

# IRS FINANCIAL REPORTING RETURN

Fiscal Year 2016 | Form 990 & 990T





# Form 990

**Return of Organization Exempt From Income Tax** 

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

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

For the 2016 calendar year, or tax year beginning , 2016, and ending Check if applicable: D Employer identification number Address change COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 610 ESTHER STREET #201 E Telephone number Name change VANCOUVER, WA 98660 Initial return (360) 694-2550 Final return/terminated Amended return G Gross receipts \$ 163, 280, 494. F Name and address of principal officer: JENNIFER RHOADS H(a) Is this a group return for subordinates? X No Application pending Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE Yes No X 501(c)(3) Tax-exempt status 501(c) ( ) (insert no.) 4947(a)(1) or 527 Website: ► WWW.CFSWW.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other ▶ L Year of formation: 1984 M State of legal domicile: WA Part I Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A CHARITABLE GRANTING ORGANIZATION WHOSE MISSION IS TO INSPIRE A CULTURE OF GIVING TO CREATE Governance VIBRANT AND ENGAGED COMMUNITY. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b)..... 4 13 Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... 5 11 Total number of volunteers (estimate if necessary)..... 6 320 7a Total unrelated business revenue from Part VIII, column (C), line 12... 906. 7a b Net unrelated business taxable income from Form 990-T, line 34. -3,557. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 30,628,208. 82,692,579. Revenue Program service revenue (Part VIII, line 2g) ..... 11,587. 7,638. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 760,178. 1,608,434. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 31,399,973 84,308,651. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7,860,347. 7,458,191. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 833,173 1,002,522. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 584,437. 613,203. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 9,277,957. 9,073,916. Revenue less expenses. Subtract line 18 from line 12..... 22,122,016. 75,234,735. 5 8 **Beginning of Current Year End of Year** Total assets (Part X, line 16). 102,940,316. 181,372,576. 21 Total liabilities (Part X, line 26)..... 2,687,899. 2,537,896. Not / 22 Net assets or fund balances. Subtract line 21 from line 20..... 100,252,417 178,834,680. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARY PRINGLE V.P. & CFO Type or print name and title Print/Type preparer's name Preparer's signature Date Check RICHARD V. PROULX, CPA Paid self-employed P00432577 Preparer Firm's name KERN & THOMPSON, LLC Use Only Firm's address 1800 SW FIRST AVENUE, SUITE 410 Firm's EIN ► 93-1157146 PORTLAND, OR 97201 (503) 222-3338 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

	1990 (2016) COMMUNITY FOUNDATION FOR SW WASHINGTON	91-1246778	Page 2
Par	and the same of th		
	Check if Schedule O contains a response or note to any line in this Part III	. 19 1 1 1	X
1	Briefly describe the organization's mission:		
	THE FOUNDATION'S MISSION IS TO INSPIRE A CULTURE OF GIVING TO CF		
	ENGAGED COMMUNITY. SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED M	MORE THAN \$15	51
	MILLION.		
	Did the organization undertake any significant program services during the year which were not listed on the pi	rior	· · ·
_	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O.		ies V iio
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices?	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 ser 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.	vices, as measured ons to others, the to	by expenses. tal expenses,
4 a	(Code:) (Expenses \$ 8,172,909. including grants of \$ 7,458,191.)	Revenue \$	)
	SEE SCHEDULE O		
4 b	(Code: ) (Expenses \$ including grants of \$ ) (	Revenue \$	)
	: (Code: ) (Expenses \$ including grants of \$ ) (	Davience É	
40	(Code) (Expenses \$) (	Revenue \$	)
	Other program services (Describe in Schedule O.)		
-+ u	(Expenses \$ including grants of \$ ) (Revenue \$		)
4 e	Total program service expenses ► 8,172,909.		
BAA			Form <b>990</b> (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
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.			
ā	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
I	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
6	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	
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
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		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2016) COMMUNITY FOUNDATION FOR SW WASHINGTON

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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
ł	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
<b>2</b> 8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990	(2016)

Form 990 (2016) 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
(	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	n 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 2 a 11			
ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	gelg.	EIGH	1724
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No.	Х
ŀ	olf 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a	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
ŀ	olf '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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(	: 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?	6a		Х
ŀ	olf '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).		102.0	
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	
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year		Till	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	glf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	ılf 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
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
	Section 501(c)(7) organizations. Enter:	10.3		Political
	Initiation fees and capital contributions included on Part VIII, line 12			E S
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	-0.0		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		gravij.	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10	1	
ē	I Is the organization licensed to issue qualified health plans in more than one state?	13a	5 P G S 5 S S S S S S S S S S S S S S S S S	- الما
	Note. See the instructions for additional information the organization must report on Schedule O.	3	434	
	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			
	Enter the amount of reserves on hand	1.0	100	v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
1	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2016) COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Rody and Management

Sec	tion A. Governing Body and Management					
				I	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 a	13			
h	Enter the number of voting members included in line 1a, above, who are independent	1 ы	13			
	Did any officer, director, trustee, or key employee have a family relationship or a business relations					
_	officer, director, trustee, or key employee?			2		Х
2	Did the organization delegate control over management duties customarily performed by or under the			-		
	of officers, directors, or trustees, or key employees to a management company or other per-	son?	supervision	3		X
4	Did the organization make any significant changes to its governing documents					1,,
_	since the prior Form 990 was filed?			4		X
	Did the organization become aware during the year of a significant diversion of the organiza			5		X
	Did the organization have members or stockholders?			6		X
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or a members of the governing body?			7 a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?			7 b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken the following: $ \frac{1}{2} \int_{0}^{\infty} \frac{1}{2} \left( \frac{1}{2} \int_{0}^{\infty} $					
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cam organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be re	ached at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not rec			venu	ie Co	ode.)
					Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	operations are consistent with the organization's exempt purposes?			10 ь		
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 99	O. SEE	SCHEDULE O			
12a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	Х	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	could giv	e rise	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " Schedule O how this was done SEE, SCHEDULE 0	Yes.' desc	ribe in	12 c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	_
	Did the process for determining compensation of the following persons include a review and approv	al by inde				
	persons, comparability data, and contemporaneous substantiation of the deliberation and de			4000	37	
	The organization's CEO, Executive Director, or top management official			15a	Х	
0	Other officers or key employees of the organizationSEE .SCHEDULE .O			15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			10.4		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar taxable entity during the year?			16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalue participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?	to safeou	ard the	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► WA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.					– – – able
			in in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p			ole to		
20	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's bo	ooks and	records:			
-	MARY PRINGLE 610 ESTHER STREET VANCOUVER WA 98660 (360)					

# 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 (F) Estimated (D) (A) Name and Title (B) (E) Reportable compensation from Reportable Average hours compensation from amount of other director/trustee) compensation from the organization and related related organizations (W-2/1099-MISC) per the organization (W-2/1099-MISC) Institutional ndividual trustee ormer cey employee tighest compensated (list any director related organizations organiza-tions below dotted 1 trustee line) (1) BRETT BRYANT 2 CHAIR Χ X 0 0 0. (2) MARK MATTHIAS 2 VICE CHAIR Χ Х 0. 0. 0. (3) STEVE HANSEN 2 TREASURER Χ Χ 0 1 0 0. 2 (4) DR. JIM YOUDE **SECRETARY** X Χ 0 1 0 0. (5) SCOTT SOUTH 2 X DIRECTOR 0 0 0 0. (6) KAYCEE WIITA 2 DIRECTOR 0 Χ 0 0 0. (7) MARTY FORSMANN 2 DIRECTOR 0 X 0 0 0. 2 (8) ALBERT ANGELO III DIRECTOR 0 Χ 0 0 0. 2 (9) JODY CAMPBELL DIRECTOR 0 Χ 0 0 0. 2 (10) VAUGH LEIN 0. DIRECTOR 0 X 0 0 (11) RICHARD WOLLENBERG 2 DIRECTOR 0 Χ 0 0 0. (12) TWILA BARNES 2 DIRECTOR 0 Χ 0 0 0. (13) DR. CANDACE YOUNG 2 DIRECTOR 0 X 0 0 0. JENNIFER RHOADS 40

BAA

PRESIDENT

TEEA0107L 11/16/16

158,089

0

Form 990 (2016)

0.

32,482.

Page 8

Part VII   Section A. Officers, Directors, Tro	ıstees,	Key	En	1plo	oye	es,	and	d Highest Com	pensated Emp	loyees	(conti	nued)
	(B)			((	2)							
(A) Name and title	Average hours per	l box	, unle	ess pe	erson	e than is bot or/trus	h an	(D)  Reportable compensation from	(E)  Reportable compensation from	Es Es	(F) timated int of oth	ner
	(list any hours	or o	lst.	Officer	ê	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fr	pensation	on
	for related	irect	illida	Cer	Key employee	Hest o	mer			año	anization I related Inization	1
	organiza - tions below	2 2	nal tr		loye	omp				0.95		
	dotted line)	or director	nstitutional trustee			Highest compensated employee						
(15) MARY E PRINGLE V.P AND CFO	<u>40</u> _			х				120,196.	0.		17 2	
(16)				^				120,190.	0.		17,3	103.
(17)												
(18)	<u> </u>				-	-						
(19)		-								_		
(20)							_					
		_										
(21)									_			
(22)												
(23)												
(24)												
(25)											-,,	
1 b Sub-total				<u> </u>	<u></u>	l	<u> </u>	278,285.	0.		49,7	187
c Total from continuation sheets to Part VII, Secti	on A						<b></b>	0.	0.		13/1	0.
d Total (add lines 1b and 1c)							<b></b>	278,285.	0.		49,7	87.
2 Total number of individuals (including but not limited from the organization ▶ 2	I to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensation	1	
from the organization 2											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	istee,	ke	y en	nplo	yee,	or h	nighest compensati	ted employee	3		X
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	ation	and	oth	er compensation				
the organization and related organizations great such individual		<i>.</i>					• • • •	• • • • • • • • • • • • • • • • • • • •		. 4	Х	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	e comper s,' <i>comple</i>	nsatio	n fr ched	om dule	any <i>J fc</i>	unre er suc	late ch p	ed organization or erson	individual	. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest comper	rated ind	0000	don	+ 00	ntra	otore	tho	t received more th	nn \$100 000 of			
compensation from the organization. Report compensation	sation for	the c	aler	idar	year	endi	ng v	with or within the or	ganization's tax year			
Name and business add	ress							Description of	of services	Compe	nsatio	n
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	o the	ose	liste	d abo	ve)	who received more	than			
BAA		TEEA	108L	. 11/	16/16					Form	990 (	2016)

	Check if Schedule O contains a response or note to an		<u>                                     </u>		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues				
S E	c Fundraising events				
fts	d Related organizations 1d				
G iia	e Government grants (contributions) 1e				
ns,	e dovernment grants (contributions)				
ntio er 9	f All other contributions, gifts, grants, and				
ig #	similar amounts not included above 1f 82,692,579.				
dict	g Noncash contributions included in lines 1a-1f: \$ 13,028,688.				
<u> </u>	h Total. Add lines 1a-1f ▶	82,692,579.			
e	Business Code				
Zel	2a SERVICE FEES 900099	7,638.	7,638.		
Be	b				
Ge	с			_	
erv	d				
n S	ρ				
Tar	f All other program service revenue				
Program Service Revenue	g Total. Add lines 2a-2f	7 620			
		7,638.			
	3 Investment income (including dividends, interest and other similar amounts)	1 600 434		006	1 607 500
		1,608,434.		906.	1,607,528.
	, ,				
	5 Royalties				
	(i) Real (ii) Personal				
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7 a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 78971843.				
	b Less: cost or other basis				
	and sales expenses 78971843.				
	c Gain or (loss)				
	d Net gain or (loss)				
41	8a Gross income from fundraising events				And the second
evenue	(not including \$				
Ş.	of contributions reported on line 1c).				
ě	See Part IV, line 18 a				
<u>-</u>	b Less: direct expenses b				
Other R	c Net income or (loss) from fundraising events				
O					
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities			75-3-25-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	
	10a Gross sales of inventory, less returns				
	and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	84,308,651.	7,638.	906.	1,607,528.
$\overline{}$			.,		,,,, -

## 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.... (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising ĕxpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21...... 6,931,806 6,931,806 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . . . . 526,385. 526,385 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees . . . . 327,285 102,869 65,457 158,959. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... 0 0 0 0. 7 511,815. 261,639 117,289 132,887. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26.579. 13,587 6,901. 6,091 Other employee benefits . . . . . . . . . 73,948 37,802 16,946. 19,200. 10 Payroll taxes ..... 62,895 27,798 13,768 21,329. 11 Fees for services (non-employees): 2,534 1,120 555 859. c Accounting..... 58,276 25,757 12,757 19,762. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17. . . g Other. (If line 11g amount exceeds 10% of line 25, column 91,097. 40,263. 19,942 30,892. (A) amount, list line 11g expenses on Schedule O.). . . . . Advertising and promotion..... 12 2,650. 1,171 580. 899. 27,451. 12,133. 6.010. 9,308. Information technology..... 93,652. 41,392 20,501. 31,759. Royalties.... 35,947. 16 Occupancy..... 106,003. 46,851 23,205 17 Travel 7,313. 3,232 1,601 2,480. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization... 20,418. 9,024. 4,470 6,924. 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.)..... 53,095 a OUTREACH EXPENSE 120,130 26,298 40,737. b OTHER EXPENSES 47,131 20,831 10,317 15,983. c PRINTING AND PUBLICATIONS 22,722 10,043. 4,974 7,705. d <u>DUES/SUBSCRIPTIONS</u> 13,826 6,111 3,027 4,688. e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 9,073,916. 8,172,909 353,788 547,219. 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).....

