

# IRS FINANCIAL REPORTING RETURN

Fiscal Year 2017 | Form 990 & 990T





## Public Disclosure

Form 990

Department of the Treasury

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.

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

Open to Public

OMB No. 1545-0047

<u>A</u>	For the	2017 calend	lar year, or tax year beginning , 2017, and ending			necessa		CONTRACTOR OF THE PARTY OF THE
_	Check If a		C , 2017, and ending		D Employ	er identi	fication number	
0		2						
	$\vdash$		COMMUNITY FOUNDATION FOR SW WASHINGTON 610 ESTHER STREET #201	ŀ		L246		
	$\vdash$		VANCOUVER, WA 98660		E Telepho			
	H	il return	TIMOOUTER, HA JUUUU	L	(360	) 6	94-2550	
	Final r	return/terminated						
	Ame	nded return					123,244,	
	Appli	ication pending	JENNIFER KHUADA		group return			X No
			SAME AS C ABOVE	(b) Are all s If 'No.' a	ubordinates tlach a list.	included	? Yes	U No
L	Tax-exe	empt status	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
J	Webs	site: > WW	W.CFSWW.ORG	(c) Group ex	emption nu	mber >		
K	Form of	f organization:	X Corporation Trust Association Other L Year of formation:	1984	Ms	tate of le	gal domicile: WA	
Pi	ırt l	Summar						
	1 B	riefly descri	pe the organization's mission or most significant activities: THE FOUNDAT	CION I	S A CE	IARI'	TABLE	- 5
en.	1 7		ORGANIZATION WHOSE MISSION IS TO INSPIRE A CUL-					A
Activities & Governance	V		AND ENGAGED COMMUNITY.					
Ë								
Se	2 C		x F if the organization discontinued its operations or disposed of more			net as:	sets.	
Ö	3 N		ting members of the governing body (Part VI, line 1a)			3		16
S	4 N		dependent voting members of the governing body (Part VI, line 1b)			4		16
:≝	5 T		of individuals employed in calendar year 2017 (Part V, line 2a)			5		14
둉	7. 1		of volunteers (estimate in necessary)			6 7a	4.1	320
<		let unrelated	business taxable income from Form 990-T, line 34			7a 7b		633.
_	B 14	et unicialed	business taxable income nom Form 330-1, line 34			-/B		297.
	8 C	`ontributions	and grants (Part VIII, line 1h)		ior Year	70	Current Ye	
9			ice revenue (Part VIII, line 2g).	82	692,5		108,582,	
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	1	7,6 608,4			175.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		, 600, 4	34.	3,544,	000.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	84	308,6	51	112,131,	937
_			milar amounts paid (Part IX, column (A), lines 1-3)		458,1		19,486,	
			to or for members (Part IX, column (A), line 4)	-	, 430, 1	21.	15,400,	203.
	1	-	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1	,002,5	22	1,174,	462
es es	16 - P		fundraising fees (Part IX, column (A), line 11e)	-	,002,5	22.	1,114,	402.
Expenses	I Iba r			San Control of the Co	THE REAL PROPERTY AND	1,000 BB (	Supering the second	DE ANTHER TO
훘	ЬТ		ing expenses (Part IX, column (D), line 25) > 622,857.					0.000
ш	11/ 0		es (Part IX, column (A), lines 11a-11d, 11f-24e)		613,2	03.	636,	282.
	1	•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	9	,073,9	16.	21,297,	007.
	19 R	Revenue less	expenses. Subtract line 18 from line 12	75	,234,7	35.	90,834,	930.
8					of Curren		End of Yea	
Not Assets or Fund Balances	20 T		(Part X, line 16)		,372,5		283,267,	
₹ <u>7</u>	21 T	Total liabilitie	s (Part X, line 26)	2	<u>,537,8</u>	96.	2,388,	263.
ž	22 N	let assets or	fund balances. Subtract line 21 from line 20	178	,834,6	80.	280,879,	682.
	art II	Signatur						A
Und	er penaltie	s of perjury, I di	clase that Thave examined this feiturn, including accompanying schedules and statements, and to the rer other than other his based on all information of which preparer has any knowledge.	e best of my	knowledge	and beli	ef, it is true, correct,	and
com	ipiete, Dec	laration or propa	reryother than otherwis based on all information of which preparer has any knowledge.				/	
		1	MUQUIX 400	-	10/2	61	18	- 2
Si	gn	Signal	d of protect	Dat	e /	170		
He	ere		NIFER RHOADS	PRESI	DENT			
-	- 45		print name and title	-31	11.00	ENST-		
		Print/Type p	reparer's name Preparer's banaty (		Check 2	K iii	PTIN	
Pa	iid	RICHA	RD V. PROULX, CPA DVUX, CPA 10/25	118	self-employ	ed	P00432577	
Pr	eparer	Firm's name						
	se Only				Firm's EIN	▶ 93	-1157146	
			PORTLAND, OR 97201		Phone no.		3) 222-333	8
Ma	y the IR	S discuss th	is return with the preparer shown above? (see instructions)				X Yes	No
								_

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Х	
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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
١	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		<u>X</u>
١	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

Part IV Checklist of Required Schedules (continued)

	The one of the dame of the original of the ori		,	
			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	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? If 'Yes,' complete Schedule J	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
- 1	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	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
١	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	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):			
i	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		Х
ì	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.	38	Х	

BAA Form 990 (2017)

# Form 990 (2017) 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			9
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	JUG.		13.4
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	155		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2Ь	Х	-
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		(Films)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	-	Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3Ь		<del></del>
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
b If 'Yes,' enter the name of the foreign country:	1170		
See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		500	17
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
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	Х	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	9-0-10-5-0	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		=0
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	4.44		L.,
organization have excess business holdings at any time during the year?	8		Х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10 Section 501(c)(7) organizations. Enter:	1		
a Initiation fees and capital contributions included on Part VIII, line 12		9	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:	100		
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	3 13		
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			1.
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management 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 1 a 16 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . . 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Δ X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 X 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Х X b Each committee with authority to act on behalf of the governing body?..... 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q X 120 X 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official...... X 15a X b Other officers or key employees of the organization... SEE .SCHEDULE .O...... 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or simitar arrangement with a X taxable entity during the year?... 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: JENNIFER RHOADS 610 ESTHER STREET VANCOUVER WA 98660 (360) 694-2550

