(C)(3)	JONE TRAINING EXITE STATES
1995 WA 1966	91-128520501(C)(3)	25 000 Styline Project
	93-097611 501(C)(3)	10,000 Delivery truck for BrightSide Animal Center Thrift Store
7 98607	91-600176 501(c)(3)	600 Jack, Will & Rob Student Awards
	91-600176 501(c)(3)	5,300 Literacy and Early Learning Advocacy Program
1671	91-118150 501(C)(3)	7,381 Unrestricted
Iver, WA 98662	91-104185 501(C)(3)	4,691 Building fund
	91-104185 501(C)(3)	1,823 Building fund
Seattle, WA 98144	91-158565 501(C[[3]	1,500 Columbia River Region
Seattle, WA 9814 <sup>2</sup>	91-158565 501(C[[3]	10,000 Unrestricted
Seattle, WA 98144	91-158565 501(C)[3)	7,575 In-home assistance for Alzheimer's patients in Clark County
Seattle, WA 98144	91-158565 501(C)[3]	500 Columbia River Region Family Center
	91-105799 501(C)[3)	7,575 In-home assistance for Alzheimer's patients
alem, OR 97309		5,000 Yamhill County Lampus Lhild care Scholarships
	91-145942 501(C)(3	SO, JOOD Facility in East Vancouver
	91-145942501(C)(3)	4,439 Unitestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98082	91-145942 501(C)(3)	5.000 Eurniture for 2 art therapy/calmine rooms, gazebo for therapy garden
	91-145942 501(C)(3)	3,000 Unrestricted
	91-145942 501(C)(3)	25,000 No Thunder Left Behind Mental Health Program
	91-145942 501(C)(3)	500 Unrestricted

Children's Justice and Advocacy Center, 214 N Pacific Avenue Kelso, WA 98626	45-494645 501(C)(3)	1,090 Diversity Advocacy Youth Services (DAYS)
Children's Justice and Advocacy Center, 214 N Pacific Avenue Kelso, WA 98626	45-494645 501(C)(3)	15,000 General operating support
Children's Justice and Advocacy Center, 214 N Pacific Avenue Kelso, WA 98626	45-494645 501(C)(3)	672 Unrestricted
Chinook Trail Association,PO Box 61686 Vancouver, WA 98666-1686	91-143465 501(C[[3])	1,000 Unrestricted 5,000 Halan Davic Trail Improvements
Chinook Iraii Association, ro box babbo yancouver, www.yeobo-abox Clark Chinose Foundation 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500501(C)(3)	11.631 Unrestricted
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500 501(C)(3)	6,100 Jack and Nancy Barry Endowment at Clark College for scholarships for students entering or currently enrolled in health care pre
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500 501(C)(3)	5,000 Ed and Dollie Lynch Engineering Scholarshir
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500 501(C)(3)	4,300 Female students at Clark College with financial need
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500 501(C)(3)	1,000 Unrestricted
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-359?	23-731500 501(C)(3)	7/600 Jim and Paula Paimer Scholarship
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500(501(C)(3)	30,000 Financial literacy coach  5.100 Ann Doule Endoument at Clark College for etholaschine for etholants entering or currently rolled in health care programs at Cla
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98665-3598	22-721C00 C01(C)(3)	9,00 Annual Daye From Herr as Care Conege for scriping for scriping of servicing of servicing of the service of
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-731500 501(C)[3]	2.27) Unitestructic Fourth and final annual pledeed grant payment
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3534	23-731500 501(C)(3)	
Clark County Food Bank 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3	1,000 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3	10,000 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3	10,000 Family Nutrition & Education Center Capital Project
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	600 Unrestricted
Clark County Food Bank, 5502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	1,000 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	1,000 Unrestrated
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130/56/501(C)(3)	3,000 linestricted
Clark County Food Bank, 5502 NE 4/Th Avenue Vancouver, WA 98651	91-130/36/501(C)[3]	A A A A I I In restricted
Clark County Food Bank 6502 NE 47 III Avenue Vancouver, VM 98661	91-130756501(C)(3)	5,000 Phase I of Capital Campaign - Fifth and final annual grant payment
Clark County Food Bank 6502 NE 47th Avenue Vancouver, WA 98661	91-130756501(C)(3)	5,000 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756501(C)(3)	500 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756501(C)(3)	1,850 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3	5,250 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	2,500 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	10,000 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	2,000 Beyond Hunger Campaign
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756 501(C)(3)	500 Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756501(C)(3)	5,000 Capital campaign
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-130756501(C)(3)	25,000 Capital Campaign
Clark County Health Department, PO Box 9825 Vancouver, WA 98666	91-600129 501(c)(3)	50,000 ACES Program
Clark County Health Department, PO Box 9825 Vancouver, WA 98666	91-600129 501(c[(3)	1,301 Designated for HIV/AIDS programs
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2949	91-605534 501(C)(3)	5,000 Native beadwork exhibit
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-294!	91-605534 501(C)(3	Sol Unrestrated
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2945	91-605534 501(C)(3)	100 Unestricted
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-294:	91-605534 501(C)(3)	S. DADI Confession and Canarity building
Clark County Latino Tourn Leadership Contenence, 4430 NE 13001 Avenue Vancouver, VVA 3000.	64-096095 501(C)(3)	5.000 Spanish interpreter and car seats
Clark County Skills Center Foundation 12200 NE 28th Street Vancouver, WA 9868;	91-153064 501(C)(3)	39,000 Automotive Training Program Equipment
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 9868;	91-153064 501(C)(3)	8,434 Unrestricted
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 98682	91-153064 501(C)(3)	5,000 Strategic branding process
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 9868;	91-153064 501(C)(3)	15,425 General Advisory Committee Scholarship Fund
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 98687	91-153064 501(C)(3)	1,000 Unrestricted
Clark County Skills Center Foundation, 12200 NE 28th Street Vancouver, WA 9868.	91-153064 501(C)(3)	5,000 Unrestricted
Clark County Veterans Assistance Center, 1305 Columbia Street, Suite 100 Vancouver, WA 98660	27-307790 501(C)(3)	7,250 Home heating assistance
Clark County Volunteer Lawyers Program, 1409 Franklin Street, Suite 101 Vancouver, WA 9856(	91-147/51501(C)(3)	S, UND ASSISTANCE OF DATAFIELD SWITH CHRISTON OF OFFI 10 DOOL To board fit she VMCA of Flash County
Classic Wines Auction, PO Box 4285 Portland, OR 97208	ZU-1Zb0ZZ 501(C  3)	LUJONO DE DEFICITI RET WOLKS OF CHAIR COUNTY
Colonial Williamsburg Foundation, P.O. Box 1776 Williamsburg, VA 23167-1771	04-214086501(C)(31	1 Spot heartified activities
Columbia Land Trust 850 Officers Row Vancouver, WA 38661	94-314086 501(C)(3)	Libbol Orientes Projects only
Columbia Land Truet 850 Officers Row Vancouver WA 98651	94-314086 501(C)(3)	45,000 Rock Creek Reach 3 Conservation Project
Columbia Land Trust 850 Officers Row Vancouver, WA 98651	94-314086 501(C)(3)	2,500 Unrestricted
Columbia Land Trust.850 Officers Row Vancouver, WA 98661	94-314086 501(C)(3)	10,000 Support of 9/19/15 Wild Splendor Event
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661		2,000 Unrestricted
Columbia Land Trust, 850 Officers Row Vancouver, WA 98663	94-314086 501(C)(3)	4,598 Unrestricted
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-314086 501(C)(3)	100 Support of 9/19/15 Wild Splendor event
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-314086 501(Cl(3)	100 Support of \$13/12 to With Splendor eVent
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-314086 501(C  3)	15,UXD [Liark County Learnpaign 1910,Noto) and Londribus haves chances by the county of the county o