Balance Sheet (A) Beginning of year (B) End of year Cash — non-interest-bearing..... 80,125 1 188,288. Savings and temporary cash investments..... 2 911,624. 1,072,793. Pledges and grants receivable, net..... 3 Accounts receivable, net ..... 20,426,500 4 20,067,352. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.... 6 Notes and loans receivable, net..... 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges..... 9 20,942 21,102. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 167,515. b Less: accumulated depreciation..... 10b 10 c 43,015. 286,500. 124,500. 11 Investments – publicly traded securities..... 55,235,469 11 142,262,913. 12 Investments – other securities. See Part IV, line 11...... 12 22,425,918. 14,046,039. Investments - program-related. See Part IV, line 11...... 13 13 Intangible assets..... 14 15 Other assets. See Part IV, line 11..... 3,553,238 15 3,589,589. Total assets. Add lines 1 through 15 (must equal line 34).... 16 16 102,940,316. 181,372,576. 17 61,353. 17 17,652. Grants payable ...... 18 18 30,000. 20,000. 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties ...... 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2,596,546. 2,500,244. 26 Total liabilities. Add lines 17 through 25..... 26 2,687,899 2,537,896. Organizations that follow SFAS 117 (ASC 958), check here ▶ Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets..... 27 78,711,514 157,723,259. Temporarily restricted net assets..... 28 21,540,903. 21,111,421. Permanently restricted net assets.... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds.... 32 ž Ž Total net assets or fund balances 100, 252, 417. 33 178,834,680. Total liabilities and net assets/fund balances..... 34 34 181,372,576. 102,940,316. BAA Form 990 (2016)

	The term of the te	1210	,,,,,
Pai	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	84,308,651.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	9,073,916.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	75,234,735.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	100,252,417.
5	Net unrealized gains (losses) on investments	. 5	3,406,480.
6	Donated services and use of facilities	. 6	
7	Investment expenses		_
8	Prior period adjustments	. 8	
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	. 9	-58,952.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	. 10	178,834,680.
Par	t XII Financial Statements and Reporting		

91-1246778

Page 12

Form 990 (2016) COMMUNITY FOUNDATION FOR SW WASHINGTON

### Check if Schedule O contains a response or note to any line in this Part XII..... Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. X If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant?..... Χ 2 b If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Consolidated basis Both consolidated and separate basis 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 X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single 3 a Х b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3 b BAA Form 990 (2016)

### 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

2010

Open to Public Inspection

Name of the organization Employer identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part | 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 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). 7 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.) |X| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 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.) 11 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

# 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.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	5,971,363.	18563156.	9,855,782.	30628208.	82692579.	147711088.
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	5,971,363.	18563156.	9,855,782.	30628208.	82692579.	147711088.
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)						71,065,810.
6	Public support. Subtract line 5 from line 4						76,645,278.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
7	Amounts from line 4	5,971,363.	18563156.	9,855,782.	30628208.	82692579.	147711088.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520,471.	499,258.	601,752.	760,178.	1,608,434.	3,990,093.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-37,609.	-19,071.				-56,680.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						151644501.
12	Gross receipts from related activ	vities, etc. (see ins	structions)				61,599.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth f	tax year as a section	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	• •	11				50.54%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	53.86%
16a	33-1/3% support test—2016. If it and stop here. The organization	the organization di qualifies as a pul	d not check the to	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2015. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	est—2016. If the or meets the 'facts-a s-and-circumstand	rganization did no and-circumstance es' test. The orga	ot check a box on s' test, check this anization qualifies	line 13, 16a, or 1 box and <b>stop he</b> as a publicly sup	6b, and line 14 is re. Explain in Par ported organization	10% t VI how on
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Par ted organization	t VI how the
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

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

sec	tion A. Public Support							
Calend 1	lar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 201	6	(f) Total
١.	Gifts, grants, contributions, and membership fees received. (Do not include							
	any unusual grants.)				#//			
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished in any activity that is							
	related to the organization's							
3	tax-exempt purpose Gross receipts from activities					_	_	
3	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							
5	its behalf							
	facilities furnished by a governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5							
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2							
	and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13							
	for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from				1			
h	similar sources							
	income (less section 511						]	
	taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include						+	
_	gain or loss from the sale of capital assets (Explain in							
	Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 5	01(c)(3)	· ► []
	tion C. Computation of Pu							
	Public support percentage for 20						15	8
	Public support percentage from	_					16	<u> </u>
	tion D. Computation of Inv				(0)		4 1	
	Investment income percentage f						17	%
	Investment income percentage f 33-1/3% support tests—2016. If the support tests—2016 is the supp						18 °	line 17
	is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	iization qualifies a	as a publicly supp	orted organi	zation .	
b	33-1/3% support tests—2015. If t	the organization d	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more th	an 33-1	/3%, and
20	line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization							
				,				· · · · · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

ec	uon A. Ali Supporting Organizations		Yes	No
_			163	140
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <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		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
Ь	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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	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

II GAT	outpointing organizations (communical)			
11	Has the organization accepted a gift or contribution from any of the following persons?		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		
1	a A family member of a person described in (a) above?	11b		
	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		
Sec	tion B. Type I Supporting Organizations			
	71 11 3 3		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	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If "No," describe in <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	10013-10	
Sec	tion 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 <b>Part VI</b> 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	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
i	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
W. R. 2012	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		
BAA	TEEA0405L 09/28/16 Schedule A (Form 95	90 or 99	0-EZ	2016

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	v. 20, 1970 (explain ir t complete Sections A	Part VI). <b>See</b> through E.
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	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
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		
t	Average monthly cash balances	1b		
(	Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization
RAA			Schodulo A /E	nem 990 or 990 E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

190	edule A (Form 990 or 990-EZ) 2016 COMMUNITY FOUNDATION			16778 Page 7
_	rt V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	apported organizations		
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.	20000	575,772 57	
_ 7	Total annual distributions. Add lines 1 through 6.	W54 1112		
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	on is responsive (provide	e details	
9	Distributable amount for 2016 from Section C, line 6			V V V
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
- 2				
t				
	From 2013			
	From 2014			
	From 2015			
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
I	Applied to 2016 distributable amount			
	i Carryover from 2011 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7:			
ē	Applied to underdistributions of prior years			
ŀ	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
ī	Excess from 2013	The state of the state of		
	Excess from 2014			
	Excess from 2015			

e Excess from 2016..... BAA

Schedule A (Form 990 or 990-EZ) 2016

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.

2016

OMB No. 1545-0047

Name of the organization		Employer identification number
COMMUNITY FOUNDATION FOR SW W	ASHINGTON	91-1246778
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ	, or 990-PF that received, during the year, contributions total	aling \$5,000 or more (in money or
property) from any one contributor. Comple	te Parts I and II. See instructions for determining a contribu	tor's total contributions.
0		
Special Rules		
X For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	ort test of the regulations
received from any one contributor, during the	ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	) 2% of the amount on (i)
Form 950, Part VIII, line III, or (II) Form 95	o-Ez, fille 1. Complete Parts I and II.	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	from any one contributor,
during the year, total contributions of more	than \$1,000 exclusively for religious, charitable, scientific, lichildren or animals. Complete Parts I, II, and III.	terary, or educational
parpeter, or for the provention or cludity to	complete variable and in	
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received t	from any one contributor.
during the year, contributions exclusively fo	r religious, charitable, etc., purposes, but no such contribution	ons totaled more than
	the total contributions that were received during the year for a many of the parts unless the <b>General Rule</b> applies to this organi	
	ble, etc., contributions totaling \$5.000 or more during the vez	
, , , , , , , , , , , , , , , , , , , ,		

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) (2016)

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	B (Form 990, 990-EZ, or 990-PF) (2016)	Page	1 of 1 of Part I
Name of org	NITY FOUNDATION FOR SW WASHINGTON	1	r identification number 246778
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 contributions	(d) Type of contribution
1		\$9,816,518.	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,000,000.	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		\$61,400,000.	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
		\$	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.)
BAA	TEEA0702L 08/09/16	Schedule B (Form 99	0. 990-EZ. or 990-PF) (2016)

Name of organization

Page

1 to 1 of Part II

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
SECUR	ITIES		
		9,816,518.	11/08/16
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  \$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	<b>_</b>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		  s	
			<b></b>

Page

1 to

of Part III

Name of organization
COMMUNITY FOUNDATION FOR SW WASHINGTON

1 Employer identification number 91-1246778

Part III	Exclusively religious, charitable, e	tc., contributions to organiza	ations described in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for the following line entry. For organizations of	he year from any one contributo	Pr. Complete columns (a) through (e) and
	contributions of \$1,000 or less for the year.	(Enter this information once. See in	nstructions.)
	Use duplicate copies of Part III if additional		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
			<del>-</del>
	Transferee's name, addres	(e) Transfer of gift	
	ransieree's name, addres		Relationship of transferor to transferee
		·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<b></b>	+
		(e) Transfer of gift	
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee
		·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<b></b>		
		(a)	
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
	<u>-</u>	· <b></b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, addres	ss, and ZIP + 4	Relationship of transferor to transferee
	L	· <b></b>	

### 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

► 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

ે • ૬	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
	of organization		· ·	Employer identifica	ation number
	MUNITY FOUNDATION			91-124677	
Pai	rt I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	ection 527 organiz	zation.
1		organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instructions)			
Pai		rganization is exempt under section			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>&gt;</b> \$	0.
2		ise tax incurred by organization managers			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	of 'Yes,' describe in Part IV.				
Pai		rganization is exempt under section			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities 🟲 \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	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 organization made payments amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the arms received that were promptly and directly delaraction committee (PAC). If additional spa	of all section 527 polimount paid from the fivered to a separate police is needed, provide	tical organizations to willing organization's fundilitical organization, such a information in Part IV	which the filing ds. Also enter the as a separate
	(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)			1		
(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) 2016

Part II-A Complete if the section 501(h		s exempt under sect	ion 501(c)(3) and fi	led Form 5768 (ele	ction under
		to an affiliated group (and li	st in Part IV each affiliate	d group member's name.	·
	-	share of excess lobbying e		. у оср,	
B Check ► if the filing	organization check	ed box A and 'limited cont	rol' provisions apply.		
(The term 'e	Limits on Lobbyin	g Expenditures s amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence publi	c opinion (grass roots lob	bying)		
<b>b</b> Total lobbying expenditure	-		_		
c Total lobbying expenditure	•		<b>⊢</b>	0.	0.
d Other exempt purpose ex	•		—	9,073,916.	
e Total exempt purpose exp	•	•		9,073,916.	0.
f Lobbying nontaxable amo	ount. Enter the amou	unt from the following table	e in	603,696.	
If the amount on line 1e, colun		he lobbying nontaxable a			
Not over \$500,000		% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	7.	00,000 plus 15% of the excess of			
Over \$1,000,000 but not over \$1,		75,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$17 Over \$17,000,000	· ·	25,000 plus 5% of the excess over ,000,000.	er \$1,500,000.		
g Grassroots nontaxable an				150,924.	0.
h Subtract line 1g from line	•		<u> </u>	0.	0.
i Subtract line 1f from line	,			0.	0.
j If there is an amount other section 4911 tax for this		ne 1h or line 1i, did the orga			Tyes No
		Colonial Col			🔲
(Some	organizations that	Year Averaging Period Ur made a section 501(h) ele w. See the separate instru	ction do not have to co		
	Lobbyi	ng Expenditures During 4	-Year Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	557,485	. 609,709.	613,898.	603,696.	2,384,788.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					3,577,182.
c Total lobbying expenditures					0.
d Grassroots nontaxable amount	139,371	. 152,427.	153,475.	150,924.	596,197.
e Grassroots ceiling amount (150% of line 2d, column (e))					894,296.
f Grassroots lobbying expenditures				C-L-J L O/E	0.
BAA				Scheaule C (Form	990 or 990-EZ) 2016

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

(election under Section 501(n)).					
The seat West response on these to the seat to below required in Dock IV a detailed description	(a	)	(I	)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amo	ount	
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?	- 1				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					<u> </u>
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5)	, or			
				Yes	No
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 campaign activity expenditures from the p					
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) F answered 'Yes.'	c)(5) Part l	, or so II-A, I	ection 50 ine 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			
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)	<u></u> .	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 I	I-A, lines	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 2016

m990. Open to Public Inspection
Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

	COMMUNITY FOUNDATION FOR SW		91-1246778
Par	Organizations Maintaining Dono Complete if the organization ansv	r <b>Advised Funds or Other Similar Fu</b> vered 'Yes' on Form 990, Part IV, lin	unds or Accounts. e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	124	194
2	Aggregate value of contributions to (during year)	78,984,950.	3,657,070.
3	Aggregate value of grants from (during year)	4,092,867.	
4	Aggregate value at end of year	119,937,856.	. 58,896,824.
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that grant fu of the donor or donor advisor, or for any oth	Inds can be used only er purpose conferringXYes No
Par			
T CAT		vered 'Yes' on Form 990, Part IV, lin	ne 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., re	ecreation or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribution in the fo	
			Held at the End of the Tax Year
-	Total number of conservation easements		
	Total acreage restricted by conservation easer		
	Number of conservation easements on a certif		<del></del>
(	Number of conservation easements included in structure listed in the National Register		<u>2</u> d
3	Number of conservation easements modified, tran tax year ▶	sferred, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
6	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring, in		
0	Stan and volunteer hours devoted to morntoning, i	nspecting, harraining of violations, and emorcing t	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revenue and export of the organization's financial statements that	ense statement, and balance sheet, and t describes the organization's accounting for
Paı	1]] Organizations Maintaining Colle	ctions of Art, Historical Treasures, owered 'Yes' on Form 990, Part IV, Iin	or Other Similar Assets. ne 8.
1:	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, education, or research in	venue statement and balance sheet works of furtherance of public service, provide,
1	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or research in furt	therance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		
	If the organization received or held works of art, hamounts required to be reported under SFAS		
	a Revenue included on Form 990, Part VIII, line		
- 1	b Assets included in Form 990. Part X		

Part III Organizations Mainta	ining Colle	CHOIIS	OI AIL, HISLO	ricai ireasures, o	Other Similar ASS	ers (colli	nueu)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other r	_		re a significant use of its	collection	
a Public exhibition			d Loan o	or exchange programs			
<b>b</b> Scholarly research			e Other				
c Preservation for future gener	ations						
4 Provide a description of the organiz Part XIII.				-			
5 During the year, did the organiza to be sold to raise funds rather the	nan to be mai	ntained a	as part of the o	rganization's collection	17	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. ( Form 9	Complete if t 990, Part X,	he organization an line 21.	iswered 'Yes' on Fo	rm 990, F	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?					er assets not included	Yes	∏No.
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII a	ind comp	lete the following	ng table:			
						Amount	
c Beginning balance					<del></del>		
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an a							∐ No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check he	ere if the explar	ation has been provide	ed on Part XIII		
D. AV. E. J		11			000 D 11/ 1:	10	
Part V Endowment Funds. C				ľ			
1 - Decimping of year belongs	(a) Current	year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four y	years back
1 a Beginning of year balance							
<b>b</b> Contributions						+	
c Net investment earnings, gains, and losses							
<b>d</b> Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance			1.1.1.20	1 1 (2)			
2 Provide the estimated percentage		nt year e	end balance (lin	e 1g, column (a)) held	as:		
a Board designated or quasi-endowm	ent •						
<b>b</b> Permanent endowment	<del></del> *		•				
c Temporarily restricted endowmer			_ 8				
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100	%.				
3 a Are there endowment funds not in t	he possession	of the or	ganization that a	are held and administere	d for the		
organization by:						Ye	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations							
<b>b</b> If 'Yes' on line 3a(ii), are the rela	_		•			. 3b	
4 Describe in Part XIII the intended			tion's endowme	ent funds.			
Part VI Land, Buildings, and Complete if the organ			'Yes' on Forr	n 990, Part IV, line	e 11a. See Form 99	0, Part X	, line 10.
Description of property		(a) Cost (inv	or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bool	k value
1 a Land			124,500.			12	24,500.
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment							
<b>e</b> Other				43,015.	43,015.		0.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Forr	n 990, Part X.			1.3	24,500.
BAA						ule <b>D</b> (Form	

TEEA3302L 08/15/16

art IV, line 11d. See Form 990, Part X, line 15  (b) Book value  (c) Method of valuation: Cost or end-of-year market value
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11c. See Form 990, Part X, line 13 ) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
) Method of valuation: Cost or end-of-year market value  art IV, line 11d. See Form 990, Part X, line 15
art IV, line 11d. See Form 990, Part X, line 15
(b) Book value
11f. See Form 990, Part X, line 25
THE GOOT OTHER SOO, FAIL N, THIC 25

Reconciliation of Revenue per Audited Financial Statements   Complete if the organization answered 'Yes' on Form 990, Par			turn.	
1 Total revenue, gains, and other support per audited financial statements			1	07 (50 770
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	mest s		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	87,659,770.
	2 a	3 406 400		
	2 h	3,406,480.		
	2 c	3,591.	line of	
	2 d	F0 0F2		
e Add lines 2a through 2d.	- 1	-58,952.	2.0	2 251 110
3 Subtract line 2e from line 1.		Contribution between the contribution of the best	2 e	3,351,119.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I		3	84,308,651.
a Investment expenses not included on Form 990, Part VIII, line 7b.	4.0			
b Other (Describe in Part XIII.)				
			4.5	
c Add lines <b>4a</b> and <b>4b</b>			4 c	04 200 651
				84,308,651.
Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Par			<b>Return</b>	•
1 Total expenses and losses per audited financial statements			1	9,077,507.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	3,591.		
b Prior year adjustments	2 b			
c Other losses.	2 c			
d Other (Describe in Part XIII.)	2 d			
e Add lines 2a through 2d	000000000000000000000000000000000000000	£3636060+++±0063680+++++	2 e	3,591.
3 Subtract line 2e from line 1			3	9,073,916.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,073,916.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	art IV, line ete this p	es 1b and 2b; Part art to provide any	V, addition	nal information.
SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FOR	≀M 990			
CHANGE IN CHAR TRUSTS, GIFT ANNUITIES		TOTA		-58,952. -58,952.