Form	990	(2017)	COMMINITY	FOUNDATION	FOR	SW	WASHINGTON

91-1246778

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## 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)									
(4)	<b>45</b>	Position (do not check more	(D)	4=>							

	(C)									
(A) Name and Title		than is	one both dire	box, an o ector	unles fficer trusti		on	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MARK MATTHIAS CHAIR	- 2 -	x		Х				0.	0.	0
(2) BRETT BRYANT	2	1		^	$\vdash$	$\vdash$	$\dashv$	0.	U.	0.
VICE CHAIR	1	x		Х				0.	0.	0.
(3) STEVE HANSEN TREASURER	- 2 -	x		Х				0.	0.	0.
(4) MARTY FORSMANN SECRETARY	- 2 -	x		Х				0.	0.	0.
(5) ALBERT ANGELO III DIRECTOR	2	x				==		0.	0.	0.
(6) TWYLA BARNES, ED. D. DIRECTOR	2	х						0.	0.	0.
(7) JODY CAMPBELL DIRECTOR	2 0	х	П					0.	0.	0.
(8) VANESSA GASTON DIRECTOR	2 0	Х						0.	0.	0.
(9) RANDY GROVE, J.D., LL.M. DIRECTOR	2	х						0.	0.	0.
(10) VAUGHN LEIN DIRECTOR	2	х		_				0.	0.	0.
(11) KIRK RABOIN DIRECTOR	2	х						0.	0.	0.
(12) SCOTT SOUTH DIRECTOR	2	х						0.	0.	0.
(13) RICHARD WOLLENBERG DIRECTOR	2	х						0.	0.	0.
(14) DR. JIM YOUDE  DIRECTOR	2 0	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees, l	Key	Em	ıpk	oye	es,	and	d Highest Com	pensated Empl	loyees	(contir	rued)
(B) (C)												
(A) Name and title	Average hours per per week  Average hours per week  Average hours per conficer and a director/trustee) officer and a director/trustee officer and a director/trustee officer and a director/trustee officer and a director/tru		amou	(F) timated int of oth								
	(list any hours	Or C	nst	Officer	ξ.	Highest compensated employee	엄	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	1r	pensatio om the anization	
	for related	or director	nstitutional trustee	icer	23	yoye t	mer	Ì		an	related inization	E.
	- tions	0 P	ᆵ		joyc	comp				O g	THE COLOR	Ĩ
	below dotted	55	JE I		ő	ons						
	line)	``	ෂි			a acc						
(15) KAYCEE WIITA	2	-										
DIRECTOR		X						0.	0.			0
(16) DR. CANDACE YOUNG	2	1.	H									
DIRECTOR	1- <del>-</del>	X						0.	0.			0.
(17) JENNIFER RHOADS	40											
PRESIDENT	0	1		Х				176,807.	0.		31,1	19.
(18) MARY E PRINGLE	40						П					
V.P_AND_CFO	0			X	]			129,895.	0.		18,6	89.
(19)												
		_			_	_	_					
(20)		-										
(21)												
		_				_	<u> </u>					
(22)												
(23)												
		┡					<u> </u>					
(24)		-						:				
(25)	-	$\vdash$	Н		┢	-	$\vdash$					
(25)		1										
1 b Sub-total							<b></b>	306,702.	0.	<u> </u>	49,8	108.
c Total from continuation sheets to Part VII, Secti	on A						<b>•</b>	0.	0.		0.	
d Total (add lines 1b and 1c)							<b></b>	306,702.	0.		49,8	
2 Total number of individuals (including but not limited	to those I	isted	abov	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	1	
from the organization > 2									3			
		O LOS									Yes	No
3 Did the organization list any former officer, direct	tor, or tru	stee,	key	en en	nplo	yee,	or h	nighest compensat	ted employee		BWG	S-16
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	al								. 3		Х
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate	f reportab	le co	mpe	nsa	ation	and	oth	er compensation	from			
the organization and related organizations greate such individual	er than \$1	50,0	UU?	11 )	res,	con	пріе	te Scheaule J tor		4	Х	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e compen	satio	n fro	om	any	unre	late	ed organization or	individual	5		X
Section B. Independent Contractors	s, comple	(E 2	nea	luie	3 10	n Suc	πр	erson	***********	- 3		
1 Complete this table for your five highest compen	sated ind	epen	dent	co	ntra	ctors	tha	t received more to	nan \$100,000 of			
compensation from the organization. Report comper		the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year			
(A) Name and business add	ress							Description (B)	of services	Compe	2) nsatio	n
2 Total number of independent contractors (including I	but not lim	ited t	o tho	ose l	liste	d abo	ve)	who received more	than	STATES.	Walshi	
\$100,000 of compensation from the organization	▶ 0								1,000		No. of the	- ne
RAA		TEFA	31081	ng/r	08/17					Form	990 (	2017)