19.121740   501(C  3    1   1   1   1   1   1   1   1   1	Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 9868:	91-212740 501(C)(3)	10,000 Unrestricted
11.18655   501((7)   3   3   3   3   3   3   3   3   3	Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 9868?	91-212740 S01(C)(3f	1,500 Unrestricted
A SEGE   1118655 5011((13)   1118658   1118655   1118658   1188658   1188668   1188658   1188668   1188668   1188668   1188668   1188668   1188688   1188688   1188688   1188688   1188688   1188688   118868   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   118868   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688   1188688	Columbia Theatre Association for the Performing Arts, PO Box 1026 Longview, WA 9863.	91-118655 501(C)(3)	Unrestricted
1.5528895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.552895   501(0,13)   1.562895   501	Columbia Theatre Association for the Performing Arts,PU Box 1026 Longview, WA 9863.	91-118655 501(C)(3)	Unrestricted
93-05549  501(C 3 )   11	Columbia University Law School 435 West 116th Street, Box A-2 New York, NY 1002;	13-559809 501(C)(3)	100,000 first M. Millstein Center for Global Marketing and Corporate Ownership
99-112718   SQUIC[[3]   19-201654   SQUIC[[3]   19-20165   SQUIC[[3]   19-20165		93-055494 501(C)(3)	100,000 Unrestricted
19.201564 501((7)    A 28667	Community Cycling Center, 1805 NE 2nd Avenue Portland, OR 97217	93-112718 501(C)(3f	10,000 Community outreach and education
91-101635 501(C[3] 3 91-104135 501(C[3] 3 91-02485 501(C[3] 3 91-02487 501(C[3] 3 91-02018 501(C[3] 3 91-0	Community Health Partners, PO Box 2853 Longview, WA 98632	91-201654 501(C)(3)	5,000 100 pertussis vaccines
90-052485 501(C[4])   197213   90-052485 501(C[4])   197213   90-052485 501(C[4])   199213   199223   199213   19922	Community Health Partners, PU Box 2853 Longview, WA 98537	91-201654 501(C)(3)	20 000 Summart for the Financial Education and Counseling program
90-06248   501(C[13]   197211   197212   19722	Community Mediation Services, PO Box 1053 Vancouver, WA 98666	90-062485 501(C)(3)	4.673 Unrestricted
27-145204 501(C 31)   19-145204 501(C 31)   19-145205 501(C 31)   19-145206 501(C 31)	Community Mediation Services, PO Box 1053 Vancouver, WA 98666	90-062485 501(C)(3)	5,000 Facilitator for strategic plan
99-07110   99-07120   91-07120   91-077120   91-077120   91-077120   91-077120   91-077120   91-077120   91-077120   91-0777120   91-	Community of Hope, PO Box 83165 Portland, OR 97283	27-163204 501(C)[3)	10,000 Unrestricted
93-03865   501(C 3  1)  04  05  07  11-148778   501(C 3  1)  06  07  11-148778   501(C 3  1)  07  11-148778   501(C 3  1)  08  09-148778   501(C 3  1)  09-14878   501(C 3  1)	Concordia University Foundation, 2811 NE Holman Street Portland, OR 97211	93-077130 S01(C)(3)	5,000 Athletic Complex Capital Campaign
91-148778 501(C[3] 1 04 05 06 07 08 08 08 08 08 08 08 08 08 08 08 08 08	Congregation Beth Israel, 1972 NW Flanders Street Portland, OR 97209		1,500 Jill Newman Slansky Early Childhood Leader Fund
90.0	Congregation Beth Israel, 1972 NW Flanders Street Portland, OR 97205	93-038681 501(C)(3)	15,50U Jail Newman Stanky Early Childhood Leader Fund
90. 91.148778 [501(C[3]) 90. 91.148773 [501(C[3]) 90. 91.148778 [501(C[3]) 90. 91.148774 [501(C[	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-148//8 501(C)(3)	A BON Covering Builder
1.48778   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788   501((13)   1.48788	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1102	91-148778501(C)(3)	4,800 Uperaling Budger 4,801 Liber Harkon Cholarchin Filind in honor of Sue Octrer and Ann Brook 4,001 Liber Harkon Cholarchin Filind in honor of Sue Octrer and Ann Brook
04         91-148778 SOI(C 3)           04         91-148778 SOI(C 3)           04         91-148778 SOI(C 3)           04         91-148778 SOI(C 3)           05         91-148778 SOI(C 3)           06         91-148778 SOI(C 3)           17-200182 SOI(C 3)         91-200182 SOI(C 3)           18-200182 SOI(C 3)         91-200182 SOI(C 3)           19-200182 SOI(C 3)         91-200182 SOI(C 3)           10-200182 SOI(C 3)	Congregation Kol Ami 7800 NE 115th Street Vancouver, WA 98662-1104	91-148778 501(C)(3)	1.250 Administration Position Fundraiser
QC         91.148778 [SOL(C 3]           QC         91.148778 [SOL(C 3]           QC         91.148778 [SOL(C 3]           QC         91.148778 [SOL(C 3]           QC         91.200182 [SOL(C 3]           QC         91.200182 [SOL(C 3]           P1.200182 [SOL(C 3]         2           P1.200182 [SOL(C 3]         3           P1.200182 [SOL(C 3]         3           P1.200182 [SOL(C 3]         4           P1.200182 [SOL(C 3]         4           P1.200182 [SOL(C 3]         5           P1.200182 [SOL(C 3]         6           P1.200182 [SOL(C 3]         9           P1.20017 [SOL(C 3]         9	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-148778 501(C)(3)	1,000 Library Fund
90. 91.148778   SO11C (31   100   10	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1102	91-148778 501(C)[3)	14,315 Maintenance and repair expenses
904 91.148778 (501(C)[3] 5  91.200185 (501(C)[3] 5  91	Congregation Kol Ami,7800 NE 119th Street Vancouver, WA 98662-1104	91-148778 501[C)(3[	1,083 Unrestricted
904 91-1847 (2011(3) 3 91-200182 501((13) 3 91-2001	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-148778 501(C)(3)	2,500 General Fund - Gala Fundraiser
11-200182 501(C(13)   1   1   1   1   1   1   1   1   1	Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-148 / /8 501(C)(3)	55,000 Laptial tampaign Expenditures
17-20018 [201([13]   17-2001	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-200182 501(C)(3)	20 About burning Ballof Eurol
1,200182   501([13]   1,200182   1,200182   501([13]   1,200182	Council for the Homeless, 2500 Main Street Vancouver, WA 98560	91-200182 501(C)(3)	SUPPLIED TO THE PRINT THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTA
1.200182 5011([13]   1.20018	Council for the Homeless, 2500 Main Street Vancouver, WA 5660.	91,200182 501(5/(5)	25,000 Housing Relief Filmer
91-200182 501[C[3]   91-200182	Council for the Homeless 2500 Main Street Vancouver, WA 9866	91-200182 501(C)[3]	5.000 Housing Relief Fund
91-20018   501(C)(3)   91-20018	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-200182 501[C)(3[	7,460 Direct rental assistance and housing development for physically disabled
91-20018   501(0/3)	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-200182 501(C)(3	6,101 Unrestricted
91-20018   SOLIC(3)	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001B2 501(C)(3)	300 Unrestricted
91-20018[501(C)] 91-20018[501(C)] 91-20018[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-164468[501(C)] 91-16448[501(C)] 91-16448[501(C)] 91-1648[501(C)] 91-16849[501(C)] 91-16848[501(C)] 91-16848[501(C)	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-200182 501(C)(3)	61,320 Affordable Housing Initiative
91-20018/501(C) 37  91-164468 501(C) 37  91-164468 501(C) 37  91-164468 501(C) 37  91-194534 501(C) 37  91-19453 501(C) 37  91-19453 501(C) 37  91-10833 501(C) 37  91-155746 50	Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-200182 501(C)(3)	7,430 Courtyard Village Fund
91-204468   501(C) 31  91-164468   501(C) 31  91-164468   501(C) 31  91-18468  501(C) 31  91-18468  501(C) 31  91-194534  501(C) 31  91-194534  501(C) 31  91-108333  501(C) 31  91-10747  501(C) 31  91-10747  501(C) 31  91-10747  501(C) 31  91-10747  501(C) 31  91-15715  501(C) 31  91-15715  501(C) 31  91-15715  501(C) 31  91-15715  501(C) 31  91-15716  501(C) 31	Council for the Horneless, 2500 Main Street Vancouver, WA 98660	91-200182 501(C)[3)	5,687 Unrestricted
91-164468   201(7 3)   191-164468   201(7 3)   191-164468   201(7 3)   191-164468   201(7 3)   191-194534   201(7 3)   191-194534   201(7 3)   191-194534   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-108339   201(7 3)   191-155746   201(7 3)   191-155	Council for the Homeless, 2500 Main Street Vancouver, WA 9866C	91-200182 501(C)[3)	100 Unrestricted
11-1945-86   10-1045-86   10-1045-86   10-10[1]     10-1045-96   10-1045-96   10-1045-96   10-105-96   10-1063-96   10-1	Cowlitz County CASA, 1024 Broadway Street Longview, WA 98632	91-164468 501(C)(3)	T ASS Unrestricted
1-1-155-746   501(C 3)		91-164468 501(C)(3)	S. COLO CONTRACT STREET
04-22630  501(C 3)		91-194534 501(0)(3)	3,000 Unitationings
11.08329   501(C (3)		04-226304 501(C)(3)	5.000 Pan-Mass Challenge. Match Josh Bekenstein's 2014 Ride
91-108393 501(C)(3) 665 91-108393 501(C)(3) 98665 91-1083718 501(C)(3) 98665 91-1084718 501(C)(3) 91-107471 501(C)(3) 91-107471 501(C)(3) 91-107471 501(C)(3) 91-107471 501(C)(3) 91-107471 501(C)(3) 91-107471 501(C)(3) 91-15746 501(C)(3) 91-155746 501(C)(3) 91-155746 501(C)(3) 91-15746 501(C)(3)	Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98662	91-108393 501(C)(3)	26,180 Paths to Prosperity
91-108393 501(C[[3]) 9665 91-108393 501(C[[3]) 98665 91-084718 501(C[[3]) 91-084718 501(C[[3]) 91-10747] 501(C[[3]) 91-10747] 501(C[[3]) 91-10747] 501(C[[3]) 91-15741 501(C[[3]) 91-15742 501(C[[3]) 91-15742 501(C[[3]) 91-15742 501(C[[3]) 91-15742 501(C[[3]) 91-15742 501(C[[3]) 91-15745 501(C[[3])	Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 9866?	91-108393 501(C)(3)	10,000 Unrestricted
91-108335151([1]) 9866; 91-084718 501([1]) 9866; 91-084718 [501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-10747] 501([1]) 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])] 91-157745 [501([1])]	Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98663	91-108393 501(C[[3])	2,575 Unrestricted
9966; 91.08718 501(cl[3] 9966; 91.09718 501(cl[3] 91.10771 501(cl[3] 91.15718 501(cl[3] 91.15774 501(cl[3]	Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98662	91-108393 501(C)(3)	2500 Unrestricted
91-10747  501(2 3) 91-10747  501(2 3) 91-10747  501(2 3) 91-10747  501(2 3) 91-10747  501(2 3) 91-10747  501(2 3) 91-15746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3) 91-155746  501(2 3)	Educational Service District 112, 2500 NE 65th Avenue Vancouver, WA 98663	91-084/18 501(5)3	23,000/UOTIPASSORIAE COMMUNIUMINES ON TEATING EN DOOR Children Reach for School and Schools Ready for Children
91-10747  501(C 3) 91-10747  501(C 3) 91-10747  501(C 3) 26-356790 501(C 3) 26-356790 501(C 3) 91-155115 501(C 3) 91-155746 501(C 3)	Educational Service District 112,2300 Nr 53th Avenue Validouver, vvz 30003	91-107471 501(C)(3)	Joyco Innterior nearly or across man defined a commercial or 1715 Unrestricted
91-10747  501(C)[3] 91-10747  501(C)[3] 26-356790  501(C)[3] 26-356790  501(C)[3] 26-356790  501(C)[3] 31-15915  501(C)[3] 91-15915  501(C)[3] 91-155746  501(C)[3] 91-155746  501(C)[3] 91-155746  501(C)[3] 91-155746  501(C)[3] 91-155746  501(C)[3] 91-155746  501(C)[3]	Emergency Support Shelter 1330 11th Avenue Longview, WA 98632	91-107471 501(C)(3)	1,000 Giving Fund Campaign
91-10747  \$01(C 3)  26-356799  \$01(C 3)  26-356799  \$01(C 3)  26-356799  \$01(C 3)  91-159115  \$01(C 3)  91-155746  \$01(C 3)	Emergency Support Shelter, 1330 11th Avenue Longview, WA 98632	91-107471 501(C)(3)	7,500 Unrestricted
26-356799 \$01(C)[3] 26-356799 \$01(C)[3] 26-15915 \$01(C)[3] 29-159115 \$01(C)[3] 29-159115 \$01(C)[3] 29-155746 \$01(C)[3]	Emergency Support Shelter, 1330 11th Avenue Longview, WA 98632	91-107471 501(C)[3]	25,000 General operating support
26-356799 \$01(C)(3) 91-159115 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3) 91-155746 \$01(C)(3)	Empower Up,3206 NE 52nd Street Vancouver, WA 9866?	26-356790 501(C)[3)	5,000 Training and marketing materials
91-159115 (O1(2)) 91-159115 (O1(2)) 91-155746 (O1(2))	Empower Up,3206 NE 52nd Street Vancouver, WA 98663	26-356790 501(C)(3[	S9 Unrestricted
91-155115 (501(3) 91-155746 (501(7)(3) 91-155746 (501(7)(3) 91-155746 (501(7)(3) 91-155746 (501(1)(3) 91-155746 (501(2)(3) 91-155746 (501(2)(3)	Ethnic Support Council,311 Oak Street Kelso, WA 98626	91-159115 501(C)(3)	1,629 Unrestricted
91-155746 501(C)(3) 91-155746 501(C)(3) 91-155746 501(C)(3) 91-155746 501(C)(3) 91-155746 501(C)(3) 91-155746 501(C)(3)	Ethnic Support Council,311 Oak Street Kelso, WA 98626	91-159115 501(C)(3)	5,000 Interpreting services
91-155746 501(7(3) 91-155746 501(7(3) 91-155746 501(7(3) 91-155746 501(7(3) 91-155746 501(7(3)	Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-155746 501(C)(3)	g and Uncontracted Way flow Sing Construction
91-155746 501(2(3) 91-155746 501(2(3) 91-155746 501(2(3)	Evergreen Habitat for Humanity, PU Box 6/15/U Vancouver, WA 56667	91-155746 501(0)(3)	o,794 University of State of S
91-155746 501(C)(3  91-155746 501(C)(3	Evergreen Habitat for Humanity PO Box 871570 Vancouver, WA 98687	91-155746 501(Cl(3)	2,002 Unrestricted
91-155746 501(C)(3	Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-155746 501(C)(3)	100 Unrestricted
	Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-155746 501(C)(3[	25,000 Geometry in Construction Program supplies for one house
91-155746 501(C)(3)	Evergreen Habitat for Humanity,PO Box 871570 Vancouver, WA 98687	91-155746 501(C)(3)	10,000 Geometry in Construction Program, Evegreen School District