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection Employer identification number 91-1246778 Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. COMMUNITY FOUNDATION FOR SW WASHINGTON
Part | General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	to substantiate the am	ount of the grants or	assistance, the grantees'	eligibility for the grants	or assistance, and	X	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	rocedures for monitorin	ig the use of grant fur	use of grant funds in the United States.		SEE F	SEE PART IV	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Year 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.	nce to Domestic , for any recipient	Organizations at that received n	anizations and Domestic Governments. Complete if the organization answered 'Yes' on it received more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple	te if the organizar cated if additional	tion answered 'Y I space is needed	es' on J.
1 (a) Name and address of organization or government	( <b>a</b> )	(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 noncash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE ATTACHED			6, 663, 502.	0.			
(2)							9
(3)							
(4) 							
<u>(5)</u>							
(8)		-					
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table.</li> </ul>	(3) and government of tions listed in the line	rganizations listed i	in the line 1 table			A A	190
BAA For Paperwork Reduction Act Notice, see the Instructions for	e, see the Instruction	s for Form 990.		TEEA3901L 11/03/16	11/03/16	Schedul	Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016) 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.

	المراجع معلى المراجع ا	1000000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANC 1 WOMEN	FINANCIAL SUPPORT STRUGGLING WOMEN	53	49,063.			
FINANCIA 2 STUDENTS	FINANCIAL ASSISTANCE FOR STUDENTS	194	475,622.			
3 SUPI	3 SUPPORT FOR SEVERE HARDSHIP	e e	1,700.			
4	32					
ಬ						
9						
7						11
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 othe	r 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) (2016)

2016 990 EEN. 01.1246778			TAXABLE PROPERTY.
rein. 25.22.010 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			
Name address and in	FIN	Cash Grant	Purpose of Grant or Assistance
Native, and ess, and zip	0011600	0006 6	
Congress School District #114 DD Box 8010 Variouse, WA 98568		4 500	
Multinomah County Animal Services 1700 W Historic Columbia River Hiehway Troutdale, OR 97060		14,559	
Action International Ministries. PO Box 398 Mountlake Terrace, WA 98043	-	85,784	
All Classical Public Media, Inc., 211 SE Caruthers Street, Suite 200 Portland, OR 97214	93-1042868 501(C)(3)	5,000	
All Classical Public Media, Inc., 211 SE Caruthers Street, Suite 200 Portland, OR 97214	93-1042868 501(C)(3)	100	
All Classical Public Media, Inc., 211 SE Caruthers Street, Suite 200 Portland, OR 97214	93-1042868 501(C)(3)	1,000	
American Cancer Society, Great West Division 2120 1st Ave N Seattle, WA 98109	13-1788491 501(C)(3)	5,914	Unrestricted
American Heart Association of Oregon & SW WA,4380 SW Macadam Avenue #480 Portland, OR 97239	13-5613797 501(C)(3)	5,914	Unrestricted
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605 501(C)(3)	200	Heroes Breakfast
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605 501(C)(3)	625	Disaster Fund
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605 501(C)(3)	100	Unrestricted
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605 S01(C)(3)	200	Unrestricted
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605 501(C)(3)	5,000	Materials for the Prepare Out Loud Program for SW Washington
Arts of Clark County, 8002 NE Highway 99 #505 Vancouver, WA 98665		8,014	
Battle Ground Public Schools.PO Box 200 Battle Ground. WA 98606	91-6010122 501(c)(3)	69,559	Educational fields: Agriculture, Horitculture, Dairying and Domestic Science
Battle Ground Public Schools.PO Box 200 Battle Ground, WA 98606	-	2,500	
Best Friends Animal Society 5001 Angel Canyon Road Kanab, UT 84741		14,559	
Bir Brothers Bir Sisters Columbia Northwest 1827 NE 44th Avenue. Suite 100 Portland. OR 97213		1,385	Unrestricted
Big Brothers Big Sisters Columbia Northwest, 1827 NE 44th Avenue, Suite 100 Portland, OR 97213		10,000	Unrestricted
Bike Clark County, 1701 Broadway #166 Vancouver, WA 98663	45-2591977 501(C)(3)	9,657	Unrestricted
Bike Clark County, 1701 Broadway #166 Vancouver, WA 98663	45-2591977 501(C)(3)	2,000	Unrestricted
Boomerang, 808 Main Street Vancouver, WA 98660	27-0464839 501(C)(3)	5,000	Unrestricted
Boomerang, 808 Main Street Vancouver, WA 98660	27-0464839 501(C)(3)	1,739	Unrestricted
Boys & Girls Club of the Long Beach Peninsula, PO Box 1172 Long Beach, WA 98631	20-3585444 501(C)(3)	5,000	Unrestricted
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202	93-0474800 501(C)(3)	42,263	42,263 Jack, Will and Rob Kids' Center in Camas, WA
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202	93-0474800 501(C)(3)	11,525	Jack, Will and Rob Kids Center, Camas, WA
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202	93-0474800 501(C)(3)	4,055	
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202		11,525	
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202		11,525	Jack, Will and Rob Youth Center in Camas, WA
Boys & Girls Clubs of Portland Metropolitan A,8203 5E 7th Avenue, Suite 100 Portland, OR 97202		2,196	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		1,000	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		200	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		125,000	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		40,000	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		25,000	Unrestricted
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		10,000	Girls' Program Coordinator position
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		25,000	Skyline Project
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660	$\rightarrow$	31,106	Unrestricted
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		1,000	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		200	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660		6,000	
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646 501(C)(3)	100,000	O.K.2 Clubhouse at Skyline Crest Housing
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646 501(C)(3)	1,000	Clinton & Gloria John Clubhouse
Bridge the Gap, PMB 172, 8002 NE Highway 99 Vancouver, WA 98665	68-0523104 501(C)(3)	6,418	Unrestricted
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201 501(C)(3)	4,000	Unrestricted
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201 501(C)(3)	25,000	Skyline Project
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201 501(C)(3)	2,500	Unrestricted
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201 501(C)(3)	20,000	Employment and Education Resource Center
BrightSide Animal Center,PO Box 1404 Redmond, OR 97756		5,799	Purchase of Commercial Dishwasher
Camas Christian Academy, 717 SE Everett Road Camas, WA 98607	91-1864764 501(C)(3)	16,024	Unrestricted
Camas School District #117,841 NE 22nd Avenue Camas, WA 98607	91-6001767 501(c)(3)	909	
Carnas School District #117,841 NE 22nd Avenue Camas, WA 98607		2,500	
Cascadia Technical Academy Foundation,12200 NE 28th Street Vancouver, WA 98682	91-1530644 501(C)(3)	1,778	Unrestricted
Constitution Applications Constitution 10000 Mile Sold Constitution 1878 00000			

ERIN: 91-1246708  FEIN: 91-1246708  Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments  Name, address, and zip  Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682  Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682  Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682  Castodic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin, 100 88663			
FEIN: 91-1246778 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments Name, address, and zip Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663	The state of the s		
Name, address, and zip  Cascadia Technical Academy Foundation,12200 NE 28th Street Vancouver, WA 98682  Cascadia Technical Academy Foundation,12200 NE 28th Street Vancouver, WA 98682  Catholic Community Services of Western Washin,100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin,100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin,100 23rd Avenue South Seattle, WA 98144  Catholic Community Services of Western Washin,100 23rd Avenue South Seattle, WA 98144  Catholic Community Services Vancouver, WA 9863  CDM Services,2409 Broadway Street Vancouver, WA 98663			
Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663	EIN	Cash Grant	Purpose of Grant or Assistance
Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663	1530644	4.956	
Catholic Community Services of Western Vashin, 100 23rd Avenue South Seartle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seartle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663		1.000	
Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663	-	200	
Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144 CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663		10,000	
CDM Services, 2409 Broadway Street Vancouver, WA 98663 CDM Services, 2409 Broadway Street Vancouver, WA 98663	91-1585652 S01(C)(3)	1,500	Unrestricted
CDM Services, 2409 Broadway Street Vancouver, WA 98663		10,000	
	91-1057994 501(C)(3)	200	Capital Campaign
CDM Services, 2409 Broadway Street Vancouver, WA 98663	91-1057994 501(C)(3)	25,000	Capital Campaign
Chapman Educational Foundation, 1445 NW 26th Avenue Portland, OR 97210		2,000	5,000 Unrestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98683	91-1459420 501(C)(3)	50,000	Capital Campaign
Children's Center, 13500 SE 7th Street Vancouver, WA 98683	91-1459420 501(C)(3)	200	500 Unrestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98683		100	Unrestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98683		3,000	Unrestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98683	91-1459420 501(C)(3)	200	500 Unrestricted
Children's Center, 13500 SE 7th Street Vancouver, WA 98683	91-1459420 501(C)(3)	50,000	Capital Campaign
Children's Course, Inc., 19825 River Road Gladstone, OR 97027		6,000	Unrestricted
Children's Justice and Advocacy Center, 214 N Pacific Avenue Kelso, WA 98626		15,000	
Children's Justice and Advocacy Center, 214 N Pacific Avenue Kelso, WA 98626		1,441	
Chinook Trail Association, PO Box 61686 Vancouver, WA 98666-1686	-	4,000	Ellen Davis Trail Upgrade
Chinook Trail Association,PO Box 61686 Vancouver, WA 98666-1686		5,000	
Chinook Trail Association, PD Box 61686 Vancouver, WA 98666-1686	_	1,000	Unrestricted
Clark College Foundation,1933 Fort Vancouver Way Vancouver, WA 98663-3598	15006	1,000	Unrestricted
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	_	1,000	
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598		4,081	4,081 For students entering or currently enrolled in health care programs
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-5598	23-7315006 501(C)(3)	30,000	Vetelans resource Lenter frügelich hands hand nammen. Energians ander program en unsenflick hands hand nammen.
Clark College Foundation, 1933 Fort Valicture: Way Valicture; WA 30003-3330	15005	7 337	
Clark College Foundation 1933 Fort Vancouver Way Vancouver, WA 98653-3599			
Clark College Foundation 1933 Fort Vancouver Way Vancouver, WA 98663-3598	$\overline{}$		
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006 501(C)(3)	1,000	
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006 501(C)(3)	5,000	Ed and Dolly Lynch Scholarship Fund
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661		200	Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661		1,850	1,850 \$1000 Unrestricted; \$850 Phase 3 project
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	-	2,000	Unrestricted
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661		1,000	
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661		200	
Clark County Food Bank,6502 NE 47th Avenue Vancouver, WA 98661		200	Unrestricted
Clark County Food Bank, 6502 NE 4/th Avenue Vancouver, WA 98661			
Clark County Food Bank, bouz NE 47th Avenue Vancouver, WA 98bb1	91-130/364 301[C](3)	10,000	Taste and subport  Taste and subport
Clark County Food Bank, 6392 NE 47 III AVEITUR VAILLOUVER, WA 36891		1,000	.v.,co. Interprint runger capital certipagn TOMO Interprint runger capital certipagn
Clark County Food Bank 6502 NE 47th Avenue Vancoiner WA 98651		250	Unestricted
Clark County Food Bank 6502 NF 47th Avenue Vancouver WA 98661	1		
Clark County Food Bank 6502 NF 47th Avenue Vancouver WA 98661		0009	Unestricted
Cash County Food Bank 6507 NE 47th Avenue Vancouver, we Associated	_	24 116	Unractived
Clark County Food Bank 6502 NE 47th Avenue Vancoliver WA 98851		5,000	
Clark County Food Bank 6502 NE 47th Avenue Vancouver WA 98661		10.000	Nutrition Education Program (58.100) and Unrestricted (51.900)
Clark County Food Bank, 6502 NE 47th Avenue Vancouver. WA 98661	1	1.000	
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564 501(C)(3)	16,200	Nutrition Education Program
Clark County Health Department, PO Box 9825 Vancouver, WA 98666	91-6001299 501(c)(3)	20,000	ACES Program
Clark County Health Department, PO Box 9825 Vancouver, WA 98666		860	
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2945	91-6055341 S01(C)(3)	2,000	One November Morning: Sand Creek Massacre art exhibition
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2945		200	Unrestricted
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2945			
Clark County Historical Society, 1511 Main Street Vancouver, WA 98660-2945	91-6055341 501(C)(3)	3,593	Unrestricted
CIATR COUNTY MUTAL SOCIETY, FU DOX 6/5022 VARICOUVET, WAS 5006/	20-1340109 301(C)(3)	7,300	1,300 General sponsorante for a public mulai