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any	Ine in this Part VII	L		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns				
	g Noncash contributions included in lines 1a-1f: \$ 29,790,994.  h Total. Add lines 1a-1f.	108582694.			
Program Service Revenue	2a SERVICE FEES 900099	5,175.	5,175.		
ram Servic	d e		47		
Prog	f All other program service revenue g Total. Add lines 2a-2f	5,175.			
	Investment income (including dividends, interest and other similar amounts).  Income from investment of tax-exempt bond proceeds	3,544,068.		-11,633.	3,555,701.
	5 Royalties		on the same of		
	7 a Gross amount from sales of assets other than inventory 11112388.				
	b Less: cost or other basis and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).  See Part IV, line 18				
0	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b  c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue Business Code  11 a				
	d All other revenue				
	12 Total revenue. See instructions	112131937	5.175.	-11,633	3,555,701.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any	line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	18,879,328.	18,879,328.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	606,935.	606,935.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		_		
4 5	Benefits paid to or for members	358,989.	112,645.	71,798.	174,546.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	612,905.	305,485.	139,448.	167,972.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,927.	19,402.	8,857.	10,668.
9	Other employee benefits	90,796.	45,255.	20,658.	24,883.
10	Payroll taxes	72,845.	31,798.	15,901.	25,146.
11	Fees for services (non-employees):	1270201			
	Management				
	Legal				
	Accounting	64,590.	28,194.	14,100.	22,296.
	Lobbying	0.170301	00/00		
	Professional fundraising services. See Part IV, line 17			NA DATE OF TA	
1	Investment management fees				
	Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	41,704.	18,204.	9,104.	14,396.
	_	20 201	17 150	0.576	12 572
13	Office expenses	39,301.	17,153.	8,576.	13,572.
14 15	Royalties	111,891.	48,842.	24,425.	38,624.
16	Occupancy	102,133.	44,582.	22,295.	35,256.
17	Travel	7,892.	3,445.	1,723.	2,724.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,032.	3,443.	1,123.	2,123.
19	Conferences, conventions, and meetings				
20	Interest				
21					
22					
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in tine 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e	16,880.	7,368.	3,685.	5,827.
	expenses on Schedule O.)			24 255	F0 010
	OUTREACH	145,476.	63,502.	31,756.	50,218.
	OTHER EXPENSE	73,921.	32,270.	16,138.	25,513.
	DUES AND SUBSCRIPTION	17,440.	7,613.	3,807.	6,020.
	EQUIPMENT LEASE & MAINTENANCE	9,081. 5,973.	3,965. 2,607.	1,982. 1,304.	3,134. 2,062.
	All other expenses	21,297,007.	20,278,593.	395,557.	622,857.
-	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).	21,291,001.	20,216,393.	393,337.	022,037.
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	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- Data in the control of the control			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	188,288.	1	63,604.
	2	Savings and temporary cash investments	1,072,793.	2	1,166,132.
	3	Pledges and grants receivable, net	7	3	
	4	Accounts receivable, net	20,067,352.	4	26,101,874.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	_			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	400,000.
Assets	8	Inventories for sale or use		8	·
As	9	Prepaid expenses and deferred charges	21,102.	9	20,920.
	10 =	Land huildings, and equipment; cost or other basis			
	104	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	124,500.	10 c	124,500.
	11	Investments – publicly traded securities	142,262,913.	11	229,377,816.
	12	Investments – other securities. See Part IV, line 112.72.47.7	14,046,039.	12	22,190,285.
	13	Investments - program-related. See Part IV, line 11		13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,589,589.	15	3,822,814.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	181,372,576.	16	283,267,945.
$\dashv$	17	Accounts payable and accrued expenses	17,652.	17	26,441.
	18	Grants payable	20,000.	18	10,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
e e	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	2,500,244.	25	2,351,822.
	26	Total liabilities. Add lines 17 through 25	2,537,896.	26	2,388,263.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
띭	27	Unrestricted net assets	157,723,259.	27	195,883,182.
퍨	28	Temporarily restricted net assets.	21,111,421.	28	84,996,500.
9	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	· ···· <u>-</u> ·
Asi	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	178,834,680.	33	280,879,682.
Z	34	Total liabilities and net assets/fund balances.	181.372.576	$\vdash$	283, 267, 945.

Form **990** (2017)

Pa	rt 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	112,	131,	937.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,2	297.	007.				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5		11,112,388.					
6	Donated services and use of facilities	6	<u> </u>						
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	9		97,	684.				
10									
Pa	t XIII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII.				а П				
				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.								
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a							
	b Were the organization's financial statements audited by an independent accountant?		2t	X					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis	te							
•	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?		20	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 Audit Act and OMB Circular A-133?		За		Х				
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud or audits, explain why in Schedule O and describe any steps taken to undergo such audits			7					
BAA			Fort	n <b>990</b>	(2017)				

TEEA0112L 08/08/17

#### 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization		<del></del>			Employer identific	cation 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 foun	dation because it is:	(For lines 1 through 12,	check o	nly one	box.)	
1 A church, convention of church			,		(i).	
2 A school described in section	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 o	r 990-EZ	).)		
3 A hospital or a cooperative	hospital service organ	nization described in se	ction 17	0(b)(1)(A	A)(iii).	
4 A medical research organiza	ation operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii).	Enter the hospital's
name, city, and state:						
5 An organization operated fo section 170(b)(1)(A)(iv). (C	r the benefit of a collomplete Part II.)	ege or university owned	l or oper	ated by	a governmental unit d	escribed in
6 A federal, state, or local government	vernment or government	ental unit described in s	section 1	<b>70(b)(</b> 1)	)(A)(v).	
An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial (Complete Part II.)	part of its support from a	governm	ental uni	it or from the general pu	iblic described
8 X A community trust described	d in section 170(b)(1)	(A)(vi), (Complete Part	11.5			
9 An agricultural research organ				oniunctio	on with a land-grant coll	ene
or university or a non-land-gra	ant college of agricultur	e (see instructions). Ente	r the nan	ne, city, a	and state of the college	or 
10 An organization that normally	receives: (1) more than	n 33-1/3% of its support f	rom conti	ibutions	membership fees and	gross receipts
from activities related to its investment income and unre June 30, 1975. See section	exempt functions—su elated business taxab	bject to certain exception le income (less section	ons, and	(2) no r	more than 33-1/3% of	its support from aross
11 An organization organized a	and operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).	
12 An organization organized a or more publicly supported or lines 12a through 12d that d	and operated exclusive	ely for the benefit of, to ed in <b>section 509(a)(1)</b> (	perform or sectio	the fun n 509(a)	ctions of, or to carry of (2). See section 509(a	out the purposes of one a)(3). Check the box in
a Type I. A supporting organization(s) the power to re	ion operated, supervise	ed, or controlled by its sujet a majority of the director	pported o	rganizati tees of t	ion(s), typically by giving the supporting organizati	g the supported ion. <b>You must</b>
complete Part IV, Sections			70. 70		21.59	. 27
b Type II. A supporting organi management of the supporting must complete Part IV, Seci	zation supervised or o porganization vested in tions A and C.	controlled in connection the same persons that o	ontrol or	support manage	ed organization(s), by the supported organiza	having control or tion(s). <b>You</b>
Type III functionally integrated organization(s) (see instruct	I. A supporting organiza	tion operated in connection plete Part IV, Sections	n with, ar A, D, and	nd function	onally integrated with, its	supported
d Type III non-functionally integrated. The instructions). You must com	grated. A supporting organization generally	ganization operated in coly y must satisfy a distribu	nnection ition requ	with its s uiremen	supported organization(s t and an attentiveness	that is not requirement (see
e Check this box if the organizated, or Type III non-fi	zation received a writi	ten determination from	the IRS			
f Enter the number of supported						
g Provide the following information	on about the supporte	d organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I: organizat in your g docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
<u></u>	1					
(B)				_		
(C)						
(D)						
(E)				=		
Total						