Fvergreen School District Foundation, 13215 C-8 SE Mill Plain Boulevard PMB 252 Vancouver, WA 9868	91-171485 501(C)(3)	8,220 Fe	8,220 Family Community Resource Centers
Evergreen School District Foundation, 13215 C-8 SE Mill Plain Boulevard PMB 252 Vancouver, WA 9868	91-171485 501(C)(3I	27,000 Sr	Smart Start Kindergarten Program
First United Methodist Church, 401 E 33rd Street Vancouver, WA 98663-2297		6,000 U	6,000 Unrestricted
FISH of Cowlitz County, PO Box 135 Longview, WA 98632	2.3/E+08 501(C)(3)	1001	26,521 Unities Sassistance Program
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-116634 501(C)(3)	1081211	ADD Uncastricted
FISH Of Vancouver, PU Box 385 Vancouver, WA 38506.	91-116634 501(C)(3)	10.000 U	10.000 Unrestricted
FISH of Vancouver, FO Box 565 Vancouver, WA 2000.	91-116634 501(C)(3)	11,646 TA	11.646 Two large efficient commercial freezers, one cooler, and stainless steel table:
FISH OF Vancouver PD Box 585 Vancouver, WA 98660	91-116634 501(C)(3)	D 665	599 Unrestricted
Food Ifeline 1702 NF 150th Street Shoreline, WA 98155	91-109045 501(C)(3)	5,000 M	5,000 Mobile food pantry in Cowlitz county
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98663	91-193764 501(C)(3)	U 556,72	Unrestricted
	91-193764 501(C)(3)	5,000 M	5,000 Membership Support
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98663	91-193764 501(C)(3f	50,000 Pt	50,000 Purchase of Academy Building
Fort Vancouver National Trust, General O.D. Howard House 750 Anderson Street Vancouver, WA 98661	91-193764 501(C)(3)	009	600 Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98663	91-193764 501(C)(3)	200 U	200 Unrestricted
	91-193764 501(C)(3)	1,303 Bi	1,303 Building, interpretive and educational projects
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98663	91-193764 501(C)(3)	1,500 U	1,500 Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-193764 501(C)(3)	0000	6,000 Unrestricted
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-110;	91-606834 501(c)(3)	2,465 U	2,465 Unrestricted
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-110.	91-606834 501(c)(3)	11 946 11	Juon Gill Bestifted
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-110.	91-606834 501(c)(3)	653	Ollestificeu
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-1102	91-606834 501(c)(3)	5.037	OD University of Control of Contr
Fort Vancouver Seatarers Center, PU Box 1102 Vancouver, WA Sabbo-1102	91-606834 501(c)(3)	2,000 0	3 Only Unrestricted
Fort Vancouver Sealaireis Center, FO Box 1102 Vancouver, VM Section for Unatity Concertions All Third Avenue West Seattle WA 98115	91-618609 501(C)(3)	42,170 H	42,170 Healthy Living Collaborative
Foundation for Healthy Generations 419 Third Avenue West Seattle, WA 98115	91-618609 501(C)(3)	50,000 H	50,000 Healthy Living Collaborative
Foundation for Vancouver Public Schools PO Box 6039 Vancouver, WA 9866	91-097180 501(C)(3)	12,000 Er	12,000 Engagement Projects - Events only
Foundation for Vancouver Public Schools PO Box 6039 Vancouver, WA 9866?	91-097180 501(C)(3)	10,000 U	10,000 Unrestricted
Foundation for Vancouver Public Schools PO Box 6039 Vancouver, WA 98668	91-097180 501(C)(3)	34,455 Et	Equipment for Vancouver ITech Preparatory School
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-097180 501(C)(3)	200 U	500 Upcoming fundraiser
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 9866?	91-097180 501(C)(3)	6,286 U	6,286 Unrestricted
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-097180 501(C)(3)	680 Te	680 To provide Salmon Creek Elementary a fund to purchase resources for classrooms, assembles and after school program:
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 9866?	91-097180 501(C)(3)	1,000 A	1,000 Administrative Fund
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98661	91-097180 501(C)(3)	30,000 Ki	30,000 Kindergarten Jump Start
ž	22-316489 501(C)(3)	125,000 Er	125,000 Endowment Fund
Fred Hutchinson Cancer Research Center, PO Box 19024, JS-200 Seattle, WA 98109-1024	23-715607 501(C)(3)	35,737 U	35,737 Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-170754 501(C)(3)	5,000 U	5,000 Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-170754 501(C)(3)	9/6	9/b Unfestivation Brownson
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1/0/54 501(C)(3)	000,5	5,000 languages and registration ringians
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98663	91-1/0/24 201(5)(3)	1,000	1,000 linearities
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 9865.	91-170754 501(C)(3)	5,000	1, 100 Intestified
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 2000.	91-170754 501(C)(3)	10.000 D	10.000 Diabetes Transition Care Program
Free Link of Southwest Washington, 4100 Florington Street, Vancouver, VM 98651	91-170754 501(C)(3)	1,000 U	1,000 Unrestricted
Tree Clink of Southwest Washington, 1100 Plomondon Street Vancouver, WA 98661	91-170754 501[C](3[	J7,227 U	17,227 Unrestricted
Freedom Foundation.PO Box 552 Olympia, WA 98507	94-313696 501(C)(3[	3,000 U	3,000 Unrestricted
Freedom Foundation, PO Box 552 Olympia, WA 98507	94-313696 501(C)[3)	1,000 U	1,000 Unrestricted
Freedom Foundation, PD Box 552 Olympia, WA 98507	94-313696 501(C)(3)	2,500 U	2,500 Unrestricted
Friendly House, 2617 NW Savier Street Portland, OR 97210	93-052423 501(C)(3)	5,000 U	5,000 Unrestricted
Friends of Hospice Southwest Washington, PO Box 3116 Vancouver, WA 98668	20-467276 501[C)(3)	2000	200 Unterstricted
Friends of Hospice Southwest Washington, PO Box 3116 Vancouver, WA 98668	20-46/2/6501(C)[3]	3,000,0	s,toto Unestricted
Friends of Hospice Southwest Washington, PO Box 3116 Vancouver, WA 98662	20-40/2/0301(C  3)	17 495 11	Unrestricted
Friends of the Carpenter, PO Box 65358 Vancouver, WA 98665	91-193295 501(C)[3]	12,465 U	Uniteditation
Friends of the Carpenter, PO Box 65358 Vancouver, WA 98665	91-193295 501(C)[3]	307 11	and integrated
Friends of the Children, 44 NE Morris Street Portland, UK 97.21.	03 100010 501(5)(3)	2000	25 DAN (List Courts Friends Cohort
Friends of the Children,44 NE Morris Street Portland, OR 9721.	93-109810 501(C)(3)	844 N	National Network
Friends Of the Unital eligible we motified Street Foldings, On 27422	93-109810 501(C)[3)	10,000 Fr	Friend Raiser event
Extends of the Children, 44 NE Morris Street Portland, On 97212	93-109810 501(C)(3)	10,000 U	10,000 Unrestricted
Friends of the Columbia Goree, 522 SW 5th Avenue, Suite 720 Portland, OR 97204	93-078246 501(C)(3)	7,381 U	Unrestricted
Friends of the Columbia Gorge, 522 SW 5th Avenue, Suite 720 Portland, OR 97204	93-078246 501(C)(3)	300 0	300 Unrestricted
Friends of the Columbia Gorge, 522 SW 5th Avenue, Suite 720 Portland, OR 97204	93-078246 501(C)(3)	5,000 G	5,000 Guardian Circle
Friends of the Ridgefield National Wildlife Refuge, PO Box 1022 Ridgefield, WA 9864.	91-201874 501(C)[3)	6,296 PI	6,296 Plankhouse maintenance
Friends of the Ridgefield National Wildlife Refuge, PO Box 1022 Ridgefield, WA 9864.	91-201874 501(C)(3)	200 0	Unrestricted