Community Foundation for Southwest Washington		
2016 990 EFIN 91.1345778		
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments		
Name, address, and zio	EtN IRC Code	Cash Grant Purpose of Grant or Assistance
Clark County Mural Society, PO Box 873052 Vancouver, WA 98687	20-1348169 501(C)(3)	
Clark County Veterans Assistance Center, 1305 Columbia Street Vancouver, WA 98660	27-3077905 501(C)(3)	4,905 Home heating assistance
Clark County Veterans Assistance Center, 1305 Columbia Street Vancouver, WA 98660		6,649 2017 Events including Black Tie Gala
Clark County Veterans Assistance Center, 1305 Columbia Street Vancouver, WA 98660		
Classic Wines Auction, PO Box 4285 Portland, OR 97208		
Colonial Williamsburg Foundation,PO Box 1776 Williamsburg, VA 23187-1776	_	
Columbia Dance Center, 1700 Broadway Street Vancouver, WA 98663		
Columbia Land I rust, 850 Unicers Now Vancouver, WA 98661	94-3140861 501(C)(3)	7-270 Interstricted
Columbia Land Trust, 300 Unicers Kow Vancouver, WA 98661		
Columbia Land Trust, 850 Ufficers Kow Vancouver, WA 98661		
Columbia Land Think 950 Officers Now Vancouver, WA 98601		
Columbia Jand Trust 850 Officers Row Vancouver, WA 98661		
Columbia Presbyterian Church, 8715 St. Helens Avenue Vancouver, WA 98664		
Columbia Presbyterian Church, 8715 St. Helens Avenue Vancouver, WA 98664		
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683	91-2127405 501(C)(3)	
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683	91-2127405 501(C)(3)	2,500 Signage
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683	91-2127405 501(C)(3)	500 Survey Incentive Grant Award
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683		2,338 Unrestricted
Columbia Theatre Association for the Performi,PO Box 1026 Longview, WA 98632	91-1186556 501(C)(3)	
Columbia Theatre Association for the Performi,PO Box 1026 Longview, WA 98632		
Columbia Theatre Association for the Performi,PO Box 1026 Longview, WA 98632	91-1186556 501(C)(3)	5,000 Unrestricted
Columbia University Law School, 435 West 116th Street, Box A-2 New York, NY 10027		
Community House on Broadway, PO Box 403 Longview, WA 98632		
Community of Hope, PO Box 83165 Portland, OR 97283		
Congregation Beth Israel, 1972 NW Flanders Street Portland, OR 97209		15/00 Jill Ann Siansky Early Childhood Leader Fund
Congregation Kol Armi, /800 NE 119th Street Vancouver, WA 98662-1104	91-148//89 501(C)(3)	
Congregation Rol Ami, / 800 NE 119th Street Vancouver, WA 98662-1104	91-148//89 SUI(C)(3)	7 Con Earlighter insulative
Congregation Kol Affil, 7800 NE 119th Street Vancouver, WA 38002-1104		
Congregation Kol Ami, 2000 NE 119th Street Vancouver, WA 98662-1104		
Congregation Not Ami 2800 NE 119th Street Vancoiner WA 08652-1104		
Congregation Kol Ami 7800 NE 119th Steat Vancouver WA 98652-1104		
Congression Kol Ami 7800 NE 119th Street Vancouver, WA 98662-1104		
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98652-1104		
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104		
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789 501(C)(3)	2,000 Unrestricted support for gala
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828 501(C)(3)	
Council for the Horneless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		2,500 Unrestricted
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		Z5,000 Housing Relief Fund
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98660		
Council for the Homeless, 2500 Main Street Vancouver, WA 98560		
Council for the Homeless, 2500 Main Street Vancouver, vvA 98660		
Council for the Homeless, 2500 Main Street Vancouver, VVA 98000		
Cowlitz Community Network, 20 / N 4th Avenue Reiso, WA 38625	91-1/13128 501(0)(3)	AU, NOT I I I I I I I I I I I I I I I I I I I
Comits County LASA, 10.24 broadway street Longview, WA 38632	91-1644688 501(C)(3)	
County County CASA, 2024 Broadway Street Colgariew, WA 98052		
County Waskington Last Mid 1938 Commerce Avenue Suite Clanguism WA 08522		
Cowitz Wahkiakum Legal Aid, 1330 Commerce Avenue, Suite C. Longview, WA 98632 Cowitz Wahkiakum Legal Aid 1338 Commerce Avenue, Suite C. Longview, WA 98632		
COWILL WAINLINGER AND LOSS COMMISSING JOINE - LONGEN WAS AND JOSE A	- 1	AU,UVU THE OPER EVOL

Community Foundation for Southwest Washington				
2016 990 FEIN: 91-1246778				
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name address and zio	EIN	IRC Code	Cash Grant P	Purpose of Grant or Assistance
Crown and Anchor Church, PO Box 872707 Vancouver, WA 98687	81-0778262	501(C)(3)	10,000 N	Move in costs, improvements and furnishings
Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98663	91-1083936	501(C)(3)		42,253 Help the Children Capital Campaign
Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98663	91-1083936	501(C)(3)		2016 Capital Campaign for new building in Brush Prairie, WA
Daybreak Youth Services, 404 E 15th Street, Suite 6 Vancouver, WA 98663	91-1083936	501(C)(3)	4,381 U	Unestricted
Daybreak Youth Services, 404 E 15th Street, Suite & Vancouver, WA 98603	91-1083936	501(C)(3)	200,005	SOLVO TREP IN EXTREMENT CAMPAIGN
Daybreak Tourit Services 404 F 15th Street, June 6 Vancover, and 20003	91-1083936	501(C)(3)	7.000 U	7.000 Unrestricted
Delaware Community Foundation PD Box 1636 Wilmington, DE 19899	22-2804785	501(C)(3)	5,000 F	5.000 Friends of the Kent County Public Library Endowment Fund
Detlef Schrempf Foundation, 1904 3rd Avenue, Suite 339 Seattle, WA 98101	91-1723526	501(C)(3)	12,081 U	Unrestricted
Emergency Support Shelter, 1330 11th Avenue Longview, WA 98632	91-1074716	501(C)(3)	19,926 U	Unrestricted
Emergency Support Shelter, 1330 11th Avenue Longview, WA 98632	91-1074716	501(C)(3)		Unrestricted
Ethnic Support Council, 311 Oak Street Kelso, WA 98626	91-1591153	501(C)(3)	12,500 G	General Operating Support
Ethnic Support Council, 311 Oak Street Kelso, WA 98626	91-1591153	501(C)(3)		Unrestricted
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	501(C)(3)		Unrestricted
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-155/462	501(1)(3)	2,485 U	Uncatalitéed Uncatalitéed
Evergreen Habitat Tof Humanity, P.D. Box 87.2570 Vancouver, WA 58687	01 1557462	501(0)(3)		Officeration Brosers
Evergreen napital for numanity, P.O. Dox 67.1570. Vancouver, WA 30007.	91-1557462	501(0)(3)	_	Uncertifiery III Onlaw General Togs and
Evergleti natitat or namanity, to box 671570 Vancouser, WA 98687	91-1557462	501(C)(3)	3.500 N	3.500 Mix(blbin Commons Project
Everyget Handle County, 19 19715 C.8 SF Mill Plain Boulevard PMB 252 Vancouver, WA 98684	91-1714854	501(C)(3)	1,683 P	Principal's Checkbook Program
Evergletel School District Foundation 12315 C.8 SF Mill Dain Southard DMR 757 Vancouver WA 98684	91-1714854	501(C)(3)	-	Unestricted
Evergreen School District Foundation 13215 C-8 SE Mill Plain Boulevard PMB 252 Vancouver, WA 98684	91-1714854	501(C)(3)		Family Community Resource Centers
First United Methodist Church.401 E 33rd Street Vancouver, WA 98663-2297	91-0593487	501(c)(3)		Unrestricted
FISH of Cowiltz County, PO Box 135 Longview, WA 98632	23-7452250	501(C)(3)		Utility Assistance Program
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)	10,149 U	Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)	10,000 U	Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)		Capital Campaign
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)	10,000 D	Debt Reduction
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)	000'9	Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)		Pearson Field Education Center
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)	19,505 U	Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)		Pearson Field Education Center
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)	- 1	Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)	870 B	Building, interpretive, and educational projects
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)		Unrestricted
Fort Vancouver National Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-1937645	501(C)(3)	50,000	Purchase of Academy Building
Fort Vancouver Regional Library Foundation, PO Box 2384 Vancouver, WA 98668	91-1456753	501(C)(3)	2,566 U	Unestricted
Fort Vancouver Regional Library Foundation, PU Box 2384 Vancouver, WA 98668	91-1456/33	501(0)(3)	2,000	Lineatrier Community Library Outdoor Activities Felix
Fort Vancouver Regional Lionary Foundation, P.O. Box 2364 Vancouver, WA 36666	91-1430/33			Unicativited
FOIL VARICOLIVE Deal afets Lettler, to Box 1102 Valicolives, WA 98666,1102	91-6068346		0 000,4	Unestricted
Fort Variouser Seafarers Centerly C Dox 1102 Variouser WA 98666-1102	91-6068346	501(c)(3)		Unestricted
Fort Vancouver Seafarers Center PO Box 1102 Vancouver WA 98665-1102	91-6068346	501(c)(3)		General suboort
Fort Vancouver Seafarers Center PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	9,100 U	Unrestricted
Foundation for Healthy Generations, 419 Third Avenue West Seattle, WA 98119	91-6186093	501(C)(3)		Unrestricted
Foundation for Healthy Generations, 419 Third Avenue West Seattle, WA 98119	91-6186093	501(C)(3)		HLC Community Education Worker program
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	28,760 U	Unrestricted
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)		Purchase of XL and Reading Counts for Salmon Creek Elementary
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	50,000 E	Equipment and Discretionary Funds for Vancouver Tech Preparatory School
Foundation for Vancouver Public Schools,PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	4,129 P	Purchase of XL and Reading Counts for Salmon Creek Elementary
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)		Basic Needs Checkbook Program
Foundation for Vancouver Public Schools,PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	2,500 Li	Luncheon Spansorship
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)		Unrestricted
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)		Lunch Buddy Mentoring Program
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	1,000 A	Administrative Fund
Fred Dutchinson Lancer Research Center, FU DOX 150/24, J3-200 Seattle, WA 50109-1024	(53-) TOGO ( 1 ) OT (C/LS)	פולה)דחב	0 620,62	CZÓ/CZ   CHIRESHIFTED

Community Foundation for Southwest Washington			The state of the s
2016 990			
FEIN: 91-1246778			
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			AND THE PROPERTY OF THE PROPER
Name address and zip	EIN IRC Code	Cash Grant	Purpose of Grant or Assistance
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)	1,000	1,000 Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)	200	Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 S01(C)(3)	15,000	Prescription Medications and Blood Pressure Cuffs
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)	1,000	Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 501(C)(3)	2,000	Dental Program
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	91-1707542 S01(C)(3)	27,578	Unrestricted
Free Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661		2,000	Unrestricted
Freedom Foundation,PO Box 552 Olympia, WA 98507	94-3136961 501(C)(3)	2,000	Unrestricted
Freedom Foundation, PO Box 552 Olympia, WA 98507	94-3136961 S01(C)(3)	3,000	Unrestricted
Friendly House, 2617 NW Savier Street Portland, OR 97210		5,000	Unrestricted
Friends of Hospice Southwest Washington, PO Box 3116 Vancouver, WA 98668	20-4672767 501(C)(3)	3,000	3,000 Unrestricted
Friends of Hospice Southwest Washington, PO Box 3116 Vancouver, WA 98668	20-4672767 S01(C)(3)	7,128	Unrestricted
Friends of the Carpenter, PO Box 65358 Vancouver, WA 98665	91-1932953 501(C)(3)	6,313	Unrestricted
Friends of the Carpenter, PO Box 65358 Vancouver, WA 98665	91-1932953 501(C)(3)	200	500 Unrestricted
Friends of the Children, 44 NE Morris Street Portland, OR 97212	93-1098105 501(C)(3)	4,845	Unrestricted
Friends of the Children,44 NE Morris Street Portland, OR 97212		10,000	Friend Raiser
Friends of the Columbia Gorge, 333 SW 5th Avenue, Suite 300 Portland, OR 97204		4,882	Unrestricted
Friends of the Columbia Gorge, 333 SW 5th Avenue, Suite 300 Portland, OR 97204		10,000	Unrestricted
Friends of the Columbia Gorge, 333 SW 5th Avenue, Suite 300 Portland, OR 97204		2,000	Guardian Level support
Fulcrum Foundation, 710 Ninth Avenue Seattle, WA 98104		10,000	Annual Fulcrum Dinner Event
Gardner School,16413 NE 50th Avenue Vancouver, WA 98686		6,000	
Gardner School, 16413 NE 50th Avenue Vancouver, WA 98686		4,239	
Girls on the Run of Portland Metro, 2337 NW York Street, Suite 202-E Portland, OR 97210		10,000	Clark County
Girls, Inc., 4800 SW Macadam Avenue, Suite 309 Portland, OR 97239		10,000	Girls Group programming in Clark County
Hearing, Speech & Deafness Center, Attn: Development 1625 19th Avenue Seattle, WA 98122		23,629	Unrestricted
Heritage University,Office of Advancement 3240 Fort Road Toppenish, WA 98948		30,000	Herrage Fund - scholarships for highest-need students
Hillsdale College,Office of Financial Aid 33 East College Street Hillsdale, MI 49242		1,000	1,000 Unrestricted
Hispanic Metropolitan Chamber, 333 SW 5th Avenue, Suite 100 Portland, OR 97204		7,500	Latina Business Leaders Luncheon and Annual Hispanic Heriage Lelebration
Hispanic Metropolitan Chamber, 333 SW 5th Avenue, Suite 100 Portland, OR 97204		000,51	Uperaring support
Hough Foundation, 20 E. 11th Street, Suite 200 Vancouver, WA 98660		2,413	ווייינינים
Hough Foundation, 205 E 11th Street, Suite 200 Vancouver, WA 98660		10,000	OUESTICEE
Huida Klager Lilac Gardens, PO Box 828 Woodland, WA 986/4		2,L32	- In-resident
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	91-0/39124 501(C)(3)	14,433	Uncestificted
Humane Society Tot Southwest Washington, 1100 NE 122nd Avenue Vancouver, WA Soose		2,700	Cuital Basiane
Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 38084		200	Inconsistent rulets
Humane Society for Southwest washington, 1100 NE 19278 Avenue Vancouver, wA 30064		000	AND Investigated
Humane Society for Southwest Washington, 1100 NE 1921id Avenue Vancouver, WA 90004		14 559	Unpetrified
Commence Society 101 Southwest Washington, Labo Ne Lozing Avenue Vancours, VM Society MA 60694		1 642	Olivatrical
Flumane Society for Southwest Washington, 1100 INC. 132/IN Aveilue Vancouver, VM 30064		25,000	Official Section # # Individual # Admin Section # # Individual # Indiv
Have a Dream Administrative Account, old Esther Street, Julie 201. Vancouver, WA 98690		4 200	Admin Arcount #1000064
I have a Dream Administrative Account, but taking but est, but a zon vancover, ven bucks.		10,000	Admin Arcuin #10000693
I have a Dream Administrative Account, OLD Estilet Street, John 201 Vancouver, WA 20000		15,000	Admin Arcurum #10000693
I Have a Dream Administrative Account, D.D. Esther Street, July 2011 Vancount WA 20000		10,000	Admin Account #10000693
Target Direct Committee and Co		3,000	
I have a Disami rayion Account 610 Esther Greek, 2011 Vancounts WA 98660		2,000	
I THANK A LONGIN THE COUNTY OF THE COUNTY, WAS DOOD.		2000	Parjoin County Andrews
I Have a pream Payroll Account, old Estner Street, Suite Zul Vancouver, WA 90000		2,000	
I Have a Dream Payroll Account \$10 Eether Greet, Julie 201 Vancouver, wA 99650	-;-	2 900	
Have a Deam Davroll Account 510 Eether Greet, June 201 Vancouver, who speed		2.400	Pavril Account #010008841
I Have a Dream Davroll Arrount 610 Ether Steet Suite 201 Vancouver, *** 2000		3,000	Payroll Account #0100088441
Have a Dream Pavroll Acrount 610 Extrem Street Suite 201 Vancouver WA 98660		3.200	Pavroll Account #0100088441
Have a Dream Pavroll Account 610 Esther Street, Suite 201 Vancouver, WA 98660		3.000	Pavroll Account #0100088441
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660		2,000	Payroll Account #0100088441
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-1692169 501(c)(3)	2,400	Payroll Account # 0100088441
I Have a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	91-1692169 501(c)(3)	2,500	Payroll Account - #0100088441