Part III 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						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.).	18563156.	9,855,782.	30628208.	82692579.	108582694.	250322419.
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		İ				0.
4	Total. Add lines 1 through 3	18563156.	9,855,782.	30628208.	82692579.	108582694.	250322419.
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)						85,115,288.
6	Public support. Subtract line 5 from line 4						165207131.
Sec	tion B. Total Support				<u> </u>		2002072021
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7	Amounts from line 4	18563156.	9,855,782.	30628208.	82692579.	108582694.	250322419.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	499,258.	601,752.	760,178.	1,608,434.	3,555,701.	7,025,323.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.	-19,071.					-19,071.
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						257328671.
12	Gross receipts from related activ	ities, etc. (see in:	structions)				50,475.
13	First five years, If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, the	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	<b>&gt;</b> _
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage				<del></del>
							64.20 %
	Public support percentage from 2						50.54%
	33-1/3% support test—2017. If the and stop here. The organization	qualifies as a pul	blicly supported or	rganization			X
b	33-1/3% support test—2016. If the and stop here. The organization	e organization di qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, o	heck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	st—2017. If the or meets the 'facts-a -and-circumstand	rganization did no and-circumstances es' test. The orga	t check a box on s' test, check this nization qualifies	line 13, 16a, or 1 box and <b>stop he</b> as a publicly sup	6b, and line 14 is re. Explain in Part ported organization	10% VI how on►
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part led organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions
RΛΛ					Col	hadula A /Farm Of	00 or 990-E7) 2017

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	_					
Calerk	dar year (or fiscal year beginning in) >	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						_
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						125
	dar year (or fiscal year beginning in) 🟲	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6				]		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501 (c)(3)	manna •
	tion C. Computation of Pul						
	Public support percentage for 20		-				
	Public support percentage from 2	The second secon				16	क्ष
	tion D. Computation of Inv						
	Investment income percentage for			_			ą.
18	Investment income percentage fi	rom <b>2016</b> Schedu	le A, Part III, line	17		18	ક
	<b>33-1/3% support tests—2017.</b> If t is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The organ	ization qualifies a	as a publicly suppo	orted organization.	*******
	33-1/3% support tests—2016. If t line 18 is not more than 33-1/3%	, check this box	and <b>stop here.</b> The	e organization qu	alifies as a public	y supported organ	ization 🟲 📗
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	

91-1246778

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

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

10b

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

Sch	edule A (Form 990 or 990-EZ) 2017 COMMUNITY FOUNDATION FOR SW WAS	SHING	TON 91-12	46778 Pag	e 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.	
Sec	ction 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	ction 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):				
	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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			
	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C — Distributable Amount			Current Year	
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2		2			
3		3	ex or electrical and the		_
4	= 10 <b>3</b> 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4			
5		5			_
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
	• • · · · · · · · · · · · · · · · · · ·				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2017

_	Socie & (Louin 220 of 220-FT) 5011 COMMONTIL LOOMDWITON			16//8 Page
	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 put		03.30	
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	ıs,		
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets		07207	
5	Qualified set-aside amounts (prior IRS approval required)			327212275
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6	7.90		
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_ 1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
- i				
	From 2013	Manager Free You (45		
	From 2014			
C	From 2015			
•	From 2016			
	f Total of lines 3a through e			
9	Applied to underdistributions of prior years			
ŀ	Applied to 2017 distributable amount	Tax a system (state)	RYLIZEDOVEHONIUSA	
	Carryover from 2012 not applied (see instructions)	LESS IVALVANO		
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7:			
a	Applied to underdistributions of prior years			
Ŀ	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			fewel at the little with
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
C	Excess from 2015			Windson Wallson Land

e Excess from 2017......
BAA

d Excess from 2016 . . . . .

Schedule A (Form 990 or 990-EZ) 2017

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization		Employer identification number
· · · · · · · · · · · · · · · · · · ·		91-1246778
Organization type (check one):		-
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	**************************************
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a privi	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	inization can check boxes for both the General Rule and a S	Special Rule. See instructions.
General Rule		
	, 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.
Special Rules		
X For an organization described in section 50	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,	oort test of the regulations
received from any one contributor, during th	ie vear, total contributions of the greater of (1) \$5,000 or (2)	16a, or 16b, and that 2% of the amount on (i)
Form 990, Part VIII, line 1h; or (ii) Form 990	D-EZ, line 1. Complete Parts I and II.	
The an exemination described in costion 50	1(a)(7) (8) as (10) 50= 5=== 000 == 000 F7 (b) =========	f
during the year, total contributions of more	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li	terary, or educational
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.	•
	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to	
\$1,000 If this how is checked, enter here the	r religious, charitable, etc., purposes, but no such contribution to total contributions that were received during the year for a	ons totaled more than
	y of the parts unless the General Rule applies to this organ	
it received nonexclusively religious, charitab	ile, etc., contributions totaling \$5,000 or more during the year	ar ► \$
VI W 46		
Caution. An organization that isn't covered by the 990-PF), but it must answer 'No' on Part IV. Jio.	he General Rule and/or the Special Rules doesn't file Sched e 2, of its Form 990; or check the box on line H of its Form	lule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PE
Part I, line 2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990, 990-EZ, or 990	0-PF).