Friends of the Ridgefield National Wildlife Refuge, PO Box 1022 Ridgefield, WA 9864.	91-2018/4 501(C)(3)	1,740 Childestrice aducation programs
Friends of the Vancouver School of Arts & Academics, FO Box 184 Valicouver, WA 98667	91-168777 501(C)(3)	A DOD Arrists in Residence Propriate at the Vancouver School of Arts and Academics
Gifford Pinchot Task Force 4506 SE Belmon Street Portland, OR 9721!	91-173788 501(C)(3)	S,000 Maintain educational and community programs
Goodwill Work Opportunity Center of Cowlitz County,714 S 27th Street Tacoma, WA 9804!	91-057310 501(C)(3)	5,030 Cowlitz County Goodwill Work Opportunity Center Remodel
Hearing, Speech & Deafness Center, 1625 19th Avenue Seattle, WA 98122	91-068120 501(C)(3)	35,737 Unrestricted
Heartbeat Serving Wounded Warriors, PO Box 704 Snohomish, WA 98291	03-054729 501(C)(3]	5,000 Warrior needs food, shelter, scuba, and horse therapie:
Highland Lutheran Church, 38809 NE 41st Avenue La Center, WA 98629	91-104228 501(c)[3)	8,000 La Center High School Care Closet
Hillsdale College, Office of Financial Aid 33 East College Street Hillsdale, MI 4924.	38-137423 501(C)(3)	1,000 Unrestricted 20 000 Intentioner Acciptance Program
Hispanic Metropolitan Chamber, PU box 1537 Portiging, On 37.207		12 Octob Februarian Simmer Program
Hough Foundation, 205 E 11th Street, Suite 200 Manchiner, WM 28660	94.316081501(C)[3]	S AND Intractricted
Hough Foundation, 205 E 11th Street, Suite 200 Varicouver, WA 98661	94-316081 501(C)[3]	Jyov Omestrated 3.166 Unestricted
Hulda Klager Lilac Gardens. PO Box 828 Woodland. WA 98674	51-019290 501(C)(3)	7,449 Unrestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912 501(C)(3[	4,300 Employee/Workforce Partner Training Program.
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98682	91-075912 501(C)(3)	150,000 Unrestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912 501(C)(3)	13,352 Unrestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912 501(C)(3)	80,000 Unrestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912 501(C)(3)	17,119 Maintenance and Repairs of HSSW facility
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912 501(C  3)	32,810 Convert lights in adoption center/shelter to LED
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912[501(C)[3)	2,000 Unestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-075912501(C)[3)	2,517 Unestricted
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 38084	91-0/3912 301(C)(3)	C 101 Interesting
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 93682	91-1/2912 501[c][3]	20,100 Unitestricted
I Have a Dream Administrative Account 610 Fether Street Suite 201 Vancouver, WA 9856	91-169216 501(cf(3)	S 000 Unrestricted
I Have a Dream Administrative Account 610 Esther Street, June 201 Vancouver, WA 98660	91-169216 501(c)[3)	13.000 Unestricted
I Have a Dream Administrative Account 610 Esther Street. Suite 201 Vancouver, WA 98660	91-169216 501(c)[3]	6,000 Unrestricted
I Have a Dream Administrative Account 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)[3]	4,000 Unrestricted
I Have a Dream Administrative Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	17,000 Unrestricted
I Have a Dream Pavroll Account 610 Esther Street. Suite 201 Vancouver, WA 98660	91-169216 501(c)(3	4,200 Unrestricted
Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	2,400 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	3,000 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	2,200 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	3,000 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	3,000 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	5,000 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501[c](3)	3,200 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)[3)	3,400 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	3,800 Unrestricted
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-169216 501(c)(3)	2,500 Unestricted
Identity Clark County,915 Broadway Street, Suite 302 Vancouver, WA 98660	91-1623/2501(C)(3)	20 DOOD (1-bit Faceback Barrier)
Impact Northwest, Publish 3533U Portiand, OR 37.232	91-078213 501(0)(3)	RACE (Pariatric Therant Early Intervention Program
Innovative Services NW 9414 NF Fourth Plain Road Vancouver, WA 9865.		10,000 Unestricted
Innovative Services NW 9414 NE Fourth Plain Road Vancouver, WA 9866;	91-078213 S01(C)[3)	1,013 Adult Day Health Program
Innovative Services NW,9414 NE Fourth Plain Road Vancouver, WA 9866;	91-078213 501(C)(3)	6,625 Unrestricted
Institute for Rehabilitation Research & Recreation, Inc., PO Box 1025 Pendleton, OR 9780;	93-603385 501(C)(3)	35,757 Meadowood Springs Speech & Therapy program
Juvenile Diabetes Research Foundation, 1 North La Salle Street, Suite 1200 Chicago, IL 6060?	23-190772 501(C)(3)	5,000 Walk Team; Type 1 Diabetic research on encapsulation and other solutions
Juvenile Diabetes Research Foundation, 1 North La Salle Street, Suite 1200 Chicago, IL 6060;	23-190772 501(C)(3)	20,000 Unrestricted
Kelso Public Schools Foundation, PO Box 344 Kelso, WA 98626	94-314579 501(C)(3)	3.3/2 Unrestricted
Kelso Public Schools Foundation, PO Box 344 Kelso, WA 98626	94-314579 501(C)(3)	2,700 Principal's Chekbook Program
Kelso Public Schools Foundation, PO Box 344 Kelso, WA 98626	94-3145/9 501(C)(3)	1,020 Vocational students
King's Way Christian School, 3300 NE /8th Street Vancouver, WA 9866:	47-385044 301(C)[3)	5,000 later tutulase
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-389044 501(C)(3)	Sydoo (2015 Annual Gala S 000 Rous Backerhall Program
King's Way Unistian School, 3300 NE 78th Street Vancouver, WA 30005	47 EE 4204 ED 1 (C)(2)	JyOO Carbaiachin for 12 Cantar ctiidente
La Lenter Community Scholarship Foundation, P.O. Box 297. La Lenter, WA 58623	47-554584 501(C)[3]	A DAG Chilarchiac
La Center Community Scillolatismip Politication, TO Box 237, La Center, WA 30022	91-600159501(C)(3)	10.000 Cisus Outdoor School
La Center School District, 725 Highland Road PO Box 1840 La Center, WA 98625	91-600159 501(C)(3)	9,000 College scholarships for graduates of La Center High School
La Center School District, 725 Highland Road PO Box 1840 La Center, WA 98629	91-600159 501(C)(3)	8,000 1-2-3 Grow and Learn
La Salle Catholic College Preparatory, Inc., 11999 SE Fuller Road Milwaukie, OR 9722.	93-055326 501(C)(3)	10,000 Unrestricted
Lake Tahoe Wildlife Care, 1485 Cherry Hills Circle South Lake Tahoe, CA 96150-492.	94-279976 501(C)(3)	5,000 Unrestricted
Latino Community Resource Group, 10106 NE 28th Place Vancouver, WA 98686	(61-163682 501(C[[3]	5,000 2016 Spring Resource Fair (\$1,000) and organizational capacity building (\$4,000

Doctor do brother Do Box A484 Do brother Do 07206	46-556240 501(0)(3)	10 MM Linity Center for Rehavioral Health Cantal Campaign
Life Works Of Non-York Steam Lonning MA 09637	91-122476 501/0/(3)	C ANN Results care
Life Works, 905 New York Street Longuew, WA 98632	91-122476 501(C)(3)	S86 Unrestricted
Lions Sight & Hearing Foundation of Cowlitz County, PO Box 265 Longview, WA 9863;	45-266898 501(C)(3)	10,000 Eye exams, eye glasses, cataract surgeries, ocular devices and hearing aids to low income individuals
Literary Arts, Inc., 925 SW Washington Street Portland, OR 97205	93-090949 S01(C  3)	50,000 Brian Booth Writers' Fund for the Literary Arts' Oregon Book Awards & Fellowships program
Longview Outdoor Gallery, PO Box 2804 Longview, WA 98632	91-182176 501(C  3)	8,104 Unrestricted
Longview Public Schools Foundation, 2715 Lilac Street Longview, WA 98632	45-213738 501(C)(3)	4,200 Principal's Checkbook Program
Longview Public Schools Foundation, 2715 Lilac Street Longview, WA 98637		18,756 Programs for middle school students
Longview School District, 2715 Lilac Street Longview, WA 98637	91-600160 501(c)(3)	6,500 Dennis Dietz Memorial Scholarships for 2015 KA Long High School graduating Schior:
Lower Columbia College Foundation, 1600 Maple Street, Longview, WA 98632		45.87 Unestricted
Tower Columbia College Postivation, 2000 Maple Street, College W. WA 98632	91-082363 501(c)(3)	30,000 Positive Behavior Support Program
Lower Columbia School Gardens, PO Box 785 Longview, WA 98632	46-454900 501(C)(3)	5,823 Unrestricted
Lower Columbia School Gardens, PO Box 785 Longview, WA 98632	46-454900 S01(C[ 3)	25,000 Support for Carden Coordinator position and Operating/Program Support positior
Meals on Wheels People, PO Box 19477 Portland, OR 9728C	93-058431 501(C)(3)	3,038 Unrestricted
Meals on Wheels People, PO Box 19477 Portland, OR 9728C		1,000 Unrestricted
Meals on Wheels People, PO Box 19477 Portland, OR 9728C	93-058431 501(C)(3)	13,930 Unrestricted
Meals on Wheels People, PO Box 19477 Portland, OR 97280	93-058431501(C)(3)	Unrestricted
Meals on Wheels People, PO Box 19477 Portland, OR 97280	93-058431 501(C)(3)	5,000 Sponsorish for April Clark County Luncheon
Meals on Wheels People, PU Box 13477 Fortland, OR 97.281	93-058431501(C)(3)	4, AND Intentities Gumont
Meals on wheels Proble, ro box 13477 Foliulatio, on 5726.  Medical Teams International PO Box 10 Portland OR 97207-0010	93-087894 501(C)(3)	10,000 10/17/15 Great Adventure Event
Medical Teams International, PO Box 10 Portland, OR 97207-0010	93-087894 501(C  3)	5,000 Unrestricted
Medical Teams International, PO Box 10 Portland, OR 97207-0010	93-087894 501(C)(3)	19,000 Unrestricted
		10,000 Transportation Loan Program
Metropolitan Youth Symphony, 4800 SW Macadam Avenue, Suite 105 Portland, OR 97239	23-744727 501(C)(3)	5,000 Conductor's podium
Mosaic Arts Alliance, 605 Esther Street Vancouver, WA 98660	20-150121501(C)[3]	10,000 Youth Art Classes
Mount St. Helens Institute, 4.2.218 Ne. Yale Bridge Road Amboy, WA 9860.1	42,120451 501(C)[3]	10 DOI (Investiring
Museum of Danish America, 2212 Washington Street, EIK Hofff, IA 31331		AUGUST Internation program for teems involved in Clark County Juvenile Detention Center
NAMI Southwest Washington DO Box 5353 Vancolver, WA 98669	91-106502501(C)(3)	964 Unrestricted
NAMI Southwest Washington PO Rox 5353 Vancouver WA 98668	91-106502 501(C)(3)	5.000 SEE ME Educational Program
Native Arts & Cultures Foundation, 11109 NE 14th Street Vancouver, WA 98684	2.62E+08 501(C)(3I	5,000 Woven: The Art of Contemporary Native Basketry
Nature Conservancy, Attn: Treasury 4245 N. Fairfax Drive, Suite 100 Arlington, VA 2220:	53-024265 501(C)(3)	1,000 Unrestricted
Nature Conservancy, Attn: Treasury 4245 N. Fairfax Drive, Suite 100 Arlington, VA 22203	53-024265 501(C)(3)	7,381 Unrestricted
New Heights Church, 7913 NE 58th Avenue Vancouver, WA 98665	91-086463 501(C)(3)	6,000 Unrestricted
New Heights Church, 7913 NE 58th Avenue Vancouver, WA 98665	91-086463 501(C)(3)	1,350 Unrestricted
New Heights Church, 7913 NE 58th Avenue Vancouver, WA 98665	91-086463 501(C)(3)	
Nonprofit Network Southwest Washington, PO Box 822379 Vancouver, WA 9868;	26-139697 501(C)(3)	5,000 Research possible merger or acquisition
Nonprofit Network Southwest Washington, PO Box 822379 Vancouver, WA 9868.	26-139697 501(U  3)	3,045 Unestricted
North Bank Artists Community Project, 1005 Main Street Vancouver, WA 9866.	26-006634 501(C)[3]	Lu, Lu, Uvi Grenera operating support. 23, 275 i innestrieted
North County Community Food Bank TO Box 2100 Battle Ground WA 9860/	91-171558501(C)(3)	20,000 Pathways to Healthier Communities
Northwest Mothers Milk Bank. Inc. 417 SW 117th Avenue. Suite 105 Portland, OR 97225	26-345802 501(C)(3)	13,277 Unrestricted
Northwest United Methodist Foundation, PO Box 656 Cashmere, WA 98815	91-606910 501(C)(3)	20,000 Unrestricted
DakGrove Community Church, PO Box 496 McMinnville, OR 97128	47-467223 501(C)(3)	5,000 Unrestricted
Olympia Community School,PO Box 12436 Olympia, WA 98508	91-090572 501(C)(3)	5,000 Unrestricted
One by One, 2522 NW Market Street, Suite C Seattle, WA 98107	20-443490501(C)[3]	A OND Commenced and information
One Life PO Box be Battle Ground, WA 98604	80.042623 501(C)[3)	4,700 linetzirine in enigeratur
One LITE, FU Box be Battle Ground, WA 98604	94-302868 501(C)(3)	25.000 Family Resource Center
Open House Ministries, TO Box 242 Validouse, WA 9866F	94-302868 501(C)(3)	5.686 Unrestricted
Open House Ministries.PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	11,697 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868[501(C)(3)	5,684 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	5,499 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 9866£	94-302868 501(C[(3)	8,944 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	5,499 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	A 722 Undestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302808 301(C)(3)	4,733 Unitestituted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501[C)(3]	5,685 Unrestricted
Open House Ministries,PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3)	2,000 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-302868 501(C)(3	5,685 Unrestricted