Community Foundation for Southwest Washington			
2016 990			
FEIN: 91-1246778 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			
, , , , , , , , , , , , , , , , , , ,	NI NI	to to	Director of Cant or Acethraca
Indities, dutiless, and 21p	782136	260	rapose or oranic or ostatistics of the present of t
Innovative Services NW 9414 NF Fourth Plain Road Vancouver WA 98652		10.000	
Innovative Services NW 9414 NF Fourth Plain Road Vancouver. WA 98662	-	299	
Innovative Services NW,9414 NE Fourth Plain Road Vancouver, WA 98662		6,506	
Institute for Rehabilitation Research & Recreation, Inc., PO Box 1025 Pendleton, OR 97801	93-6033853 501(C)(3)	23,642	Meadowood Springs Speech and Therapy Camp
iUrban Teen,4004 NE 97th Street Vancouver, WA 98655	46-5015461 501(C)(3)	8,149	Unrestricted
iUrban Teen,4004 NE 97th Street Vancouver, WA 98655	46-5015461 S01(C)(3)	1,751	MLK Annual Breakfast
IUrban Teen,4004 NE 97th Street Vancouver, WA 98665	46-5015461 501(C)(3)		750 MLK Annual Breakfast
Juvenile Diabetes Research Foundation, 1 North La Salle Street, Suite 1200 Chicago, IL 60602	23-1907729 501(C)(3)	20,000	Just One Crown
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-3890449 S01(C)(3)	8,010	Unrestricted
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-3890449 501(C)(3)	6,850	2016 Gala Support and drinking fountain
La Center School District, 725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590 S01(C)(3)	5,789	College Scholarships for graduates of La Center High School
La Center School District,725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590 501(C)(3)	6,000	1-2-3 Grow & Learn Program
La Center School District,725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590 501(C)(3)	5,000	La Center Middle School CISPUS Outdoor School
La Center School District,725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590 501(C)(3)	5,000	CISPUS Dutdoor School
La Center School District, 725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590 S01(C)(3)	2,000	Challenge Course
La Salle Catholic College Preparatory, Inc.,11999 SE Fuller Road Milwaukie, OR 97222	93-0553268 501(C)(3)	2,000	
Lions Sight & Hearing Foundation of Cowlitz C,PO Box 265 Longview, WA 98632		15,000	Eye exams, eye glasses, cataract surgeries, hearing aids and other ocular & hearing devices
Literary Arts, Inc., 925 SW Washington Street Portland, OR 97205	-	20,000	Brian Booth Writers' Fund
Longview Outdoor G⊒llery,PO Box 2804 Longview, WA 98632	91-1821761 501(C)(3)	5,129	Unrestricted
Longview School District, 2715 Lilac Street Longview, WA 98632		8,000	Danny L. Evans Scholarships, benefiting RA Long High School seniors
Longview School District, 2715 Lilac Street Longview, WA 98632		3,000	
Longview School District, 2715 Lilac Street Longview, WA 98632	$\overline{}$	12,032	Programs for middle school students
Lower Columbia CAP, 1526 Commerce Avenue Longview, WA 98632		40,277	Unrestricted
Lower Columbia College Foundation, 1600 Maple Street Longview, WA 98632		12,032	Harvey J. and Marcella Mi. Mashinter Endowed Scholarship Fund
Lower Columbia College Foundation, 1600 Maple Street Longview, WA 98632		6,481	Uniestricted
Lower Columbia College Head Start, PO Box 3010 Longview, WA 98632		52,996	
Lower Columbia College Head Start, PO Box 3010 Longview, WA 98632	-	24,524	
Lower Columbia School Gardens, PU Box 785 Longview, WA 98632		3,292	General Operating Support
Lower Columbia School Gardens, PU Box 785 Longview, VVA 98652.		8,114	Universitated
Marriage team, PU Box 8/3050 Vancouver, WA 2508 / 3050		260,0	חות באונוינים
Meals on Wheels People, PO Box 1947/ Portland, UR 9/280		1,000	
Meals on Wheels People, PU box 1947/ Portland, UR 97.280	_	3,116	
Meals on Wheels People, PO box 1947/ Portland, UR 9/280		200	Vancouver, Wk program
Meals on Wheels People, PO Box 19477 Portland, UR 97280		15,000	13,000 Washougal Kitchen Lapital & Nutrition Project
Meals on Wheels People PO Box 1947/ Portland, OK 9780		5,000	
Meals on Wheels People, PO Box 19477 Portland, OR 97280		1,000	Vancouver, WA
Meals on Wheels People, PO Box 19477 Portland, OR 97280		10,246	Clark County
Medical leams International PO Box 10 Portland, OR 9/20/		10,000	Heaithy Women, Heaithy World September Zulo event
Medical Teams International PO Box 10 Portland, OR 97207		5,000	5,000 Unrestricted
Medical leams International, PO Box 10 Portland, OR 97207	_	2000	
Metropolitan Youth Symphony, 4860 SW Macadam Avenue, Suite 105 Portland, 01 97259		000's	
Metropolitan Youth Symphony, 4800 SW Macadam Avenue, Suite 105 Portland, OR 97239		2,000	
Milo Adventist Atademy, PO Box 2.8 Days Creek, OK 9/4.29		9,000	Unitestructed
Mount St. Helens Institute, 42218 NE Yale Bridge Road Amboy, WA 98601		7,298	Outdoor STEM education for Cowlitz County youth
Mount St. Helens Institute, 42218 NE Yale Bridge Road Amboy, WA 98601	_	10,673	GeoGirls
Mount St. Helens Institute, 42218 NE Yale Bridge Road Amboy, WA 98601	_	3,732	
Mount St. Helens Institute, 42.218 NE Yale Bridge Koad Amboy, WA 98601		5,000	
NAIMI SOUTHWEST WAShington, S411 E Mill Plain Boulevard, Suite 4 Vancouver, WA 55026		2,407	Unicativitied
Nehemia Project International Ministry, 5200 SW Meadows Road, Suite 150 Lake Oswego, UK 97035	52-1889861 501(C)(3)	18,000	Unfestived In-mark Industrial
New Heights Children 7012 Alf Edeb August Various WA Observ	_	2 2	Inspections
New Heights Church, 7913 NE 38th Avenue Vancouver, WA 98883		2,000	), Uncastricted
Norpront Network Southwest Washington, PO Box 6223/9 Vancouver, WA 58662		1,248	THE ELIMANT AND ELIP CONTROL OF THE PROPERTY O
North Clark Historian Missian BO Box 305 Ambox, WA 00501	_	2,000	
Month Clark Mistorical Museum DO Box 200 Amboy, WA 90001	94-3070070 S01(C)(3)	2,300	Lybor Pain Darik TON (seam Dankou Edwarder)
INDIAL CHAIR DISCORDED MUSICALING DON 450 PHILIDAY, VEN DOUGH	ורווחוזתר חוחחותר-אר	מחקיבד	Stealth Dunkey Exterior Exhibit

Community roundation for Southwest washington		
2016 990 FEIN: 91-1246778		
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments		
Name, address, and zip	EIN	Cash Grant Purpose of Grant or Assistance
North County Community Food Bank, PO Box 2106 Battle Ground, WA 98604	91-1715580 501(C)(3)	4,000 Unrestricted
North County Community Food Bank,PO Box 2106 Battle Ground, WA 98604	91-1715580 501(C)(3)	5,000 General Operating Support
North County Community Food Bank,PO Box 2106 Battle Ground, WA 98604		10,000 CRM database
North County Community Food Bank,PO Box 2106 Battle Ground, WA 98604		
North County Community Food Bank, PO Box 2106 Battle Ground, WA 98604		
Northwest Association for Blind Athletes, PO Box 65265 Vancouver, WA 98665		
Northwest Battle Buddies,PO Box 2511 Battle Ground, WA 98604		
OakGrove Community Church, PO Box 496 McMinnville, OR 97128		
OakGrove Community Church,PO Box 496 McMinnville, OR 97128	_	
Open House Ministries,PO Box 242 Vancouver, WA 98666	_	
Open House Ministries, PO Box 242 Vancouver, WA 98666	685	
Open House Ministries,PO Box 242 Vancouver, WA 98666	983	
Open House Ministries,PO Box 242, Vancouver, WA 98666	685	
Upen House Ministres, PU Box 242 Vancouver, WA 98000	94-3028685 501(C)(3)	
Open House Ministres, PU Box 242 Vancouver, WA 98000	94-3028683 301(C)(3)	7 3/12 University
Open House Ministries, TO 504 242 Valictuver, WA 20000	200	
Open House Ministrac DO Box 242 Valicturer, WA 98666	200	
Open House Ministries, PO Box 242 Vancouver, WA 98666	685	
Open House Ministries,PO Box 242 Vancouver, WA 98666	685	
Open House Ministries, PO Box 242 Vancouver, WA 98666	589	
Open House Ministries, PO Box 242 Vancouver, WA 98666	94-3028685 501(C)(3)	3,712  Unrestricted
Open House Ministries,PO Box 242 Vancouver, WA 98666	94-3028685 501(C)(3)	382 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	685	2,000 Unrestricted
Open House Ministries,PO Box 242 Vancouver, WA 98666	989	3,627 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666	-	
Options 360 Pregnancy Clinic,1706 W Main Street, Suite 115 Battle Ground, WA 98604	-	
Options 360 Pregnancy Clinic,1706 W Main Street, Suite 115 Battle Ground, WA 98604		
Oregon Episcopal School, Development Office 6300 SW Nicol Road Portland, OR 97223	93-0386915 501(C)(3)	
Oregon Fallen badge Foundation, 618 SW 3rd Avenue #347 Fortland, ON 97204	_	
Oregon Health & Science University Foundation,1121.5W Salmon Street, Suite 100 Portland, UK 97,203-202.	23-7083114 501(C)(3)	LyOU (Night Lader Institute County)
Oregon Public Bondonstine (ORB) 7140 SW Manuface Species, Suite 100 Foliatio, On 57203-202		
Oregon Public Broadcasting (Orb), 120 399 Macadam Avenue Fortland OR 97219-3039 Oregon Public Broadcasting (OPR) 7140 SW Macadam Avenue Portland OR 97219-3099	638	
Oregon Public Broadcasting (OPB), 7140 SW Macadam Avenue Portland, OR 97219-3099	638	
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099		
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638 501(C)(3)	1,250 Cornerstone Society
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638 501(C)(3)	250 Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638 501(C)(3)	750 Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638 501(C)(3)	10,000 General Fund
Oregon State University Foundation, 850 SW 35th Street Corvallis, OR 97333	772	
Oregon Symphony Orchestra, 921 SW Washington Street, Suite 200 Portland, OR 97205	527	
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 98663		
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 98663	685	
Our Lady of Lourdes Catholic School, 4701 NW Franklin Street Vancouver, WA 98663	685	
Our Lady of Lourdes Catholic School,4701 NW Franklin Street Vancouver, WA 98663		
Our Lady of Lourdes Catholic School, 4/UL NW Franklin Street Vancouver, WA 98663	080 180	
Out Lady of Lourdes Latriolic School, A/DL NW Franklin Street Vancouver, WA 98003 Parific Litheran University Office of Einannial &id Taroma WA 88447	91-0645685 501(C)(3)	4,821 Scholdsripps
Pacific Lutheran University Office of Financial Aid Tacoma WA 98447	1 1	
Parks Foundation of Clark County PO Box 61424 Vancouver. WA 98666		
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666		
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666		
Parks Foundation of Clark County,PO Box 61424 Vancouver, WA 98666	91-1986747 501(C)(3)	9,899 Unrestricted
Parks Foundation of Clark County,PO Box 61424 Vancouver, WA 98666	91-1986747 501(C)(3)	2,500 General Fund
0		