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) (2017)

		CONTRIBUTION	
1		\$ <u>83,139,200.</u>	Person X  Payroll   Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,006,000.</u>	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>4,556,157</u> .	Person X Payroll Noncash X  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>3,500,000</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	BEQUEST RECEIVABLE		
		\$ 18,000,000.	12/31/17_
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	BEQUEST RECEIVABLE		
		\$ 4,500,000.	12/31/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	BEQUEST RECEIVABLE		
		\$ <u>3,500,000.</u>	12/31/17
(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
		\$	
BAA	Sche	dule B (Form 990, 990-E2	, or 990-PF) (2017)

1 to

of Part III

Employer identification number Name of organization COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.).... Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (d) Description of how gift is held (a) No. from Part I (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (c) Use of gift (a) No. from Part I (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE C** (Form 990 or 990-EZ)

#### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047 2017

Schedule C (Form 990 or 990-EZ) 2017

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to at www.irs.gov/Form990 for Instructions and the latest information

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

•	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization COMMUNIT	Y FOUNDATION FOR SW WASHIN	GTON	Employer identific	ation number
				91-124677	
		rganization is exempt under section			zation.
	(see instructions for definition	organization's direct and indirect political on of 'political campaign activities')	-		
2	Political campaign activity ex	xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instructions)			
Pa	rt I-B   Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶\$	0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?	• • • • • • • • • • • • • • • • • • • •			Yes No
	b If 'Yes,' describe in Part IV.				
Pa	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
2	Enter the amount of the filing of	organization's funds contributed to other organ	izations for section 527	7 exempt	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120 POL	·	
4		e Form 1120-POL for this year?			
5	Enter the names, addresses organization made payment amount of political contribution segregated fund or a political	and employer identification number (EIN) s. For each organization listed, enter the a is received that were promptly and directly del il action committee (PAC). If additional spa	of all section 527 pol mount paid from the t ivered to a separate po ice is needed, provid	itical organizations to w illing organization's fun olitical organization, such e information in Part IV	thich 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)					
(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) 2017	COMMUNITY FO	OUNDATION FOR SW W	VASHINGTON	91-1246	778 Page 2
Part II-A Complete if the section 501(h)	ne organization )).	is exempt under sect	ion 501(c)(3) and f	iled Form 5768 (ele	ection under
		s to an affiliated group (and li	st in Part IV each affiliate	ed group member's name,	
		share of excess lobbying e			
	(1) I die er (2)	ked box A and 'limited cont	The state of the s		
(The term 'e	Limits on Lobbyi	ng Expenditures ns amounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	es to influence pub	lic opinion (grass roots lobl	oying)		
<b>b</b> Total lobbying expenditure	es to influence a le	gislative body (direct lobby	ing)		
c Total lobbying expenditure				0.	0.
d Other exempt purpose ex	·			21,297,007.	
e Total exempt purpose exp	penditures (add line	es 1c and 1d)		21,297,007.	0.
f Lobbying nontaxable amo both columns	unt. Enter the amo	unt from the following table	e în	1,000,000.	
If the amount on line Te, colum		The lobbying nontaxable ar			
Not over \$500,000		0% of the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 1	100,000 plus 15% of the excess ov	/er \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	175,000 plus 10% of the excess ov	er \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	225,000 plus 5% of the excess over	er \$1,500,000.		
Over \$17,000,000		1,000,000.			
g Grassroots nontaxable an		•		250,000.	0.
h Subtract line 1g from line				0.	0.
i Subtract line 1f from line	1c. If zero or less,	enter -0+		0.	0.
j If there is an amount other to section 4911 tax for this y	than zero on either l	ine 1h or line 1i, did the organ	nization file Form 4720 re	eporting	Yes No
(Some	organizations that	-Year Averaging Period Un made a section 501(h) elec ow. See the separate Instru	tion do not have to co		
	Lobby	ing Expenditures During 4	-Year Averaging Period	I	
Calendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount	609,709	. 613,898.	603,696.	1,000,000.	2,827,303.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,240,955.
c Total lobbying expenditures					0.
d Grassroots nonlaxable amount	152,427	. 153,475.	150,924.	250,000.	706,826.
e Grassroots ceiling amount (150% of line 2d, column (e))				14.00	1,060,239.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2017

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

	(a	(a)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		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?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements? d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?					
j Total. Add lines 1c through 1i					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					S 3
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B   Complete if the organization is exempt under section 501(c)(4), section 501	orior y	 ear?	2	Yes	No
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	ll-A, li	ne 3, is	, (()	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible tobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current yearb Carryover from last year		2 a			
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?	1,513	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					