The state of the s	DA SOSSEBERITOVS	C AOO I Incorpicitan
Open Dougt William Iss, C. Cox 242, Vancouver, V. C. Cox.	46-352377[501(C)(3)	5.000 Opera the Great
Options 360 Pregnancy Clinic, 1706 W Main Street, Suite 115 Battle Ground, WA 9860	27-005940 501(C)(3)	10,000 Unrestricted
Options 360 Pregnancy Clinic, 1706 W Main Street, Suite 115 Battle Ground, WA 9860	27-005940 S01(C)(3)	16,496 Unrestricted
Oregon Children's Theatre, 1939 NE Sandy Boulevard Portland, OR 9723:	93-102915 501(C)(3)	5,000 Triple Play Project in Clark county and Cowlitz county
Oregon Food Bank, 7900 NE 33rd Drive Portland, OR 97211	93-078578 501(C)(3)	5,000 Unrestricted
Oregon Food Bank, 7900 NE 33rd Drive Portland, OR 97211	93-078578 501(C)(3)	600 Unrestricted
Oregon Food Bank, 7900 NE 33rd Drive Portland, OR 97211	93-078578 501(C)(3)	299 Unrestricted
Oregon Food Bank, 7900 NE 33rd Drive Portland, OR 97211	93-078578 501(C)(3)	5,000 Unrestricted 10.000 Consessation Kol Ami naw Charating Endowment Fund
Oregon Jewish Community Foundation, Jobs Sw. 1st Avenue Fortland, OK 97219-3094	93-081463 501(C)(3)	1.000 Unrestricted
Oregon Public Broadcasting (OPB), 7140 SW Macadam Avenue Portland, OR 97219-3095	93-081463 501(C)(3)	100 Uhrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3095	93-081463 501(C)(3)	599 Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3095	93-081463 501(C)(3)	120 Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3095	93-081463 501(C)(3)	1,000 Unrestricted
Oregon Public Broadcasting (OPB), 7140 SW Macadam Avenue Portland, OR 97,219-5095	93-081463 501(C)(3)	SON Unterstricted
Oregon Public Broadcasting (OFB), 740 SW Macadam Avenue Portland, ON 97219-309:	93-081463 501(C)(3)	1,250 Cornerstone Society
Oregon State Parks Foundation,888 SW Fifth Avenue, Suite 1600 Portland, OR 97204	93-117783 501(C)(3)	7,381 Unrestricted
Oregon State University Foundation, 850 SW 35th Street Corvallis, OR 97333	93-602277 501(C)(3)	5,000 Women's Giving Circle, Valley Library, Linus Pauling Institute Healthy Youth Program, 4-H Foundation, College of Agriculture De
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 9866:	91-064568 501(C)(3)	10,391 Unrestricted
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 9866:	91-064568 501(C)(3)	S,700 Unrestricted
Our Lady Of Lourdes Catholic Chories, 47,23 NW Frankin Street Vancouver, von 2000.	91-064568 501(C)(3)	1.000 Aneels for Education Campaign
Our Lady of Lourdes Catholic School 4701 NW Franklin Street Vancouver, WA 9866:	91-064568 501(C)(3)	5,294 Scholarships
Our Lady of Lourdes Catholic School, 4701 NW Franklin Street Vancouver, WA 9866:	91-064568 501(C)(3)	6,379 Scholarships
Our Lady of Lourdes Catholic School, 4701 NW Franklin Street Vancouver, WA 9866:	91-064568 501(C)(3)	19,223 Scholarships
Pacific Lutheran University,Office of Financial Aid Tacoma, WA 9844;	91-056557 501(C)(3)	2,500 Unrestricted
Pacific Northwest Conference of the United Methodist Church, PO Box 13650 Des Moines, WA 9819f	91-058103 501(C)(3)	5,000 Camping and Retreat Ministries
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-198674 501(C)(3)	1,000 Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-198674 501(C)(3)	250 Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-1986/4501(U)(3)	35,ULD VariObuvity Partice at Rectation of secret in features at the new Waterfront Park
Parks Foundation of Clark County, PU Box 61424 Vancouver, VVA 98666	01-108674 501(C)(3)	230/000 Justing and Constitution on special results are in mark more more than the constitution of the constitution on special results and the constitution of special results are constitution of special results and the constitution of special results are constitutions.
Parks Foundation of Clark County, P.D. Box 51424 Vancouver, WA 98566	91-198674[501(C)(3)	Julyon terreptions and print teachers in the print teachers and the
Parks Foundation of Clark County PO Box 61424 Vanceuver, WA 98666	91-198674[501(C)(3)	10,000 Teen Lite Night
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-198674[501(C)(3)	6,987 Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-198674 501(C)(3)	2,518 Rudy Luepke Senior Center Programs
Partners In Careers, 3210 NE 52nd Street Vancouver, WA 98663	91-153791 501(C)(3)	920 Unrestricted
Partners in Careers, 3210 NE 52nd Street Vancouver, WA 98663	91-153791 501(C)(3)	15,000 General Operating Support
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 98668	91-123143 501(C)(3)	5,000 Hospite program
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 9866E	91-123143 501(C)(3)	5.017 Unrestricted
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, VM 98666	91-123143 501(L)(3)	5. OND ATABLY Incorasin for waterans exhalarchine
Peace Health Southwest Medical Center Politication; Co Box 1600 Vancouver, viv. 3000.	91-123143 501(C)(3)	10,000 Lentering Pregnancy Program
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 98668	91-123143 501(C)(3)	3,000 Hospice Southwest
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 98668	91-123143 501(C)(3)	1,301 Healthy Steps Women and Children's Center Program
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 9866E	91-123143 501(C)(3)	25,000 Jay D. Miller, MD. Neurosciences Caregiver Education Endowment
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 98668	91-123143 501(C)(3)	10,000 Hospital & Betalaverenti Retreat ZUJ.
PeaceHealth Southwest Medical Center Foundation,PO Box 1600 Vancouver, WA 98668	91-123143501(C)(3)	8,944 Hospice of Southwest Washington 2 Onch The Lay Miller Careeiver Education Find
PeaceHealth Southwest Medical Center Foundation, PU Box 1600 Vancouver, WA 58662	91-123143 501(C)(3)	175 (MOI) In restricted
Peacemeann Southwest Medical Center Foundation, Co. Dox 1900 Vancouver, with Southwest Medical Center Foundation PD Rox 1600 Vancouver WA 98665	91-123143 501(C)(3)	10.000 Jay Miller Caregiver Education Fund
Peace Health Southwest Medical Center Foundation PD Box 1500 Vancouver, WA 98665	91-123143 501(C)(3)	1,000 Unrestricted
PeaceHealth Southwest Medical Center Foundation, PO Box 1600 Vancouver, WA 9866E	91-123143 501(C)(3)	8,944 Unrestricted
Portland Center Stage, Gerding Theater at the Armory 128 NW Eleventh Avenue Portland, OR 97205	93-113486 501(C)(3)	25,000 Unrestricted
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-092881 501(C)(3)	10,000 Offset rent and utilities
Portland Columbia Symphony Orchestra, PD Box 6559 Portland, OR 97228	93-092881 501(C)(3)	25,000 General Operating Expenses
	93-092881 501(C)(3)	40,000 Artistic less of the Music Director for CLD-2-2016 season
Portland Youth Philharmonic, 9320 SW Barbur Boulevard, Suite 140 Portland, OR 9721:	93-038690 501(C)(3)	9,000 Education & Outreach for SouthWest Washington 8 0.04 University
Providence St. Peter Foundation, 413 Lilly Road NE Ulympia, WA 36306-3104 Randall Children's Hosnital Foundation PO Box 4484 Portland, OR 97208	93-131446 501(C)(3)	5,000 Capital Fund
National Citizates 5 Hospital Publication, FO Box 4464 Fortisms, On 97230 REACH Community Development 4150 SW Moody Avenue Portland, OR 97235	93-081398 501(C)(3)	10,000 REACH Financial Education Programs - Clark County
Reach Out and Read, 155 NE 100th St, Suite 301 Seattle, WA 98125	04-348125 501(C)(3)	39,000 Clark, Cowitt, and Skamania Counties