State   Code	Cash Grant 1,60000 1,60000 1,60000 1,6000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,0000 1,	Purpose of Grant or Assistance Water Feature (Waterfront Development) Rudy Luepke Senior Center Programs Unnestracted Vounfriest program in La Center Cardiac Carl Lab Program Rental of Carby Grove Conference Center, Supplies and T-Shirts Unrestricted Unrestricted Wissilers (Sepsification of SW WA Haalty Steps/Family Medicine of SW WA Missilers) Union Pageant benefitting the NICU Hospice Southwest Unrestricted Unrestricted Summer Camp Program for 2016 General operating Support Unrestricted Unrestricted Unrestricted Unrestricted Summer Camp Program for 2016 General operating Support Unrestricted Unrestricted Unrestricted Content for Music Director position, other staff positions, and other operational services General operating Support Unrestricted Center for Medically Fragile Children Center for Medically Fragile Children Center for Medically Fragile Children Center for Outcomes Research and Education - SW WA Community Connections Initiative Center for Outcomes Research and Education - SW WA Community Fragile Children Center for Outcomes Research and Education - SW WA Community Connections Initiative 23,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
stit Governments  EIN  91-1386747  91-1387427  91-1331436  91-1331436  91-1331436  91-1331436  91-1331436  91-1331436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231436  91-1231446  91-105026813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  93-0228813  91-05030101  91-050101  91-050101  91-050101	Cash Grant 100,000 1,542 1111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,111 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1,11 1	ater Feature (Waterfront Development)  dy Luepke Senior Center Programs unterlist program in La Center rotaic Cath Lab Program untal of Cath Lab Program natal of Cath Sorve Conference Center, Supplies and T-Shirts restricted restricted sustricted sustricted nestricted nestr
BIN	Cash Grant 100,000 1,642 1,111 5,000 5,000 1,000 1,000 3,000 5,000 6,000 1,020 1,929 5,000 1,929 6,500 1,929 7,500 11,929 7,500 12,000 3,000 1,000 3,000 1,929 7,500 11,929 7,500 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 12,000 13,000 12,000 12,000 12,000 12,000 13,000 14,000 15,000 16,000 16,000 16,000 17,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000 18,000	repose of Grant or Assistance ater Feature (Waterfront Development) du/ Luepke Senior Center Programs restricted trestricted antity Steps/Family Medicine of SW WA restricted althy Steps/Family Medicine of SW WA restricted antity Steps/Family Medicine of SW WA restricted are restricted antity Steps/Family Medicine of SW WA restricted restrict
91-1986/747 91-1986/747 91-1986/747 91-1986/747 91-1986/747 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436	100,000 1,642 1,111 5,000 5,000 1,000 1,000 3,000 5,000 1,000 3,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,00	arier Feature (Waterfront Development) dy Luepke Senior Center Programs restricted restr
91-1986747 91-1396747 91-1331436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231446 91-1307056 91-1231436	1,642 1,111 1,111 1,111 1,111 1,110 2,000 2,000 1,000 3,000 2,000 1,1,020 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,00	dy Luepke Senior Center Programs restricted until it a Center diac Cath Lab Program intal of Cath Brogram in La Center, Supplies and T-Shirts restricted restricted restricted restricted sisplie Southwest restricted sisplie Southwest media for Department of SW WA spice Southwest restricted miner Camp Program for 2016 miner Camp Program for 2016 miner Camp Program for 2016 miner I Operating Support restricted miner Camp Program for 2016 miner I operating Support restricted miner Camp Program for 2016 miner I operating Support restricted miner Camp Program for 2016 miner I operating Support restricted miner Camp Program for 2016 miner I operating Support restricted miner Camp Program for 2016 miner I operating Support restricted miner for Medically Fragile Children miner for Medically Fragile Children miner for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children inter for Outcomes Research
91-1537912 91-1537436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231446 91-1231446 91-1231446 91-1231446 91-1231446 91-1231446 91-1231446 91-1231446	1,111 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,	utheliest program in La Center rutheliest program in La Center rutheliest program in La Center ruthal Cath Lab Program rutal of Cath Lab Program rutal of Cath Lab Program rutal of Cath Grove Conference Center, Supplies and T-Shirts restricted restricted salthy Steps/Family Medicine of SW WA salthy Steps/Family Medicine of SW WA restricted siss(ter) Union Pageant benefitting the NICU spice AAPT rutestricted ruter Camp Program for 2016 ruter for Medically Fragile Children ruter for Medically Fragile Children ruter for Medically Fragile Children ruter for Outcomes Research and Education - SW WA Community Connections Initiative ruter for Outcomes Stepsearch and Education - SW WA Community Fragile Children ruter for Outcomes Stepsearch and Education - SW WA Community Fragile Children
91-1537912 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881 91-2072881	5,000 18,950 2,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	uth First program in La Center relac Cath Lab Program restricted restricted restricted restricted restricted restricted restricted restricted miner Camp Forgram for 2016 restricted restricted miner Camp Program for 2016 restricted restricted miner Camp Program for 2016 restricted restricted miner Camp Program for 2016 restricted
91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231446 91-1314469 91-1231469	5,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	reface Cath Lab Program nnal of Canby Grove Conference Center, Supplies and T-Shirts nnal of Canby Grove Conference Center, Supplies and T-Shirts restricted restricted sistlety Steps/Family Medicine of SW WA spice Southwest merstricted restricted nnerstricted restricted rest
91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436	18,950 2,000 1,000 860 5,914 1,000 1,000 5,000 5,000 8,500 4,000 1,929 1,929 1,929 1,929 1,929 1,929 1,920 1,920 1,920 2,500 1,000 1,000 3,000 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1,500 1	nral of Canby Grove Conference Center, Supplies and T-Shirts restricted restricted salthy Steps/Family Medicine of SW WA spice Southwest restricted sistler) Union Pageant benefitting the NICU spice Southwest restricted miner Camp Program for 2016 miner I Operating Support restricted miner Camp Program for 2016 miner Camp Program for 2016 miner I Operating Support restricted miner Camp Program for 2016 miner Compensition, other staff positions, and other operational services neral operating Support restricted miner for Medically Fragile Children meral operating Fragile Children meral operating Support neral operating Support neral operating Support neral operating Support neral operating Support season meral operating Fragile Children meral operating Fragile Children meral operating Fragile Children meral operating Fragile Children meral operating Support Services. 10,000.00 Center for Medically Fragile Children noter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children
91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283	2,000 1,000 1,000 1,000 1,000 1,000 2,000 2,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000	restricted restricted spile Setable Setable restricted spile Southwest restricted stricted stricted stricted stricted stricted stricted restricted restric
91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-122946 91-122946 91-2072283 91-2072283 91-2072283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283	1,000 860 5,914 1,000 3,000 5,000 8,500 4,000 4,000 1,929 5,000 1,929 7,500 10,000 33,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000	restricted salthy Steps/Family Medicine of SW WA space Southwest restricted sistled Union Pageant benefitting the NICU space AAPT mestricted mmer Camp Program for 2016 menel Operating Support restricted anding for to Director position, other staff positions, and other operational services neral operating support restricted
91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-1231436 91-122946 91-122946 91-122946 91-122946 91-122946 91-122946 91-122946 91-122946 91-122946 91-122946 91-1231436 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813	860 5,914 1,000 3,000 5,000 5,000 6,000 4,000 4,000 1,929 1,929 1,929 1,929 1,929 1,929 2,000 15,000 15,000 10,000 33,000 25,000 25,000 10,000 33,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000	size the sepsifamily Medicine of SW WA spice Southwest srestricted size that I will be neighting the NICU size that I will be neighting the NICU size that I will be neighting the NICU size that I was not a spice of SW MA mener long program for 2016 menal operating Support strated sessincted sessi
91-1231436 91-1231436 91-1231436 91-1231436 91-122946 91-2072283 91-2072283 91-2072283 91-2072283 91-2072883 91-2072883 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813 91-20228813	5,914 5,914 1,000 3,000 5,000 5,000 4,000 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,929 1,	restricted size fourthwest benefitting the NICU size of Union Pageant for 2016 mmer Camp Program for 2016 mmer Camp Program for 2016 mereal operating Support restricted westricted vestricted restricted in the Conference of Symphonic Safari control operating support in the Too Safari size fees for the Rose Festival performance of Symphonic Safari size fees for the Rose Festival performance of Symphonic Safari meral operating funds for the 2016-2017 concert season mereal operating funds for the Zolo-2017 concert season mere for Medically Fragile Children inter for Outcomes Research and Education - SW WA Community Connections Initiative (2000.00 Center for Medically Fragile Children Endowement 2000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
91-1231436 91-1231436 91-1231436 91-1239436 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883 91-2072883	5,914 1,000 1,000 5,000 5,000 8,500 4,000 1,929 1,929 1,929 1,929 1,929 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920 1,920	restricted Inspired I
91-1231436 91-1231436 91-1231436 91-1231436 91-2072283 91-2072283 91-2072283 91-2072283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283 91-207283	1,000 3,000 8,000 8,500 8,500 4,000 1,929 7,500 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 15,000 16,000 17,500	isst(ter) Union Pageant benefitting the NICU APPT Mestricted mmet Camp Program for 2016 metal Operating Support restricted restricted mest operating support restricted mest operating support restricted restricted restricted restricted mest operating support usicians and artistic fees for the Rose Festival performance of Symphonic Safari restricted metal operating funds for the 2016-2017 concert season metal operating funds for the Seesaarch and Education - SW WA Community Connections Initiative y000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
91-1231436 91-1231436 91-1234436 91-1234436 91-1234436 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283 91-2072283	3,000 5,000 8,000 4,000 1,929 5,000 4,000 15,000 15,000 15,000 10,000 33,000 5,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,	restricted mere for 2016 menel Operating Support mestricted menel Operating Support mestricted restricted mere for Mere or 2016 menel operating support menel operating support menel operating support menel operating support menel operating funds for the Rose Festival performance of Symphonic Safari menel operating funds for the 2016-2017 concert season merel operating funds for the 2016-2017 concert season merel operating funds for the 2016-2017 concert season merel for Medically Fragile Children merel for Medically Fragile Children merel for Medically Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children
91-1231436 91-122946 91-1229946 91-2072283 91-2072283 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-19608014 91-6050101 91-6050101	5,000 50,000 4,000 1,929 5,000 15,000 15,000 7,500 10,000 10,000 33,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000 25,000	nestricted mmer Camp Program for 2016 mere Top Program for 2016 mere Top Program for 2016 restricted restricted mere Top Program for 2016 mere Top Program for 2016 mere Top Program for 2016 mere Top Program for State Top Program or State To
91-122946 91-2072283 91-2072283 91-2072283 91-2072283 91-20228813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813 91-2028813	50,000 8,500 4,000 1,929 5,000 40,000 15,000 7,500 10,000 30,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6,000 6	meer Camp Program for 2016  meer Camp Program for 2016  meter Camp Program for Camp Camp Camp Camp Camp Camp Camp Camp
91-2072283 91-2072283 91-2072283 73-1684628 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-0222813 93-022813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813 93-032813	8,500 4,000 1,929 5,000 40,000 15,000 15,000 10,000 10,000 10,000 10,000 5,000 5,000 5,000 5,000 7,500 7,500 7,500 7,500 7,500	mmer Camp Program for 2016  Inearal Operating Support  Inearal Operating Support  Inearance of Support  Inearance of Sumplement Services  Inearance of Sumplement Service Service Services  Inearance Service Serv
91-2072283 91-2072283 93-2082283 93-0922813 93-0928813 93-0928813 93-0928813 93-0928813 93-0928813 93-0800140 93-1265038 93-1314469 91-6050101 91-6050101 91-6050101 91-6050101	4,000 1,929 6,000 15,000 15,000 15,000 1,500 10,000 10,000 25,000 25,000 25,000	restricted
91-2072283 73-1684628 93-022813 93-0928813 93-0928813 93-0928813 93-123149 93-123149 93-1314469 91-1097056 91-1097056 91-1097056 91-1097056 91-1097057 91-6050101 91-6050101	1,929 5,000 40,000 15,000 7,500 10,000 30,000 5,000 5,000 2,5,000 33,000 5,914	restricted restricted mains for Nusic Director position, other staff positions, and other operational services mains for Nusic Director position, other staff positions, and other operational services meral operating support restricted restricted neral operating funds for the 2016-2017 concert season
73-1684628 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-0228813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-022813 93-0220101 91-6050101 91-6050101	5,000 40,000 15,000 7,500 10,000 30,000 5,000 25,000 25,000 33,000 5,000	nding for Music Director position, other staff positions, and other operational services neral operating support usicians and artistic fees for the Rose Festival performance of Symphonic Safari restricted ineral operating funds for the 2016-2017 concert season inter for Medically Fragile Children inter for Medically Fragile Children inter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children
93-0528813 93-0528813 93-052813 93-052813 93-052813 93-1256038 93-1256038 93-1314469 91-050101 91-6050101 91-6050101	40,000 15,000 7,500 10,000 30,000 5,000 25,000 33,000 33,000	nding for Music Director position, other staff positions, and other operational services sineral operating support usicians and artistic fees for the Rose Festival performance of Symphonic Safari restricted ineral operating funds for the 2016-2017 concert season inter for Medically Fagile Children inter for Medically Fagile Children inter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children
93-0928813 93-0928813 93-0928813 93-0820140 93-1265038 93-131446 91-097056 93-131446 91-6050101 91-6050101 20-592081	15,000 7,500 10,000 30,000 5,000 25,000 33,000	usicians and artistic fees for the Rose Festival performance of Symphonic Safari restricted restricted from the Rose Festival performance of Symphonic Safari restricted meral operating funds for the 2016-2017 concert season ner for Medically Fragile Children Spessearch and Education - SW WA Community Connections Initiative (900.00 Center Support Services. 10,000.00 Center for Medically Fragile Children
93-0928813 93-0928813 93-0800140 93-125038 93-1231494 91-1097056 91-1097056 91-1097056 91-1097056 91-1097056 91-1097056	7,500 10,000 30,000 5,000 25,000 33,000 5,314	usicians and artistic fees for the Rose Festival performance of Symphonic Safari restricted meral loperating funds for the 2016-2017 concert season nter for Medically Fragile Children riter for Medically Fragile Children riter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
93-0928813 93-0928813 93-0800140 93-1265038 93-1314469 91-1097056 91-6950101 91-6950101 91-6950101 91-6950101	10,000 30,000 5,000 25,000 33,000 5,914	neral operating funds for the 2016-2017 concert season nnter for Medically Fragile Children nter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
93-0928813 93-0800140 93-1285038 93-1231494 91-1097056 91-6050101 91-6050101 20-5922682	30,000 5,000 25,000 33,000 5,914	nneral operating funds for the 2016-2017 concert season nter for Medically Fragile Children nter for Medically Fragile Children nter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
93-0800140 93-1255038 93-1231494 91-1037056 91-6050101 91-6050101 20-522082	5,000 25,000 33,000 5,914	nter for Medically Fragile Children nter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
93-1265038 93-1231494 91-1097056 93-1314469 91-6050101 91-6050101 91-6050101 20-5920812	33,000	nnter for Outcomes Research and Education - SW WA Community Connections Initiative ,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
93-1231494 91-1097056 91-1314469 91-6050101 91-6050101 20-5922682	33,000	,000.00 Cancer Support Services. 10,000.00 Center for Medically Fragile Children Endowement
91-1097056 93-1314469 91-6050101 91-6050101 20-592081	5,914	
93-1314469 91-6050101 91-6050101 101-6050101 20-592262	200	Unrestricted
91-6050101 91-6050101 91-6050101 20-952501	SM's	Unrestricted
91-6050101 91-6050101 20-5922682	10,000	General operating support
91-6050101	7,500	General operating support
20-5922682	4,162	Unrestricted
	2,000	Unrestricted
Rotary Club of McMinnville Foundation, PO Box 441 McMinnville, OR 97128	2,000	Unrestricted
1 Eugene, OR 97401	15,000	Leadership Development Program for Skamania
Rural Development Initiatives, 150 Shelton-McMurphey Boulevand, Suite 201 Eugene, OR 97401	15,000	Leadership Development Program for Skamania
Salmon Creek Hospital Foundation, PO Box 5245 Vancouver, WA 98668	5,789	Unrestricted
83-0433165	1,000	Spring for Kids, Pediatric Rehabilitation Expansion
Scandinavian Heritage Foundation, 8800 SW Oleson Road Portland, OR 97223	20,000	Unrestricted
Scandinavian Heritage Foundation, 8800 SW Oleson Road Portland; OR 97223	30,000	Unrestricted
91-0791533	2,981	Unrestricted
School of Piano Technology for the Blind, 2510 E Evergreen Boulevard Vancouver, WA 98661 91-0791533 501(C)(3)	4,000	Support for 3 Grand and Keys to the City concerts
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660 91-1691325 501(C)(3)	12,000	Unrestricted
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660 501(C)(3)	2,000	General operating support
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660 501(C)(3)	5,000	Unrestricted
Second Step Housing, 2500 Main Street, Suite 120 Vancouver, WA 98660 91-1691325 501(C)(3)	25,000	Stepping Up to Eliminate Poverty
38660	8,267	Unrestricted
20-4525402	2,000	Unrestricted
91-2083459	10,541	Unrestricted
th Avenue Vancouver, WA 98665	150,000	Annual Fund and Building Fund/Chapel
91-1205119	2,500	Unrestricted
91-1205119	32,234	Unrestricted
91-1205119	10,000	Unrestricted
6115021-16	1,000	Untestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	Ž.	Univestricted