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

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	COMMUNITY FOUNDATION FOR ST	N WASHINGTON	91-1246778
Pai	1 Organizations Maintaining Dono	r Advised Funds or Other Similar Fu	nds or Accounts.
	Complete if the organization answ	wered 'Yes' on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	136	196
2	Aggregate value of contributions to (during year).		4,171,746.
3	Aggregate value of grants from (during year)	16,346,168.	3,140,095.
4	Aggregate value at end of year	212,540,732.	68,338,950.
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advised funds X Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund of the donor or donor advisor, or for any other	ds can be used only r purpose conferringXYes No
Pai	t II Conservation Easements.	200	
		wered 'Yes' on Form 990, Part IV, line	. 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply).	( 0 )
	Preservation of land for public use (e.g., r	20.25.20 5.0	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contribution in the for	
	Total construction of a second state of a second		Held at the End of the Tax Year
	a Total number of conservation easements		
	Total acreage restricted by conservation eases Sumber of conservation easements on a certifiant		
			(A) X
			2d
3	Number of conservation easements modified, trantax year ▶	sferred, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conse	rvation easement is located -	_
5	Does the organization have a written policy re		
		its it holds?	
6	Staff and volunteer hours devoted to monitoring, i	nspecting, nandling of violations, and enforcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, handling of violations, and enforcing conser-	vation 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 se	ction 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 exper o the organization's financial statements that o	nse statement, and balance sheet, and describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Treasures, or vered 'Yes' on Form 990, Part IV, line	Other Similar Assets. 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 fi	nue statement and balance sheet works of urtherance of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:		
	(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	116 (ASC 958) relating to these items:	SACE OF CO.
	Revenue included on Form 990, Part VIII, line		
t	Assets included in Form 990, Part X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part III Organizations Maintaining Coll	ections of Art, Histo	rical Treasures, o	Other Similar Ass	<b>ets</b> (continu	ıed)
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that a	re a significant use of its	collection	
a Public exhibition	d Loan o	r exchange programs			
b Scholarly research	e Other				
c Preservation for future generations	_		1		
Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	s exempt purpose in		
5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma				Yes	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount or	<b>nents.</b> Complete if th n Form 990, Part X, l	ne organization and line 21.	swered 'Yes' on Fo	rm 990, Par	t IV,
1 a Is the organization an agent, trustee, custodia	an or other intermediary f	for contributions or other	er assets not included ,		
on Form 990, Part X?				Yes	No
b If 'Yes,' explain the arrangement in Part XIII	and complete the following	ng table:			
				Amount	
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an amount on Fo	orm 990, Part X, line 21,	for escrow or custodial	account liability?	Yes	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	d on Part XIII		7
			2.404.04.04	OF SECTION AND ADDRESS.	
Part V Endowment Funds. Complete if	the organization ans	swered 'Yes' on Fo	orm 990, Part IV, lir	ne 10.	
(a) Curren			<del></del>	(e) Four year	s back
1 a Beginning of year balance					
<b>b</b> Contributions				1	
Her District Control Control Control					
c Net investment earnings, gains, and losses					
d Grants or scholarships			<del>-</del>	-	
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curre	ent year end balance (line	e 1g, column (a)) held	as:		
a Board designated or quasi-endowment	8				
b Permanent endowment ►	5				
c Temporarily restricted endowment	8				
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession organization by:	n of the organization that a	re held and administered	I for the	Yes	No
(i) unrelated organizations					110
(ii) related organizations					$\vdash$
b If 'Yes' on line 3a(ii), are the related organizations					-
				. 30	
4 Describe in Part XIII the intended uses of the		rit iurius.			
Part VI Land, Buildings, and Equipment Complete if the organization ans		n 990 Part IV line	11a See Form 99	∩ Part X li	ne 10
Description of property					
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	aiue
1a Land	124,500.			124	,500.
b Buildings			The state of the s	124	, 500.
c Leasehold improvements					
d Equipment					
e Other	-	42 O15	43.015	-	
Total. Add lines 1a through 1e. (Column (d) must e	Inval Form 900 Post V a	43,015.	43,015.	104	<u>0.</u>
Total. Add lines Ta through Te. (Column (d) must e	quai Ευππ 330, Fart λ, C	viuititi (b), line 100.)		124	<u>,500.</u>

BAA

Part VII   Investments — Other Securities.	'Yes' on Form 991	0, Part IV, line 11b. See Form 990, Part X, li	ne 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	10 12
(1) Financial derivatives			
(2) Closely-held equity interests.	<u></u> .		
(3) Other PRIVATE EQUITY PARNERSHIPS &	22,190,285.	END OF YEAR MARKET VALUE	
(A) (B)			
(C) (D) (E)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	22,190,285.		117
Part VIII Investments — Program Related.	'Yes' on Form 990	N/A D, Part IV, line 11c. See Form 990, Part X, li	na 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market	
(1)			
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)	-		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			EQ. 2
Part IX Other Assets.	N/A	), Part IV, line 11d. See Form 990, Part X, lir	15
Complete if the organization answered	YAS ON FORM YYI	I Part IV line I in See Form 990 Part X lir	
(a) Des	scription	(b) Book val	
(a) Des			
(a) Des			
(a) Des (1) (2) (3) (4)			
(a) Des (1) (2) (3) (4) (5)			
(a) Des (1) (2) (3) (4) (5) (6)			
(a) Des (1) (2) (3) (4) (5) (6) (7)			
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)			
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)			
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	scription	(b) Book val	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	scription	(b) Book val	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities.	3) line 15.)	(b) Book val	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	3) line 15.)	(b) Book val	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes	3) line 15.).	(b) Book val	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part X, column (E)  (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (E)  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (E)  (a) Description of liability  (1) Federal income taxes  (2) AGENCY ENDOWMENT AGMNTS  (3) LIAB FOR SPLIT INTRST AGMNTS  (4)  (5)  (6)  (7)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5) (6) (7) (8)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5) (6) (7) (8) (9)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5) (6) (7) (8)	3) line 15.)	1e or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5) (6) (7) (8) (9) (10)	3) line 15.)	le or 11f. See Form 990, Part X, line 25	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' on Form (a) Description of liability (1) Federal income taxes (2) AGENCY ENDOWMENT AGMNTS (3) LIAB FOR SPLIT INTRST AGMNTS (4) (5) (6) (7) (8) (9) (10) (11)	3) line 15.)	(b) Book val	ue

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Return.	-
1 Total revenue, gains, and other support per audited financial statements	1	123,342,009.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	88.	
b Donated services and use of facilities		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) SEE PART XIII 2d 97,6	84.	
e Add lines 2a through 2d		11,210,072.
3 Subtract line 2e from line 1	3	112,131,937.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	5,107	
a Investment expenses not included on Form 990, Part VIII, line 7b	5383	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	112,131,937.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		II
1 Total expenses and losses per audited financial statements	2000 1	21,297,007.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments 2 b		
c Other losses		
d Other (Describe in Part XIII.)	1000	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	21,297,007.
4 Amounts included on Form 990, Part IX, fine 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.  5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	4 c	21 207 007
Part XIII Supplemental Information.	00-40 3	21,297,007.
	0. 111	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	Part V, anv additi	onal information.
	-	
SCHEDULE D, PART XI, LINE 2D		
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990		
CHANGE IN CHAR TRUSTS, GIFT ANNUITIES	\$	97,684.
	OTAL \$	97,684.
	_	