Rocksold Community Teen Center, FU BOX 175 BUSIN Frailte, WA 3000C Rotary First Harvay, PO Box 94112, WA 98134 Rotary First Harvay, PO Box 94119, WA 98134	or appropriately (2)	JOHN UNCERTAINED
NOTAL FIRST TABLES AT THE TABLE TO THE TABLE TO THE TABLE TA	5 1 1 2 1 2 1 3	5 000 Harvest Apainst Hunger in Clark County
Isalmon Lifeti Hospital Folimpation. Pu box 5245 Valicouvel, VVA 30000	83-043316 501(C)(3)	6,332 Unrestricted
Salmon Creek Hospital Foundation.PO Box 5245 Vancouver, WA 98668	83-043316 S01(C)(3)	25,000 Mary J. Martin Endowment Fund for Child Abuse Assessment
Salmon Creek Hospital Foundation, PO Box 5245 Vancouver, WA 98668	83-043316 S01(C)(3)	1,200 Unrestricted
Salmon Creek Watershed Council, PO Box 312 800 NE Tenney Road, Suite 110 Vancouver, WA 9868!	65-129769 501(C)(3)	9,983 Unrestricted
Salmon Creek Watershed Council, PO Box 312 800 NE Tenney Road, Suite 110 Vancouver, WA 9868!	65-129769 501(C)(3)	215 Unrestricted
Salmon Creek Watershed Council, PO Box 312 800 NE Tenney Road, Suite 110 Vancouver, WA 9868!	65-129769 501(C)(3)	494 Unrestricted
Scandinavian Heritage Foundation, 8800 SW Oleson Road Portland, OR 9722:	93-090113 501(C)(3)	50,000 New cultural center
Scandinavian Heritage Foundation, 8800 SW Oleson Road Portland, OR 9722:	93-090113 501(C)(3)	SO,000 New cultural center
School of Piano Technology for the Blind, 2510 E Evergreen Boulevard Vancouver, WA 9866.	91-079153 501(C)(3)	3,400 Phase 1 of succession plan
School of Plano Technology for the Blind, 2510 E Evergreen Boulevard Vancouver, WA 9866	91-079153 501(C)(3)	6,235 Unrestricted
School of Plano Technology for the Blind, 2510 E Evergreen Boulevard Vancouver, WA 9866	91-0/9153 501(C)(3)	5,000 Purchase of computers and software
Seattle Children's Hospital Foundation, PO Box 5371 S-200 Seattle, WA 98145-500:	91-115651 501(C)(3)	15,221 Unrestracted
Seattle Children's Hospital Foundation,PO Box 5371 S-200 Seattle, WA 98145-5003	91-115651 501(C)(3)	E ADD Unitesistictue E ADD The Stiff Control of the Event of the Event of the Event of the Even of the
Seattle University, Financial Aid PU Box 222000 Seattle, WA 98122-1090	91-030300 301(C)(3)	J. AND Revenied II to Fliminate Duractus
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660	91-109132 301(0)(3)	Zajodo il sateping op to ciliminate roveity
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 38561	91-109132 301(C)(3)	1 3/10   Illustrictum 1 3/1   Illustrictum
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98661	91-1b9132501(C)(3)	ביייייייייי ווייייייייייייייייייייייייי
See Ya Later Foundation, Inc., PO Box 1281 McMinnville, OR 97128	20-45.2540 501(C)(3)	5) UNITESTICIONE CONTRACTOR CONTR
Seton Catholic High School, 811 NE 112th Avenue #200 Vancouver, WA 98684	91-208345 501(C)(3)	TUCKON General Operating Support
Seton Catholic High School,811 NE 112th Avenue #200 Vancouver, WA 98684	91-208345 501(C)(3)	3, bb Uniestricted
Seton Catholic High School,811 NE 112th Avenue #200 Vancouver, WA 9868 <sup>2</sup>	91-208345 501(C)(3)	/UU, OUC Lapital campaign
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98663	91-120511 501(C)(3)	/,250 Home nearing assistance
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98663	91-120511501(C)(3)	Sylvo University
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	100 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	Julyou Unfestificed
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511 501(C)(3)	24,124 Share IDA (Individual Development of Assets) Program
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	1,000 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511 501(C)(3)	31,235 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511 501(C)(3)	1,000 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	Z,UVU Share tomestread
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511 501(C)(3)	2,000 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	600 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511 501(C)(3)	1,000 Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	25,000 Jahler Batkpack Frogram
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-120511501(C)(3)	15,000 Unrestrated
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98663	91-120511 501(C)(3)	3 DO UNISHIKEU
Sierra Club Foundation, 85 Second Street, Suite 750 San Francisco, CA 9410:	94-605989 501(L)(3)	S, ASB Unrestirated
Sierra Club Foundation, 85 Second Street, Suite 750 San Francisco, LA 9410:	94-50559 501(1)(3)	4,001 United for a series of community winds trainings/puents
Skamania Kikkitat Community Network, PU Box 2305 White Salmon, WA 9857.	91-0/3300 301(0/3)	ALYON SUPPORT OF SETTED OF COMMISSING VENERS
Southwest Washington Symphony, PO Box JULL Longview, WA Sobss	01.107857501(5)(3)	ryou or unsaturated Anneated
Southwest Wasnington Sympnony, PO Box JULL Longview, WA 36032	91.107852501(C)(3)	4 5 NO Unsetticited
Southwest Washington Symbolic Dox 2011 Unigwee, 1747 20025 Construct Washington Symbolic Dox 2011 Unigwee, 1747 20025 Construct Washington Symbolic Dox 2011 Unigwee, 1747 20025	986601-072634 501(C)(3)	8.954 Youth career development in Clark and Cowlitz counties
Southwest Washington Workforce Development County, 1995 Broadway Street Suite 412 Vancouver, WA 986601-072634 SOIC(7)	986G01-072634 501(C)(3)	15,000 YouthWorks "Inspire to Connect" Project
Special Olympics Washington 1809 7th Avenue, Suite 1509 Seattle, WA 98101	91-096238 501(C)(3)	8,944 Unrestricted
St. Francis of Assisi Catholic Church, 2450 NE 27th Street Bend, OR 97701	56-230203 501(c)(3)	10,000 Historic Church Preservation Fund
St. Joseph Catholic School,6500 Highland Drive Vancouver, WA 98663	91-060226 501(C)(3)	2,602 Assist needy children with tuition, clothes, books
St. Joseph Catholic School,6500 Highland Drive Vancouver, WA 98661	91-060226 501(C)(3)	10,000 Annual Fund Benefactor for School
St. Paul Lutheran Church, PO Box 847 Castle Rock, WA 98613	91-099122 501(c)(3)	8,097] Support for needy people in Cowlitz County
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	91-131292 501(C)(3)	5,000 Food programs for those in need
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	91-131292 501(C)(3)	10,000 Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	91-131292 501(C)(3)	2,000 Pantry Use (\$1,000) and Unrestricted (\$1,000)
St. Vincent de Paul,PO Box 2957 Longview, WA 98637	41-221824 501(C)(3)	5,000 Purchase food
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	91-131292501(C)(3)	/ 480 Home healting assistance
Stanford University, Frances C. Arrillaga Alumni Center 326 Galvez Street Stanford, CA 94305-6105	94-115636 501(C)(3)	1,200 School of Medicine, U. Craig Miller, for Academic Cardiovascular Julgari research one
Stanford University, Frances C. Arrillaga Alumni Center 32b Galvez Street Stanford, LA 943U3-51U:	34-113030 301{C/(3/3)	1.25, VV United States
Support for Early Learning and Families, 13504 NE 84th Street, Suite 103-137 Vancouver, WA 9868.	27-1423/2501(C)(5)	27,309 Uniesticited
Support for Early Learning and Families, 13504 NE 84th Street, Suite 103-137 Vancouver, WA 9868.	58-145471 501(1)(3)	8 944 Unrestricted
The Carter Center, One Lopellatin 433 Freedom Parkway Arianta, On 2030.  The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	1,500 Repairs for current facility: \$500; Capital Campaign Fund for new facility: \$1000
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	1,000 Unrestricted
The Salvation Army,1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	7,250 Home heating assistance

The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	50,000 Unrestricted grant in celebration of the Salvation Army's 125th Anniversary,
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	300 Unrestricted
The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	8,944 Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98682	94-115634 501(C)(3)	3,838 Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 S01(C)(3)	4,306 Administration of the 2014 Adopt-A-Family Program
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	10,800 Meats for SAY KLUB
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-115634 501(C)(3)	5,000 Unrestricted
Three Rivers Humane Society, PO Box 66 Madras, OR 97741	46-124041 501(C)(3)	20,000 "Raise the Woof"
Tillamook Forest Heritage Trust, 45500 Wilson River Highway Tillamook, OR 97143	93-126127 S01(C)(3)	10,000 Logo and sign design work for Salmonberry Trail Project
Tillamook Forest Heritage Trust, 45500 Wilson River Highway Tillamook, OR 9714;	93-126127 501(C)(3)	25,000 Salmonberry Trail - Development Expenses
Transitional Youth, 1500 NW 167th Place Beaverton, OR 9700£	93-108867 501(C)(3)	25,000 Junction House Program implementation in Vancouver, WA
University of Puget Sound, Student Financial Services 1500 N Warner Street CMB 1039 Tacoma, WA 98416-103 91-056496 S01(C)(3)	3/91-056496 501(C)(3)	100 Unrestricted
University of Washington Foundation, 4333 Brooklyn Avenue NE Box 359505 Seattle, WA 98195-950!	94-307943 501(C)(3)	1,000 P.T. Education and Training Fund
University of Washington Foundation, 4333 Brooklyn Avenue NE Box 359505 Seattle, WA 98195-950!	94-307943 501(C)(3)	30,0000 Setons High School Hansen Scholarship Fund
Vancouver School of Arts & Academics, 3101 Main Street Vancouver, WA 9866:	91-600154 501(C)(3)	14,000 (52,000 for each of the following disciplines: Dance, Literary Arts, Moving Image Arts, Music, Technical Theater, Theater, Visual
Vancouver School of Arts & Academics, 3101 Main Street Vancouver, WA 9866?	91-600154 501(C)(3)	10,000 Artists in Residence
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-128173 501(C)(3)	25,000 General operating support
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 9866C	91-128173 501(C)(3)	1,000 Vancouver Symphony Orchestra
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-128173 501(C)(3)	6,749 Unrestricted
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-128173 501(C)(3)	14,456 Unrestricted
Washington Elks Therapy Program for Children, PO Box 110760 Tacoma, WA 98411-0761	91-064795 501(C)(3)	8,944 Unrestricted
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	91-107554 501(C)(3)	2,500 AAUW - Vancouver Branch Scholarship for a female student at WSUV who is pursuing a bachelor's degree
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	91-107554 501(C)(3)	10,000 Washington State University Vancouver
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	91-107554 501(C)(3)	10,000 Sam Reed Professorship
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 9868f	91-107554 501(C)(3)	7,500 Center for Public Deliberation
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 9868f	91-107554 501(C)(3)	2,500 AAUW-Vancouver Branch Scholarship for a female student at WSUV who is pursuing a bachelor's degree
Washington University in St. Louis, Campus Box 1082 One Brookings Drive St. Louis, MO 63130	43-065361 501(C)(3)	5,000 Unrestricted
Wellesley College, Office of Development Services 106 Central Street Wellesley, MA 02481	04-210363 501(C)(3)	5,000 Unrestricted
White Bird, PO Box 99 Portland, OR 97207-0099	93-126335 501(C)(3)	S,000 Kyle Abraham Production Sponsorship
Willamette Valley Cancer Foundation, 2700 SE Stratus Avenue, Suite A McMinnville, OR 97128	32-000046 501(C)(3)	5,000 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-059880 501(c)(3)	7,098 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-059880 501(c)(3)	7,098 Unrestricted
Woodfand Presbyterian Church, 756 Park Street Woodland, WA 98674	91-059880 501(c)(3)	7,098 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-059880 501(c)(3)	7,098 Unrestricted
YMCA of Southwest Washington, 766 15th Avenue Longview, WA 98632	91-056502 501(C)(3)	15,000 After-school program for youth
YMCA of Southwest Washington, 766 15th Avenue Longview, WA 98632	91-056502 501(C)(3)	699 Unrestricted
Young Audiences of Oregon and Southwest Washington, 1220 SW Morrison, Suite 1000 Portland, OR 9720.	93-052184 501(C)(3)	219 Unrestricted
Young Audiences of Oregon and Southwest Washington, 1220 SW Morrison, Suite 1000 Portland, OR 9720!	93-052184 501(C)(3)	25,000 Jutreach program for 8 southwest Washington Schools
Youth and Family Link, 907 Douglas Street Longview, WA 98632	91-0/2626501(C)(3)	3,030 Link to Health
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	TOOLITAN
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	100 Unrestrictted
YWCA Clark County,3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	Z,500 Unfestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	25,000 Vs Care Preschool Program
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	3,838 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98662	91-056988 501(C)(3)	6,569 Unrstricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98662	91-056988 501(C)(3)	1,500 Sexual Assault Program
YWCA Clark County, 3609 Main Street Vancouver, WA 98662	91-056988 501(C)(3)	20,000 V's Care Children's Program
YWCA Clark County, 3509 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	500 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-056988 501(C)(3)	1,000 Unrestricted
		6,994,142
Unique number of grantees		198