FEIN: 91-1246778 Schedule I. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			
Name, address, and 2ip			Purpose of Grant or Assistance
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	-		Unrestricted
Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	91-1705113 501(0)(3)	2,788	eneral Uperants support
Share, Inc., 2300 NE Andreseli Nodo Vancouver, WA 38001.			Antitute and Juppy) . Investration
Stidle, itc., 2300 NL Andresen Noad Vancoliver, VA 98661			emergency Backack Program
Share In: 2306 NF Andresen Road Vancouver WA 98661	-		Home heating assistance
Share, Inc. 2306 NE Andresen Road Vancouver, WA 98661	-		Unrestricted
Shared Hope International PO Box 65337 Vancouver, WA 98665	_	3,000	Unrestricted
Shared Hope International, PO Box 65337 Vancouver, WA 98665	91-1938635 501(C)(3)	2,994	Unrestricted
Sierra Club Foundation, 2101 Webster Street, Suite 1250 Oakland, CA 94612	94-6069890 S01(C)(3)		Unrestricted
Sierra Club Foundation, 2101 Webster Street, Suite 1250 Oakland, CA 94612	94-6069890 501(C)(3)		Unrestricted
South Pacific County Humane Society, PO Box 101 Long Beach, WA 98631	91-1187417 501(C)(3)		Unrestricted
Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			Unrestricted
Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			Children's Concerts
Southwest Washington Symphony, PO Box 1011 Longview, WA 98632	Ť		Unrestricted
Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			Unrestricted
Special Olympics Washington, 1809 7th Avenue, Suite 1509 Seattle, WA 98101		5,914	Unrestricted
St. Francis of Assisi Catholic Church, 2450 NE 27th Street Bend, OR 97701			Historic Church Preservation
St. Joseph Catholic Church, bDOD Highliand Drive Vancouver, WA 98501			Laptura Lampaign
St. Paul Lutheran Lhurch, P.O. box 847 Lastie Rock, WA 98611	91-0331753 201(c)(3)	3,337	Needy peptie in county
St. Vincent de Paul, 2456 ME Stapleton Road Vancouver, WA 38561.	91-1312923 501(C)(3)	4,900	HOTHER HEALING SASTISFACTION TO THE TOTAL TOTAL TO THE TH
St. Vincent de Paul, 2430 Nr. Stapleton noad Vancouver, VAA 50001	_	000,5	Feith (Asylod) Ullesting (Asylod)
St. Vincent de Faul, 2430 NE stableton Road. Vancouver, WA 90001.			io, route and a state of a state
Stranger Marthuast DO Box 2024 I continue MA 08522		5 523	Investigation
Statement's Northwest PD Box 2004 Loughter, WA 98647	-		Officialistic
Suschine Physically Challenged Foundation PO Box 61412 Vancouver WA 98665	-		Sunshine Summer Camp
Sunshine Physically Challenged Foundation.PO Box 61412 Vancouver, WA 98666		2,000 (	Unrestricted
Teach One to Lead One, PO Box 790 Vancouver, WA 98666		_	Unrestricted
Teach One to Lead One, PO Box 790 Vancouver, WA 98666	58-2272902 501(C)(3)	5,750	Program Expansion at Orchards and Marrion Elementary Schools
The Carter Center, One Copenhill Avenue 453 Freedom Parkway Atlanta, GA 30307	58-1454716 501(C)(3)	5,914	Unrestricted
The Giving Closet, 2804 NE 65th Avenue Vancouver, WA 98661	-		Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-1156347 501(C)(3)	2,539 (	Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684			Survey incentive Grant Award
The Salvation Army, JS00 NE 112th Avenue Vancouver, WA 98684		1,000 (	1,000 Unrestricted
The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	94-1156347 S01(C)(3)	20,000	Washougal Community Center Expansion - Capital Campaign
The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	+		Administration of the 2015 Adopt-a-Family Program
The Salvation Army 1500 NF 112th Avenue Vancouver, WA 98684			Hamping accitance
The Salvation Army 1500 NF 112th Avenue Vancouver WA 98684			Unpetricted
The Salvation Army 1500 NE 112th Avenue Vancouver WA 98684			Canital Campaien for NE 112th Avenue location
The Salvation Army 1500 NE 112th Avenue Vancouver, WA 98684	_		Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684			Unrestricted
Transitional Youth, 1500 NW 167th Place Beaverton, OR 97006			The Ritz Family Ranch
Transitional Youth, 1500 NW 167th Place Beaverton, OR 97006	93-1088674 501(C)(3)	3,553 1	Unrestricted
Trinity Academy 7228 N Mississinni Avenue Portland OR 97217	_		Investricted
United Service Organizations Northwest 17801 International Boulevard PMB #313 Seattle WA 98158	_		Unrestricted
United Capture Description (1977) (1977) International Parliament Description (1977)		000,4	Invariation
Jeryte Olganizations for timest, 27 out international bourseard, 1700 #323 Seattle, vol. 20230	_		Omessians of Marie Cabool of Maries Bear's Engishment Eurol : Indensity Callese of Buriness transfers of Ends Determinate Brown Current Eurol
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410 Eugene, ON 37403-2233	1.		School of Music Deall's Efficiented Fundament Contege of Doubliess investor's Fund, FatriwayOreguit Fuguri Fuld Section of Fundament Content of School of Sc
sity of Oregon Foundation, 17.20 E 13th Avenue, Suite 410 Eugene, ON 97403-2233			resident s rund
University of Washington Foundation, 4333 Brooklyn Avenue NE Box 333303 Seattle, WA 96133-9303	94-3079432 301(C)(3)	000,00	Setton Ingil Sation haltsen Scholdranip Fund
SICK OF WASHINGTON FOUNDARYOU, ASSUUD OF CONFINE THE DOX SUSSECTION, WHY SELECT SOLUTIONS OF THE DOX SUSSECTION OF THE SELECT SOLUTION OF			A STORY FOR STORY AND A STORY
Vancouver school of Arts & Academics, suut Main Street Vancouver, VVA 98003			Artists in residence
Vancouver school of Arts of Academics, SLUL Main Street Vancouver, WA 58003	91-9001540 501(C)(3)	10,000	17 John S. S. S. John Volley acti. Darley B. Davanera. The Manages Arts, Music, Technical Theater, Theater, Wisual Arts. The Art Arts and All States of Branches.
Vancouver school of Arts & Academics, suc I Main street Vancouver, WA Sovos		mo'nt	All-School Musical - Pirates of Penzance
	(E)(G) 10L 10C 10C 1 1C		

1000			l	
2010 930 CEIN: 91-1346778		Ī		
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments		Ħ		
Name address, and 210	Z	RC Code	Cash Grant	Purpose of Grant or Assistance
Vancouver Symphony Orchestra PD Box 525 Vancouver, WA 98660	1281734		9,570	Unrestricted
Vancouver's Downtown Association,811 Main Street Vancouver, WA 98660	91-1816711	501(C)(3)	10,000	Rainku public poetry project
Victory Academy, PO Box 428 Tualatin, OR 97068	36-4642494	501(C)(3)	75,000	Unrestricted
Virginia Garcia Memorial Foundation, PO Box 486 Cornelius, OR 97113	91-2077840	501(C)(3)	50,000	Unrestricted
Warner Pacific College, Student Financial Services 2219 SE 68th Avenue Portland, OR 97215	93-0386890	501(C)(3)	10,000	City Builders Program
Washington Elks Therapy Program for Children, PO Box 110760 Tacoma, WA 98411-0760	91-0647950	501(C)(3)	5,914	Unrestricted
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686		501(C)(3)	10,000	10,000 WSU Vancouver
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686		501(C)(3)	4,662	Unrestricted
Washington State University Tri-Cities, 2710 Crimson Way Richland, WA 99352		501(C)(3)	12,081	Scholars Excellence Fund
Washington University in St. Louis, Campus Box 1082 One Brookings Drive St. Louis, MO 63130	43-0653611	501(C)(3)	000'09	Dean James McLeod Scholarship Fund
Washougal River Kiwanis Camp Association, PO Box 18 Washougal, WA 98671	23-7293852	501(C)(3)	35,000	Gymnasium Upgrades/Nature Explorer Programs
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	50,000	Patricia and David Nierenberg Family Scholarship Endowment
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	40,000	Patricia and David Nierenberg Family Scholarship Endowment
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	53,000	Patricia and David Nierenberg Family Scholarship Endowment
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740 S01(C)(3)	(c)(c)	55,000	Patricia and David Nierenberg Family Scholarship Endowment
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	62,500	Patricia and David Nierenberg Family Scholarship Endowment
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	51,500	Patricia and David Nierenberg Family Scholarship Endowment
Willamette Valley Cancer Foundation, 2700 SE Stratus Avenue, Suite A McMinnville, OR 97128	32-0000467	501(C)(3)	10,000	Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-0598804	501(C)(3)	6,848	6,848 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-0598804	501(C)(3)	6,848	6,848 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-0598804	501(C)(3)	6,848	6,848 Unrestricted
Woodland Presbyterian Church, 756 Park Street Woodland, WA 98674	91-0598804	501(C)(3)	6,848	6,848 Unrestricted
Workforce Southwest Washington, 805 Broadway Street, Suite 412 Vancouver, WA 98660	01-0726348	501(C)(3)	5,261	5,261 Support for existing and new youth career development programs in Clark and Cowlitz counties
YMCA of Columbia-Willamette, 9500 SW Barbur Boulevard, Suite 200 Portland, OR 97219	93-0386981	501(C)(3)	5,571	Unrestricted
Young Life McMinnville, PO Box 1273 McMinnville, OR 97128-1273	84-0385934	501(C)(3)	2,000	5,000 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	2,000	5,000 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	15,000 \	15,000 Women's Leadership Center
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,529	Safe Choice Shelter - Educational Assistance Fund for Victims of Domestic Violence
YWCA Clark County, 3609 Main Street Vancouver, WA 98663		501(C)(3)	25,000	25,000 Independent Living Skills Program (ILS)
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	100	100 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,000 (	1,000 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	2,539	Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	25,000	25,000 Organizational support in celebration of the YWC4's 100th anniversary
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,500	1,500 Centennial Gala Sponsorship
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,000	1,000 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	2,500	Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,000	1,000 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,500	Sexual Assault Program
Vancouver Elks 823,11605 SE McGillivray Vancouver, WA 98683	91-0142860	501(C)(8)	7,052	7,052 Patriotic Endeavors
		1!!_	6,663,502	
Number of 501 (c)(3) and government organizations listed above		İ	190	

### 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.

▶ Attach to Form 990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

COM	MUNITY FOUNDATION FOR SW WASHINGTON	9	91-1246778		
Parl			22		
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any on VII, Section A, line 1a. Complete Part III to provide any rele	of the following to or for a person listed on For evant information regarding these items.	m 990, Part		
	First-class or charter travel	Housing allowance or residence for I	personal use		
	Travel for companions	Payments for business use of person	nal residence		
	Tax indemnification and gross-up payments	Health or social club dues or initiation	on fees		
	Discretionary spending account	Personal services (such as, maid, chau	uffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization reimbursement or provision of all of the expenses described		in1	b	
	Did the organization require substantiation prior to reimburs trustees, and officers, including the CEO/Executive Director	r, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization use CEO/Executive Director. Check all that apply. Do not check establish compensation of the CEO/Executive Director, but	ed to establish the compensation of the organi any boxes for methods used by a related explain in Part III.	zation's organization to		
	X Compensation committee	Written employment contract		-	
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensat	tion committee		
4	During the year, did any person listed on Form 990, Part Vlorganization or a related organization:	II, Section A, line 1a, with respect to the fil	ing		
а	Receive a severance payment or change-of-control paymer	nt?	4	а	Х
	Participate in, or receive payment from, a supplemental no			b	Х
С	Participate in, or receive payment from, an equity-based co	-		С	X
	If 'Yes' to any of lines 4a-c, list the persons and provide the	e applicable amounts for each item in Part	III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the revenues of:	the organization pay or accrue any compensation	ation		
а	The organization?		5	а	Х
b	Any related organization?		5	b	X
	If 'Yes' on line 5a or 5b, describe in Part III.	•			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did contingent on the net earnings of:	d the organization pay or accrue any compensa	ation		
	The organization?			а	Х
b	Any related organization?		6	b	X
	If 'Yes' on line 6a or 6b, describe in Part III.	·		S been	
7	For persons listed on Form 990, Part VII, Section A, line 1a payments not described on lines 5 and 6? If 'Yes,' described on lines 6 and 6 a	a, did the organization provide any nonfixed e in Part III.	d 		Х
8	Were any amounts reported on Form 990, Part VII, paid or to the initial contract exception described in Regulations se If 'Yes,' describe in Part III	ction 53.4958-4(a)(3)?			X

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

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

Schedule

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 COMMUNITY FOUNDATION FOR SW WASHINGTON

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Page 2

91-1246778

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) Bre	sakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	Octivo mont	older of a cold	Total of	Componention
(A) Name and Title	(f) Base compensation		(fi) 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	141,	089.		0			190,571.	
1 PRESIDENT	1         	-0-	0.		0	0.	0	 
	] (j)	     	             		         	 	         	           
2	Щ				- 1			
	(i)							6             
3	(ii) [		 	۱ ۱				
	(0)				         		         	
4			.  -  -					
	(i)	     			         	         	         	           
5	Ц_							
	(i)							         
9	] ] [							
	(0)							
7	       			i				
	(i)							
8		i			- 1			
	()					         	         	
6								
	(0)						         	
10	Ш	   						
:	(i)					         	         	 
11	_	- 1					93	
	(0)	     	           	         	         			1 1 1
12	_	- 1						
	Θ	     	           	;         	         	         	         	1 1 1
13	Щ							
	©	     			       	         	         	1. 
14	_							
	(0)				       		           	11. 
15								
	(C)	     	             	; ; ; ; ;	         		         	1 1 1 1 1 1
16	_							
ВАА			TEEA4102L 08/19/16	91.			Schedule .	Schedule J (Form 990) 2016

# Schedule J (Form 990) 2016 COMMUNITY FOUNDATION FOR SW WASHINGTON Part III Supplemental Information

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

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number 91–1246778

Par	t I Types of Property		93	· •				
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	<b>(d</b> od of d contrib	) etermir oution a	ing mounts
1	Art - Works of art						-	
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods						_	
6	Cars and other vehicles					***		
7	Boats and planes							
8	Intellectual property.							
9	Securities – Publicly traded		50	12,874,828.	FMV			
10	Securities – Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	$\label{eq:Qualified conservation contribution - Other.} \ \dots.$							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory.							
20	Drugs and medical supplies	$\longrightarrow$						
21	Taxidermy							
22	Historical artifacts.	<b></b>						
23	Scientific specimens							
24	Archeological artifacts.	. V	1	100 100				
25 26	Other (LIFE INSURANCE )	X	1	108,108.				
27	Other ► (ANNUITY) Other ► ()	_ ^	1	45,752.				
28	Other ► ()							
	Number of Forms 8283 received by the organization of	luvina tha tau	was far andributions for	r which the				
29	organization completed Form 8283, Part IV, Done				29			
			- <b>5</b>				Yes	No
30a	During the year, did the organization receive by contri	ibution anv pr	roperty reported in Part I	. lines 1 through 28, that		1491	. 1	
	it must hold for at least three years from the date for exempt purposes for the entire holding period	of the initial	contribution, and which	ch isn't required to be u	sed	30 a		X
b	If 'Yes,' describe the arrangement in Part II.							
31	Does the organization have a gift acceptance poli	cy that requi	res the review of any r	nonstandard contributio	ns?	31	Х	
32a	Does the organization hire or use third parties or noncash contributions?					32 a		Х
b	If 'Yes,' describe in Part II.						W. 3	
33	If the organization didn't report an amount in coludescribe in Part II.	ımn (c) for a	type of property for wi	hich column (a) is chec	ked,			

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

Schedule M (Form 990) (2016)

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2016

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. | Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

### 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.

DIRECTORS.