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No. 1545-0047

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

Open to Public inspection

**%** □ (h) Purpose of grant or assistance Employer identification number XXes Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on 91-1246778 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. (g) Description of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SEE PART IV (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, (d) Amount of cash grant 18,629,088 COMMUNITY FOUNDATION FOR SW WASHINGTON (c) IRC section (if applicable) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table. Part 1 | General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (b) EIN 1 (a) Name and address of organization or government 610 ESTHER STREET #201 SEE SCHEDULE ATTACHED VANCOUVER, WA 98660 i Name of the organization 1111 1 0 0 ı ı E ြ 8 8 3 <u>@</u> 3 9

Schedule I (Form 990) (2017)

TEEA3901L 08/10/17

91-1246778

Schedule I (Form 990) (2017) 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.

can be appreared a additional space is needed.	do minoria	acc is liceased.				
(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
FINANCIAL SUPPORT STRUGGLING 1 WOMEN	GGLING	95	93, 866.			
2 STUDENTS	OR	201	511,502.	:		
3 SUPPORT FOR SEVERE HARDSHIP	DSHIP	5	10,371.			
4						
ស		0				:
9		:				
7					¥2	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ion. Provi	de 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.

2017 Form 990 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			
Name address and sin	NIS	18C Code Cash Grant	Surroce of Grant or Assistance
4shayi Foundation,84573 Anchor Way Indio, CA 92203	47-4092232		8
Agape Flights Inc., 100 Airport Avenue East Venice, FL 34285	59-2057436		
Agape Flights Inc., 100 Alrport Avenue East Venice, FL 34285	19-2057436		3,000 Unrestricted
American Cancer society, Great West Division 2120 1st Ave N Seattle, WA 99109	13-1788491		
American Heart Association of Oregon & SW WA,4380 SW Macadam Avenue #480 Portland, OR 97239	13-5613797	-	5,756 Unrestricted
American Red Cross, Journal Washington Chapter 2109 NE 5200 Avenue Vancouver, WA 53002	23-0100003	SOUCKS	I.O. UNISTICKED
American Red Cross Southwest Washington Chapter 2003 NC 82th Avenue very UNA 98002	53-0196605	SOLICUS	COD Transfer Fund
American Red Cross Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605	501(CH3)	
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605		50,000 Hurricanes Harvey and Irms Relief Funds
American Red Cross, Southwest Washington Chapter 5109 NE 82nd Avenue Vancouver, WA 98662	53-0196605		840 Unestricted
August Wilson Red Door Project, 6344 N. Curtis Avenue Portland, OR 97217	45.3729152		5,578 Hands Up Play
Battle Ground HealthCare Clinic, 11117 NE 189th Street, Suite 216 Battle Ground, WA 98604	27-3148590		200 Unrestricted
Battle Ground HealthCare Clinic, 11117 NE 189th Street, Suite 216 Battle Ground, WA 98604	27-3148590	501(C)(3)	9,755 Lifestyle Training and Education
Battle Ground HealthCare Clinic,11117 NE 189th Street, Suite 216 Battle Ground, WA 98604	27.3148590		13,229 Unrestricted
Battle Ground Public Schools, PO Box 200 Battle Ground, WA 98606	91-6010122		2,500 Futures Transition Program - Commercial Oven Purchase
Battle Ground Public Schools, PO Box 200 Battle Ground, WA 98606	91-6010122		67,728 Educational fields: Agriculture, Hontculture, Dairying and Domestic Science
Best Friends Animal Society, 5003 Angel Campon Road Kanab, Ut 84741	23-7147797	-	13,568 Unrestricted
Birle Clark County 1701 Broadway #186 Vencouner WA 98653	75-020/341	SOLICITAL T	3,000 VINSEINCEG
Boxs & Girls Clubs of Portland Metropolitan A.8203 SE 7th Avenue. Suite 100 Portland, OR 97202	93-0474800	-	2.116 Prostammine Expenses for Jack, Will and Rob Center in Cames, WA
Boys & Girls Clubs of Portland Metropolitan A 8203 SE 7th Avenue, Suite 100 Portland, OR 97202	93-0474800	ļ	
Boys & Girls Clubs of Portland Metropolitan A,8203 SE 7th Avenue, Suite 100 Portland, OR 97202	93-0474800		16,315 Unrestricted for the lack, Will and Rob Kids Center in Camas, WA
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646		11.200 Tutoring and Mentroing Project at Fruit Valley Elementary
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646	L	25,000 Support for 2017 benefit dinner
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978645	S01(C)(3)	8,937 Tutioning and Mentoring Project at Fruit Valley Club
Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646	501(C)(3) 2	25,000 Unrestricted
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646		500 Unrestricted
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646		
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Boys & Girls Clubs of Southwest Washington,1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646		125,000 Unrestricted
Boys & Girls Clubs of Southwest Washington, 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646	_	
Boys & Girls Clubs of Southwest Washington, IIII Main Street, Suite 605 Vancouver, WA 98660	91-1978646		24,200 Unestricted
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boys a time close of southwast washington, lill main street, suite boys varicular, was soon	0.00/61-16		COLOUR SAYMINE FUGET INTO AND THAI USANT PAYMENT
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Boys & Girls Clubs of Southwest Washington 1111 Main Street, Suite 605 Vancouver, WA 98660	91-1978646		
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Bridge the Gap, PMB 172 8002 NE Highway 99 Vancouver, WA 98665	68-0523104		200 Unrestricted
Bridge the Gap, PMB 172 8002 NE Highway 99 Vancouver, WA 98665	68-0523104	S01(C)(3)	5,965 Unrestricted
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201	S01(C)(3)	1,363 Unrestricted
Bridgeview Housing, 2500 Main Street, Suite 200 Vancouver, WA 98660	91-1285201		25,000 Skyline Project
Camar Christian Academy,717 SE Everett Road Camas, WA 98607	91-1864764		18,010 Unrestricted
Camas School District #117,841 NE 22nd Avenue Camas, WA 98607	91-6001767	-	5,500 Learning 365 Program(Literacy and early learning advocacy program)
Camas School District #117,841 NE 22nd Avenue Camas, WA 98607	91.6001767	_	18,558 Jack, Will and Rob Kids, Center
Camas School District #117,841 NE 22nd Avenue Camas, WA 98607	91-6001767		2.243 Jack, Will and ROb Kids Center
Carnas School District #117,841 NE 22nd Avenue Carnas, WA 98607	91.6001767		18.55 Lack, Will & Rob Kids Center
Camas School District #11,841 NE 22nd Avenue Lamas, WA 980U/	91-0001/0/	SOLICIES!	BOV LIBERT WILL STAND AWAITS
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Cascada Technical Academy Foundation 12000 NE 2011 Street Vancouver WA 98682	91.1530644		4,000 linearisted
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Catholic Community Services of Western Washin, 100 23rd Avenue South Seattle, WA 98144	91-1585652		1,500 Unrestricted
CDM Services, 2409 Broadway Street Vancouver, WA 98663	91-1057994	S01(C)(3)	9,138 Aging with Dignity Capital Campaign