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification numbe

91-1246778 COMMUNITY FOUNDATION FOR SW WASHINGTON **Questions Regarding Compensation** No Yes 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain...... 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?.... 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?..... 4 a X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... 4b Χ c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c X If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5 a Х 5 b X If 'Yes' to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?..... 6 a Χ **b** Any related organization?..... 6 b Χ If 'Yes' on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III. 7 X

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

Schedule J (Form 990) 2015

8

Χ

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

COMMUNITY FOUNDATION FOR SW WASHINGTON

Page 2

91-1246778

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation			A Lake T	
(A) Name and Title		(r) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	r column (B) reported as deferred on prior Form 990
JENNIFER RHOADS	Θ	155,939.		0.	10,916.	0.	166,855.	0
1 PRESIDENT	€	0	0	1	0		0.0	
	ε					9 6 9 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	€							
	Θ					 	 	         
8	<u>(ii)</u>					-		- 1
	Θ		1 1		1 1 1	 	 	1 1 1 1 1 1
4	(ii)							
	Θ			;         	         	         	1 1 1	1 1 1 1 1 1 1 1
2	<u>(ii)</u>							
	Θ					 	 	1 1 1 1 1 1 1
9	€		     					
	Θ				             		 	1 1 1 1
7	€	ĺ	     		ĺ			
	Θ				         	 	         	
8	<u>(ii)</u>				- 1			
	()			         	         	1 1 1	         	
ത	⊕				•			- 1
	Θ				            -	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10	€							
÷	Θ	!		! ! ! ! ! ! ! ! !				
11	€							
	ε	         	           	1 1 1	1 1 1	1 1 1		
12	€							
	Θ	! ! ! ! ! !	1		1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1	
13	€							
	8	         	           	1 1 1			!	
14	€							
	ε	         		!	 		1 1 1	
15	€				ļ			
	ε							
16	€						-	1
BAA			TEEA4102L 10/26/15	15			Schedule	Schedule J (Form 990) 2015

# Part III Supplemental Information

Schedule J (Form 990) 2015

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2015

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open To Public** Inspection

Employer identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part I Types of Property (a) Check if (b) Number of (c) (d) Method of determining Noncash contribution amounts reported applicable contributions or noncash contribution amounts items contributed on Form 990, Part VIII, line 1g 1 Art — Works of art..... Art - Historical treasures ..... 3 Art - Fractional interests..... 4 Books and publications..... 5 Clothing and household goods..... Cars and other vehicles..... 6 7 Boats and planes..... Intellectual property..... 8 9 Х 19 2,804,513. FAIR MARKET VALUE 10 Securities - Closely held stock..... 11 Securities - Partnership, LLC, or trust interests. X 1 1,182,000. FAIR MARKET VALUE 12 Securities – Miscellaneous..... 13 Qualified conservation contribution -14 Qualified conservation contribution — Other..... Real estate – Other.... 17 Collectibles..... 18 **19** Food inventory..... 20 Drugs and medical supplies ..... Taxidermy..... 21 23 Scientific specimens..... 24 Archeological artifacts..... 25 26 Other ► 27 Other -28 Other > Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ...... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?..... 30 a X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?.... 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32 a b If 'Yes,' describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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

describe in Part II.

Schedule M (Form 990) (2015)

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

### SCHEDULE 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.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

Employer identification number

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE COMMUNITY FOUNDATION FOR SOUTHWEST WASHINGTON HELPS A BROAD CROSS SECTION OF CITIZENS BUILD STRONG COMMUNITIES THROUGH EFFECTIVE PHILANTHROPY. GRANTS PROVIDE SUPPORT FOR LOCAL AND NATIONAL ORGANIZATIONS WORKING IN THE AREAS OF COMMUNITIES AND NEIGHBORHOODS, BASIC NEEDS AND HEALTHY LIVING, EDUCATION, ARTS AND CULTURE, THE ENVIRONMENT AND CONSERVATION.

THE STRATEGIC INTENT OF THE COMMUNITY FOUNDATION IS TO IMPROVE OUR REGION'S QUALITY OF LIFE BY WORKING WITH LOCAL DONORS AND INCREASING THE CAPACITY OF OUR NONPROFIT SECTOR. TO DO THIS, WE FOCUS OUR EFFORTS ON THE FOLLOWING OBJECTIVES:

PROMOTE PHILANTHROPY BY HELPING DONORS MEET THEIR CHARITABLE GOALS AND MEET THE COMMUNITY'S GREATEST NEEDS.

ENGAGE AND COLLABORATE WITH COMMUNITY PARTNERS TO IDENTIFY CREATIVE SOLUTIONS TO CURRENT CHALLENGES AND DEEPEN OUR KNOWLEDGE OF THE REGION.

BUILD AN ENERGIZED AND FINANCIALLY SUSTAINABLE BUSINESS MODEL THAT ALIGNS WITH OUR MISSION AND MEETS OUR SHORT- AND LONG-TERM GOALS.

### 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 IN WRITING POSSIBLE CONFLICTS AND ACTUAL CONFLICTS OF INTEREST AS THEY ARISE.

### 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.

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

CHANGES IN TRUSTS, ANNUITIES, L-T CONTR  $\frac{$}{5}$  -159,115.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 91-1246778 COMMUNITY FOUNDATION FOR SW WASHINGTON

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUND. SW WA CHARITABLE LLC 610 ESTHER STREET #201	CHARITABLE GRANTING	WA	1,182,000.	1,182,000.	COMMUNITY FOUNDATION FOR SW WASHINGTON
<u>(z)</u>					
(3)					
ax-Exempt Organi	ns Complete if the orging the tax year.	anization answered	'Yes' on Form 990	, Part IV, line 34 be	cause it had
(a)		(p) (c)	(a) (b)	€	( <b>6</b> )

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	)(13) entity?
						Yes	No
1) SUPPORTING ORGANIZATION O 610 ESTHER STREET #201					COMMUNITY		
WA_98660	SUPPORTING ORGANIZATION	WA	501 (C) (3)	11	FOR SW WASHINGTON		×
<u>(2)</u>							
(3)							
( <del>b</del> )							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001L 06/01/15	i	Schedule R (Form 990) 2015	orm 990)	2015

Page 2

91-1246778

Schedule R (Form 990) 2015 COMMUNITY FOUNDATION FOR SW WASHINGTON

(k) Percentage ownership Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2015 å Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. **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. Yes (i) General or managing partner? £ (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets (h)
Disproportionate
allocations? ž Yes (f) Share of total income (g) Share of end-of-year assets (C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 06/01/15 (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV BAA **E**¦ 8 l <u>@</u>  $\mathbf{\Xi}_{\mathbf{i}}^{\mathbf{l}}$ **3** <u>ල</u>

91-1246778

Schedule R (Form 990) 2015 COMMUNITY FOUNDATION FOR SW WASHINGTON

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

Water Connected to the first of leader in Books II II or IV of this cohodule			Yes	N
Note: Complete fine the any entity is listed in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			1000
ra			.: a	×
Gift, grant, or capital contribution to related organization(s)			1 p	×
Gift, grant, or capital contribution from related organization(s)			1 c	×
			1d	×
			-1 e	×
f Dividends from related organization(s)			1f	×
				×
h Purchase of assets from related organization(s)				×
i Exchange of assets with related organization(s)			=	×
j Lease of facilities, equipment, or other assets to related organization(s)			.:	×
			2 5	>
K Lease of facilities, equipment, or other assets from related organization(s)			= =	< ×
■ Deformance of services or membership or fundration solicitations by related organization(s)			E -	×
In the formance of services of membership of ranging sensitives by seasons of games of facilities, equipment, mailing lists, or other assets with related organization(s).			- Jn	×
			10	×
p Reimbursement paid to related organization(s) for expenses			1р	×
q Reimbursement paid by related organization(s) for expenses			1q	×
r Other transfer of cash or property to related organization(s)				× :
ശി		the state of the s	.: S	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction tilleshibits.	elationships and trans			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	mining
(1)				
(2)				
(c)				
(4)				
(5)				
(9)			-	
<b>BAA</b> TEEA5003L 10/12/15		Schedule	le <b>K</b> (rorm 990) 2015	2015

91-1246778

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.

הפאבותם וומו אפרות המוכנים	2001111000110001100011100011100011100011100011000110001100011000110001100011000110000	Salar Barrella			-						-	
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unre-	(e) Are all partners section 501(c)(3)		Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	al or Pe	Percentage ownership
			from tax under sections 512-514)	Yes	S			Yes		Yes	No	
(1)				-				-				
(2)												
											_	
											_	
(3)												
	ļ		-									
(4)												
	,											
(5)												
	·											
(9)												
(A)												
	,											
(8)												
			-									1
ВАА			TEE	TEEA5004L 06/01/15	6/01/15				Schedul	Schedule R (Form 990) 2015	rm 990)	2015

Schedule R (Form 990) 2015 COMMUNITY FOUNDATION FOR SW WASHINGTON 91-124677

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

BAA

	orm <b>990-T</b>	Exc	empt Organization B				x Return		OMB No. 1545-0687	
F	orm 330-1		(and proxy tax u						2015	
		1	r 2015 or other tax year beginning _						2015	
Depar	tment of the Treasury		on about Form 990-T and its in						pen to Public Inspection fo	or
A	Check box if	► Do not	enter SSN numbers on this form as it		made public if your		ation is a 501(c)(3).		501(c)(3) Organizations Onl ployer identification numbe	у
	☐address changed		COMMUNITY FOUNDATION		-		N	(Em	ployees' trust, see ructions.)	H
	$\overline{X}$ 501( C )(_3)	511	610 ESTHER STREET	#201	OK DW WASIII	.NGIO	114	9	1-1246778	
	408(e) 220		VANCOUVER, WA 98660					F Un	related business activity	-
		0(a)						COC	des (See instructions.)	
	529(a)									
	Book value of all assets a end of year	1 01005	exemption number (See instruct							_
	102,940,31	6. G Check	k organization type 🟲 🏻 🔻	501(c	) corporation	501 (	(c) trust 40	)1 (a) tı	rust Other trus	st
H [	Describe the organiz INCOME RECET	zation's primar VED FROM	y unrelated business activity. PARTNERSHIP INVESTM	ENT						_
Ī	During the tax year,	was the corpo	oration a subsidiary in an affilia	ted gr	oup or a parent-	subsidia	ary controlled gro	up?	. ► Yes X No	_
			fying number of the parent cor	poration	on 🟲					_
	The books are in care						elephone number	<u> </u>	60) 694-2550	
Par			Business Income	т	(A) Income	e	(B) Expense	s	(C) Net	
	Gross receipts or									
_	Less returns and allows		c Balance►	1 c						
2 3			n line 1c							
			Schedule D)					No the		_
		•	7) (attach Form 4797)							—
			// (attacil ) billi 4/3/)				EWG DWODE LOOKS			—
5	Income (loce) from	n northerchine	and C cornerations	_	_		Kilona a sa			—
	(attach statement)	)	ST 1		2,	047.			2,047	<u>.</u>
6	•	•		_						
7			(Schedule E)							_
8			om controlled organizations (Schedule F).							
9			, (9), or (17) organization (Sch G)							_
10		-	e (Schedule I)							
11			)							_
12	Other Income (Se	e instructions;	attach schedule)	1						
10	Total Combine lin	saa 2 Abrassah 1	12	12						_
Pai			en Elsewhere (See instru		c for limitation	047.	doductions \ /	0.	2,047	<u>.</u>
rai	contributi	ons deduct	ions must be directly cor	nect	s ior iiriilalioi ed with the ur	ns on relate	deductions.) (	come	pt for	
14			ors, and trustees (Schedule K)						28,258	—
15								15	20,200	-
16								16	<u></u>	_
17								17		
18	Interest (attach so	hedule)						18		_
19	Taxes and license	s						19		_
20			structions for limitation rules)					20		_
21			)							
22			chedule A and elsewhere on re					22 b		
23								23		
24			ensation plans					24		
25								25		
26	Excess exempt ex	kpenses (Sche	dule I)					26		
27 28			ule J)					27	10.000	_
29			through 28					28	10,209 38,467	
30			me before net operating loss of					30	-36,420	
31			mited to the amount on line 30					31	50,420	-
32	Unrelated busines	s taxable inco	me before specific deduction.	Subtra	ct line 31 from li	пе 30		32	-36,420	<u>.</u>
33			1,000, but see line 33 instruction					33		
34	Unrelated business ta	exable income. So	ibtract line 33 from line 32. If line 33 is	nreater	than line 32 enter th	allemo ar	r of zero or line 22	34	-36 420	١ -