Empioyer identification number

91-1246778

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

ANNUALLY, BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE

STATEMENT LISTING ACTUAL AND POTENTIAL CONFLICTS OF INTEREST. ADDITIONALLY, MEMBERS

ARE REQUIRED TO CONTEMPORANEOUSLY DISCLOSE ACTUAL AND POTENTIAL CONFLICTS OF

INTEREST IN BOARD, COMMITTEE, AND STAFF MEETINGS AS THEY ARISE DURING THE YEAR.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

AS PART OF THE BUDGETING PROCESS, MANAGEMENT COMPARES CURRENT AND PROPOSED SALARIES

AND JOB ACTIVITIES TO LOCAL MARKET RATES, COUNCIL ON FOUNDATION SURVEY RESULTS FOR

FOUNDATIONS OUR SIZE, AND OTHER INDEPENDENT INDICATORS. COMPENSATION AND BENEFIT

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

PACKAGES ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF

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

# SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization COMMUNITY FOUNDATION FOR SW WASHINGTON

 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. Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 2016

Open to Public Inspection

Employer identification number 91-1246778

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	ntity Primary activity	ctivity Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(1) COMMUNITY FOUND. SW WA CHARITABLE L. 610 ESTHER STREET #201	LIC  CHARITABLE GRANTING	ABLE WA	A	0	1,182,000.	COMMUNITY FOUNDATION FOR SW WASHINGTON	ITY ION W TON
(2) COMMUNITY FOUND. SW WA CHARITABLE L. 610 ESTHER SIREET #201			A	0	0	COMMUNITY FOUNDATION FOR SW WASHINGTON	TTY ION W
(3)				:			
Part II Identification of Related Tax-Exempt Organizations. Complete if to one or more related tax-exempt organizations during the tax year.	rganizations. Complete ations during the tax ye	<b>tions.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had turing the tax year.	answered 'Yes	on Form 990,	Part IV, line 34 b	ecause it ha	 
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f) (if section 501(c)(3))	tus Direct controlling entity		(g) Sec 512(b)(13) controlled entity?
						Yes	N
(1) SUPPORTING ORGANIZATION OF THE COM 610 ESTHER STREET #201 - VANCOUVER, WA 98660 91-6558976	SUPPORTING	WA	501 (C) (3)	11	COMMUNITY FOUNDATION FOR SW WASHINGTON	TY ON ON	×
(2)	ļ						
( <u>3)</u>			:				
(4)							

Schedule R (Form 990) 2016

TEEA5001L 09/09/16

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

91-1246778

Schedule R (Form 990) 2016 COMMUNITY FOUNDATION FOR SW WASHINGTON

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections		Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	CK) Percentage g ownership
		country)		512-514)				Yes No	$\Box$	Yes No	0
(1)											
(2)											
					<del></del>						
(3)											
										100	
Part IV Identification o	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.	<b>nizations</b> nore relat	<b>Taxable as</b> ed organiza	a Corporation tions treated	<b>n or Trust</b> ( as a corpo	Somplete if ration or true	the organiza st during the	ion answe tax year.	red 'Yes' on F	orm 990,	Part IV,
(a) Name, address, and EIN of related organization	of related organizati		(b) Primary activity (6)	(c) Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,	ntity Share of corp, total income		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?
				country)		Sn I	6				Yes No
(1)		<u> </u>									
		<del>-</del>  -							_	•	
		!									
(2)											
		Ī									
		<u> </u>									
(3)						i					
		<u> </u>									
		!								,	
BAA				TEEA	TEEA5002L 09/09/16				S	hedule R (Fo	Schedule R (Form 990) 2016

Page 3

91-1246778

Schedule R (Form 990) 2016 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.

				:	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
During the tax year, did the organization engage in any of the follow	ed in Parts II-IV?		-		>
a Recept of (I) interest, (II) annuities, (III) royalities, or (IV) rent from a controlled entity			-		4
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 p		×
:			1 c		×
			7	T	>
d Loans or loan guarantees to or for related organization(s)			в -		<
e Loans or loan guarantees by related organization(s)			.:		×
f Dividends from related organization(s)			1		>
					:
g Sale of assets to related organization(s)					×
h Purchase of assets from related organization(s)			 1		×
i Exchange of assets with related organization(s).			<u>:</u>		×
ted organization(s)			-		×
k Lease of facilities, equipment, or other assets from related organization(s).			- 1 - X		×
					×
Defermance of continue or mambaretin editions by telephone by telephone by					: >
The effort latter of services of the fiber sample sollections is by teleach organization (s)			_	:	4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				×	
o Sharing of paid employees with related organization(s)			.: 10	×	
<b>p</b> Reimbursement paid to related organization(s) for expenses.			1 0 1		×
Reimbursament noid by related organization(s) for expenses					>
d Nemidal Senient pala by related of gallization(s) for expenses.				1	4
r Other transfer of cash or property to related organization(s)			_		×
s Other transfer of cash or property from related organization(s)			1s		×
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 thresholds.	relationships and tran	saction thresholds.			
	(b)	(c)	(b)	0	2
Name of related organization	type (a-s)	Amount Involved	Internoa of determin amount involved	involve	
		!			
(c)					
			45		
(4)					
(c)					
(9)					
TEFASINA I ONIVALE RAA		Schedi	Schedule R (Form 990) 2016	(066 1	2016
IEEASUSI		5	15 2 1 DE	222	2

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from fax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)									10	
	•							*		
(2)										
	,									
(3)										
									-	
(4)										
(5)										
	,									
	,									
	ļ									
( <i>O</i> )										
								*		
(8)										
ВАА			TEE	TEEA5004L 09/09/16	9			Schedule	Schedule R (Form 990) 2016	90) 2016

Part VII Supplemental Information.

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

_	orm <b>990-T</b>	Ex	empt Organization B (and proxy tax u				eturn		ОМЕ	No. 1545-0687
г	om 330-1	For calendar year	r 2016 or other tax year beginning		•	• •				2016
			on about Form 990-T and its in						_	_0.0
Depar	tment of the Treasury al Revenue Service		enter SSN numbers on this form as it			-	-		Open to P	ublic inspection for
A	7 Check box if	- 50 1101			hanged and see instruction		3 a 301(c)(3).			Organizations Only entification number
	□ address changed		COMMUNITY FOUNDATION					(E	mployees' structions.)	entification number trust, see
	xempt under section $501(C)(3)$	n Print	610 ESTHER STREET		JK SW WASHIN	GION			1-12	46778
<u> </u>	408(e) \[ \begin{array}{c} 220(	Tumo	VANCOUVER, WA 98660					F U	nrelated b	usiness activity
	408A 530(	` '						CC	odes (See	instructions.)
	529(a)									
C B	ook value of all assets at		exemption number (See instruct							
	181,372,576	G Check	k organization type 🟲 🛚 🗓	501(c	) corporation	501(c) tru	ıst 4	01(a)	trust	Other trust
	INCOME RECEI	VED FROM_	y unrelated business activity. PARTNERSHIP INVESTM							
		•	oration a subsidiary in an affilia	-	, ,	osidiary co	introlled gro	oup !		Yes X No
	he books are in care		fying number of the parent cor	porauc	on •	Tolonho	one numbe	r > /2	(60)	594-2550
Par			Business Income		(A) Income	<u></u>	B) Expense		60) (	(C) Net
	Gross receipts or				(A) Income	I I I I I I I I I I I I I I I I I I I	b) Expense	73	(Section 2)	(C) NET
ŀ	Less returns and allowa	ances	c Balance ►	1 c						
			line 7)							
3	Gross profit. Subtr	ract line 2 from	ı line 1c	3						
4 a	Capital gain net in	come (attach	Schedule D)	4a						
Ŀ	Net gain (loss) (Form 4	1797, Part II, line <b>I</b>	7) (attach Form 4797)	4b						
(				4c	-	TOTAL				
5	Income (loss) from	n partnerships	and S corporations ST 1	5	9.0	06.		7		906.
6	Rent income (Sch	edule C)		6	30	0.				
7			(Schedule E)	7						
8			om controlled organizations (Schedule F)	8						
9		·	, (9), or (17) organization (Schedule G)			_				
10			e (Schedule I)							
11	Advertising income	e (Schedule J)		11						
12	Other income (See	e instructions;	attach schedule)			1530,50				
				12		4				
13			2	1		06.	<u></u>	0.		906.
Pai			en Elsewhere (See instru							
1.6			ions must be directly con						€.)	011
14 15	•		ors, and trustees (Schedule K).					14		211.
16								16		
17	•							_		
18										
19	,	*						19		
20			structions for limitation rules)					20		
21	Depreciation (atta	ch Form 4562)	· • · · · · · · · · · · · · · · · · · ·		21					
22			chedule A and elsewhere on re					22b		
23	Depletion							23		
24			nsation plans					24		
25								25		
26			dule I)					26	L	
27	Excess readership	costs (Sched	ule J)			 Έ ζτ <b>ν</b>	EMFNT 2	27		
28			lle)							4,252.
29 30			hrough 28me before net operating loss d					30		4,463. -3,557.
31			nited to the amount on line 30)					31		3,331.

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.....

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).....

33

-3,557.

53	Enter	the amount of tax-exempt interest receive	d or accrued during the tax year	\$	0.	
Sigr		Under penalties of perjury, I declare that I have exa belief, it is true, correct, and complete. Declaration	amined this return, including accompanying so of preparer (other than taxpayer) is based on	hedules and statements, all information of which p	and to the best of my preparer has any know	knowledge and wledge.
Here		Signature of officer	. Date	V.P. & CFO	the the	the IRS discuss this return with preparer shown below (see ructions)?
Paid	1	Print/Type preparer's name	Preparer's signature	Date	Check X if	PTIN
Pre-		RICHARD V. PROULX, CPA			self-employed	P00432577
pare	er	Firm's name KERN & THOMPSO	N, LLC		Firm's EIN > 93	-1157146
llse		Firm's address > 1900 CW FTDCT	AMENIIE CHITTE 410	-		

If YES, see instructions for other forms the organization may have to file.

OR 97201

PORTLAND,

Only BAA

(503) 222-3338

Phone no.

Schedule A - Cost of Good	ls Sold. Enter me	ethod of inve	entory valuati	on 🏲	-					-	
1 Inventory at beginning of year			Ī			ry at e	end of year	6			
2 Purchases	2			7	Cost of	good	s sold. Subtract				
3 Cost of labor	3				line 6 fr	om lii	ne 5. Enter here				
4 a Additional section 263A costs (attach	schedule)				and in F	art I,	line 2	7		1.4	
	4a	1		_						Yes	No
b Other costs (attach sch)							of section 263A (wit luced or acquired fo				Bar y
5 Total. Add lines 1 through 4b							zation?				Х
Schedule C - Rent Income	(From Real Pro	perty and	Personal	Pro	perty	Leas	sed With Real P	rope	<b>rty)</b> (see in	struct	ions)
1 Description of property											
(1)											
(2)			_								
(3)											
(4)											
	2 Rent received or	accrued					3(a) Deduction	c diro	otly connec	tod wit	th.
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perce	eal and perso entage of ren ceeds 50% of on profit or i	it for r if th	persona le rent i	ıl .	the income in	ı coluı	mns 2(a) ar chedule)	nd 2(b)	)
(1)											
(2)											
(3)											
(4)											
Total	Tota	ıl									
(c) Total income. Add totals of columere and on page 1, Part I, line 6,	column (A)						(b) Total deductions. I here and on page 1, Par 1, line 6, column (B)	t			
Schedule E — Unrelated De	bt-Financed In	come (see	instructions)								
1 Description of debt-	financed property		2 Gross inc			<b>3</b> De	eductions directly co debt-finar	nnect	ed with or a	Illocab	le to
r bescription of dest	maneca property		financed				(a) Straight line eciation (attach sch		<b>(b)</b> Other de (attach sc		
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust or allocable to de property (attach	bt-financed	6 Colu divide colun	ed by		rep	7 Gross income ortable (column 2 x column 6)		Allocable d (column 6 x olumns 3(a)	total	of
(1)					%						
(2)					9/0						
(3)					જ						
(4)					9/0						
						Enter Part	here and on page I, line 7, column (A	1, Ent ). Pa	ter here and rt I, line 7, o	l on pa columr	age 1, 1 (B).
Totals Total dividends-received deduction					▶	Ц.					
RAA	ma moladed in Coll		EVUSUSI U0/10/	/16					Form 9	990-T /	2016)

Schedule F – Interest, A	Annuiti				trolled Or			ارga	nizations	(see in	structio	ons)	
1 Name of controlled organization	ide	Employer ntification number	i	Net unr ncome ee instru		4	4 Total of speci payments ma	fied de	<b>5</b> Part of that is in the con organiz gross i	cluded trolling zation's	in i	con	uctions directly nected with ne in column 5
(1)						$^{\dagger}$							
(2)						$\top$							
(3)													
(4)													
Nonexempt Controlled Organiz	ations					•							
7 Taxable Income	ind	et unrelated come (loss) instructions)	9	Total o paymer	f specified nts made	d	<b>10</b> Part of included in organization	the o	controlling		connec	cted v	ons directly vith income mn 10
(1)		-	$\top$			$\neg$							
(2)			1			$\neg$							
(3)			<b>—</b>			$\neg$							
(4)			_			$\exists$							
Totals							Add columns here and on p 8, co		, Part I, line		e and o	n pag	and 11. Enter le 1, Part I, line nn (B).
Schedule G - Investme	nt Inco	me of a Sec	ction	5016	c)(7), (9	)). (I	or (17) Organ	nizati	inn /see ins	truction	ns)		
1 Description of income		2 Amount o			3 dire	Dec	ductions connected schedule)		4 Set-aside: ttach schedi	s	5 To	t-asid	eductions and es (column 3 column 4)
(1)					, , ,						$\vdash$		
(2)													
(2)													
(4)													
TotalsSchedule I – Exploited I		Enter here and Part I, line 9,	colur	nn (A).	ner Tha	n A	Advertising	ncor	ne (see ins	truction	Part	here I, line	and on page 1 9, column (B)
1 Description of exploited		2 Gross unrelated business income fro trade or business	d s om	3 Expension connection of u	ses directly ected with duction nrelated ess income	from or 2 n	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gros activ	s income from ity that is not ated business income	6 Ex	penses utable t umn 5	to e	7 Excess exempt expenses (column 6 ninus column 5, bu not more than column 4).
(1)													
(2)						$\vdash$						$\neg$	
(3)													
(4)													
Totals		Enter here on page Part I, line column (A	1, 10,	on p	here and page 1, I, line 10, mn (B).								Enter here and on page 1, Part II, line 26.
Schedule J – Advertisin		me (See inst	ructio	ne)									
Part I Income From Pe		<u> </u>			ncolida	tor	l Basis						
raiti income riom re	riouic	2 Gross			Direct			FC	than dation 1	CD			
1 Name of periodica	I	advertisir income		adve	ertising osts	(10	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome		adershi osts	`   d	Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						is.							
(2)													
(3)												-	
(4)		-											
Totals (carry to Part II, line (5)	))												
RAA				T	E 40304 I	00/1/	Oute					Ear	~ 000 T (2016)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	2 Gross	3 Direct	4 Advertising gain or	5 Circulation	6 Readership	7 Excess readership
1 Name of periodical	advertising income	advertising costs	(loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	income	costs	costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ►						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	Table Comments			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K — Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
JENNIFER RHOADS	PRESIDENT	.035 %	67.
MARY E PRINGLE	V.P AND CFO	.105 %	144.
		%	
		96	
Total. Enter here and on page 1, Part II, line	e 14		211.
RAA	TEE 40204   00/10/16		Form 990-T (2016)

TEEA0204 L 09/19/16

Form **990-T** (2016)

20	1	
ZU	ш	Ю

### **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 DMD INVESTMENT GROUP, LLC	\$ -913. -25. 1,843.	\$ 0. 0. 0. 0. TOTAL	\$ -913. -25. 1,843. \$ 906.

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

INVESTMENT EXPENSES \$ 4,252.

TOTAL \$ 4,252.