	Tax Computation					
35 Organ	nizations Taxable as Corporations. Se	ee instructions for tax comput	ation.			
	olled group members (sections 1561 a					
<b>a</b> Enter	your share of the \$50,000, \$25,000, a	and \$9,925,000 taxable incom	e brackets (in that order)	:	42.0	
(1)  \$	(2)  \$	(3)  \$	1			
<b>b</b> Enter	organization's share of: (1) Additional	5% tax (not more than \$11,7	<sup>7</sup> 50)		- 100	
<b>(2)</b> Ad	lditional 3% tax (not more than \$100,0	000)	\$			
	ne tax on the amount on line 34				35 c	0.
	s Taxable at Trust Rates. See instruct			Ī	NURSUL .	
		r Schedule D (Form 1		▶	36	
37 Proxy	tax. See instructions				37	
	native minimum tax				38	
	Add lines 37 and 38 to line 35c or 36				39	0.
Particular Control of the Control of	Tax and Payments				90	
	gn tax credit (corporations attach Forn	a 1110: tructo attach Form 11	16) 40-			
					1000	
	credits (see instructions)					
	ral business credit. Attach Form 3800	` ,	1			
	t for prior year minimum tax (attach Fo					
	credits. Add lines 40a through 40d				40 e	0.
41 Subtr	act line 40e from line 39				41	0.
	taxes. Check if from: Form 4255					
	ther (attach schedule)				42	
	tax. Add lines 41 and 42		4 4		43	0.
-	ents: A 2014 overpayment credited to			2,500.		
	estimated tax payments					
	leposited with Form 8868					
	gn organizations: <b>T</b> ax paid or withheld					
<b>e</b> Backı	up withholding (see instructions)		44e			
f Credi	t for small employer health insurance	premiums (Attach Form 8941	) 44f			
<b>g</b> Other	credits and payments:	rm 2439				
∏ F	orm 4136 🗍 Oti	her To	tal ► 44g		6300	
45 Total	payments. Add lines 44a through 44g	<del> </del>			45	2,500.
	nated tax penalty (see instructions). Cl				46	2,300.
	lue. If line 45 is less than the total of I				47	
	payment. If line 45 is larger than the t					0 500
	_				48	2,500.
	the amount of line 48 you want: Cred				49	0.
	Statements Regarding Certai					
1 At any	y time during the 2015 calendar year, dic	I the organization have an inter-	est in or a signature or othe	er authority over	er a	Yes No
finan	cial account (bank, securities, or other) in a	foreign country? If YES, the	organization may have to	file FinCEN	Form 114,	
Repo	rt of Foreign Bank and Financial Acco	ounts. If YES, enter the name	of the foreign country he	re <b>-</b>		X
2 Durin	g the tax year, did the organization re	eceive a distribution from, or v	was it the grantor of, or tr	ansferor to, a	a foreign trus	
	S, see instructions for other forms the		_		5	TORREST STORES
	the amount of tax-exempt interest receiv	,		0		
	e A — Cost of Goods Sold. Enter			0.		
	<u>.</u>	er method of inventory valuation				
	ntory at beginning of year	1	6 Inventory at end of y	1	6	
2 Purch	nases	_2	7 Cost of goods sold.	Subtract		
3 Cost	of labor	3	line 6 from line 5. E and in Part I, line 2		7	
4a Additio	onal section 263A costs (attach schedule)		and in rait i, line 2			N
	É	4 a				Yes No
<b>b</b> Other of		4 b	8 Do the rules of secti			
	Add lines 1 through 4b	5	property produced o to the organization?			
	Aug 10	- I	5			
Clam	Under penalties of perjury, I declare that I have e belief, it is true, correct, and complete. Declaration	examined this return, including accomp- on of preparer (other than taxpayer) is	anying schedules and statements, based on all information of which	and to the best o preparer has any	i my knowledge i knowledge.	and
Sign Here			V.P. & CFO			cuss this return with
пеге	Signature of officer	Date	Title		instructions)?	
		15				X Yes No
Paid	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN	
Pre-	RICHARD V. PROULX, CPA			self-employed	P0043	2577
parer	Firm's name KERN & THOMPS	ON, LLC		Firm's EIN	93-1157	
Use	Firm's address 1800 SW FIRST					
Only		97201		Phone no.	(503)	222-3338
BAA	, zonimino, on	TEEA0202L 10/1:	2/15			orm <b>990-T</b> (2015)

Schedule C - Rent Incor	iie	(From Real	Froperty and	rerson	ai Property	Leas	eu willi Real	Prope	(see instructions)
1 Description of property									
(1)									
(2)									
(3)									
(4)		2 Dood socios							<u> </u>
(a) From personal p		2 Rent receive		ool ood oo	rsonal property		3(a) Deduct	ions dire	ectly connected with
(a) From personal property is more than 19 property is more than 19 more than 50%	for 1	personal but not	(if the perco	ear and per entage of r ceeds 50% I on profit o	ent for persona or if the rent i	al is			mns 2(a) and 2(b) chedule)
(1)									
(2)									
(3)									
(4)									
Total			otal				(b) Total deductio	ne Enter	
(c) Total income. Add totals of here and on page 1, Part I, line	e 6,	column (A)	<b></b>				here and on page 1 I, line 6, column (B	, Part	•
Schedule E – Unrelated	De	bt-Financec	Income (see	instruction	ns)	1			8
1 Description of d	ebt-	financed prope	erty	or alloca	income from able to debt- ed property			inanced	ted with or allocable to property  (b) Other deductions
				IIIIaiice	ed property		eciation (attach		(attach schedule)
(1)						<u> </u>			· · · · · · · · · · · · · · · · · · ·
(2)				1	W.	1			
(3)						1			
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)		or allocable to	justed basis of debt-financed ach schedule)	div	olumn 4 rided by Ilumn 5		7 Gross income ortable (column column 6)	2 x	3 Allocable deductions (column 6 x total of olumns 3(a) and 3(b))
(1)					%			İ	
(2)					울				
(3)					ક				
(4)					ક				
Totals						·		▶	ater here and on page 1 art I, line 7, column (B)
Schedule F - Interest, A	ınn	uities, Roya				a Org	anizations (s	ee instru	ictions)
			Exempt Cor	ntrolled Org					
1 Name of controlled organization		2 Employer identification number	3 Net un income (see instr	(loss)	4 Total of sp payments r		that is included in con-		6 Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organiz	zatio								
7 Taxable Income		8 Net unrelate income (loss (see instruction	) payme	of specified ints made	e included in th		olumn 9 that is the controlling s gross income		Deductions directly nected with income in column 10
(1)									
(2)									
(3)									
(4)									
					here and o		and 10. Enter e 1, Part I, line n (A).		olumns 6 and 11. Enter nd on page 1, Part I, line 8, column (B).
Totals									
BAA			1	TEEA0203L 1	0/12/15				Form <b>990-T</b> (201

1 Description of income	2 Amount of inc		3	Deductions	4 Set-asid	es	5 Total	deductions and
1 Description of meome	Z AMOUNT OF THE	UITIE		ctly connected ach schedule)	(attach sche	aule)		sides (column 3 us column 4)
(1)			-				·	·
(2)						_		
(3)								
(4)								
	Enter here and on p Part I, line 9, colur						Enter he Part I, li	re and on page 1 ne 9, column (B).
Totals	•							
Schedule I — Exploited Exem	nt Activity Incom	o Oth	or Tha	n Advertising I	ncomo (see in	ate satis	, no)	
Schedule I — Exploited Exem	2 Gross							T == .
1 Description of exploited activity	unrelated	conne prod of ur	ses directly cted with uction 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 fror activity that is not unrelated business income	attril	xpenses outable to olumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)						+-		
	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.
Totals	•							
Schedule J - Advertising Inc								
Part I Income From Periodi	icals Reported or	ı a Co	nsolida	ted Basis				
1 Name of periodical	2 Gross advertising income	adve	Pirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute col 5 through 7.	5 Circulation income	<b>6</b> R	eadership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)								Activities:
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))								
Part II Income From Period 7 on a line-by-line basis.)	icals Reported or	ı a Se <sub>l</sub>	parate I	Basis (For each p	periodical listed	in Part	II, 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	<b>6</b> R	eadership costs	7 Excess readership costs (col 6 minus co 5, but not more than col 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I ►								
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A)	on p	here and page 1, I, line 11, mn (B).					Enter here and on page 1, Part II, line 27.
Schedule K — Compensation		otore	and T	uctooc ( : '	u sakia wa N			
Schedule K – Compensation	1 of Officers, Dire	ctors,	and ir	ustees (see inst	ructions)			
1 Name				2 Title	3 Percen time devo to busine	oted		sation attributable lated business
JENNIFER RHOADS		PRE	SIDENT	1		5 %		8,375
MARY E PRINGLE			AND C			5 %		19,883
						용		
						윙		
Total. Enter here and on page 1, Page 1, Page 1, Page 1, Page 2, Page	art II, line 14					▶		28,258

2	A	4	Е

### **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)
SOVEREIGN NEW MILLENIUM FUND, LP ABBOTT CAPITAL PRIVATE EQUITY FD III CAPITAL DYNAMICS GLOBAL SECONDARIES	\$ -694. 2,357. 384.	\$ 0. 0. 0. TOTAL	\$ -694. 2,357. 384. 2,047.

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

INVESTMENT EXPENSES. \$ 10,209. \$ 10,209.

STATEMENT 3 FORM 990-T, PART II, LINE 31 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	OF	RIGINAL LOSS	LOSS PREVIOU USED	_	OSS LABLE
12/31/13 NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS				 \$ \$	19,071. 19,071. -36,420.