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60vernments  EIN   RC Code Cash Grid   1.1057994   501(Cl(3)   1.105794   501(		
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91.1307564 501(CK3) 1,000 91.1307564 501(CK3) 2,000 91.6001299 501(cK3) 83.00 91.6001299 501(cK3) 80.00 46.3764546 501(CK3) 25,000 27.3077905 501(CK3) 1,121 27.3077905 501(CK3) 1,000 54.505888 501(CK3) 5,000,000	91-1307564   501(CK3)	Unrestricted
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91-6001299 501(c/k3) 837 91-6001299 501(c/k3) 50,000 46-37-64546 501(c/k3) 55,000 27-3077905 501(c/k3) 1,121 27-3077905 501(c/k3) 1,10,000 54-050588 501(c/k3) 5,000,000	91-1307564 501(CH3)	Unrestricted
91-601129   501(CH3)   50,000 46-37-6456   501(CH3)   25,000 27-3077905   501(CH3)   1,121 27-3077905   501(CH3)   1,000 54-0505888   501(CH3)   5,000,000	91-6001299 501(c)(3)	Designated for HIV/AIDS programs
40-576326 501(CH3) 2,000 27-3077905 501(CH3) 1,121 27-3077905 501(CH3) 10,000 54-050588 501(CH3) 5,000,000	91-8001299 501(cK3)	
27-3077905 SOJ(CK) 10,000 S4-050S88 SOJ(CK) 5,000,000	37 3077905 KOJICK3)	
\$4-0505888 \$01(C)(3) 5,000,000	27-3077905 S01(CH3)	Meaning Assistance
	54-0505888 501(C)(3) 5,0	
54-0505888   501(C)(3)   2,500,000	54-0505888   501(C)(3)	Raleigh Tavern Society

F.E.I.N. 91-1246778				
2017 Form 990 Schodule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name, address, and sip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Columbia Dance Center, 1700 Broadway Street Vancouver, WA 98663	91-1459899	S01(C)(3)	S,043	5,041 Unrestricted
Columbia Land Trust SCA Officers Row Variouver, WA 38501	24.2140961	SULLCHS)	007	Unrestracted
Columbia Land Trust 850 Officers Row Vancouver, WA 98661	94-3140861	501(C)(3)	500	Unrestrated
Columbia Land Trust 850 Officers Row Vancouver, WA 98661	94-3140861	SOLICITAL	7,513	Unrestricted
Columbia Land Trust 850 Officers Row Vancouver, WA 98661	94.3140861	501(C)(3)	16.770	16.770 Lewis River Banch Access Study
Columbia Land Trust 850 Officers Row Vancouver, WA 98661	94.3140861	501(C)(3)	10.000	Support for 9:14:17 annual luncheon
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-3140861	501(C)(3)	200	Unrestricted
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-3140861	SOLICITAL	1.000	
Columbia Land Trust, 850 Officers Row Vancouver, WA 98661	94-3140861	Solicital	50.000	50,000 Unrestricted
Columbia land Trust 850 Officers Row Vancouver, WA 98661	94.3140861	Solicitas	2 500	Unrestricted
Columbia Land Trust 850 Officers Row Vancouver, WA 98661	94-3140861	501(C)(3)	5.000	
Columbia Land Trust, 850 Officers Row Vancouver, WA 98663	94-3140861	501(C)(3)	1,500	1500 Unrestricted
Columbia Land Trust,850 Officers Row Vancouver, WA 98661	94-3140861	\$01(C)(3)	1,000	Unrestricted
Columbia Presbyterian Church, 8715 St. Helens Avenue Vancouver, WA 98664	91-0742227	501(C)(3)	2,000	Unrestricted
Columbia Presbyterian Church,8715 St. Helens Avenue Vancouver, WA 98664	91-0742227	501(0)(3)	25,915	2016 General Fund
Columbia Presbyterian Church, 8715 St. Helens Avenue Vancouver, WA 98664	91-0742227	501(C)(3)	5,000	Unrestricted
Columbia Presbyterian Church, 8715 St. Helens Avenue Vancouver, WA 98664	91-0742227	501(C)(3)	2,000	Unrestricted
bia Presbyterian Church,8715 St. Helens Avenue Vancouver, WA 98664	91-0742227	S01(C)(3)	\$,000	Unrestricted
Columbia River Mental Health Foundation,PO Box 1337 Vancouver, WA 98661	20-8404789	501(C)(3)	10,025	Hopes and Dreams Grant Program
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683	91-2127405	501(C)(3)	10,100	
Columbia Springs, 12208 SE Evergreen Highway Vancouver, WA 98683	91-2127405	S01(C)(3)	2,862	
Columbia Theatre Association for the Performing Arts, PO Box 1026 Longview, WA 98632	91-1186556	501(C)(3)	8,000	Unrestricted
Columbia Theatre Association for the Performing Arts, PO Box 1026 Longview, WA 98632	91-1186556	501(C)(3)	8,541	Unrestricted
Columbia Theatre Association for the Performing Arts, PO Box 1026 Longview, WA 98632	91-1186556	501(C)(3)	15,000	
bia University Law School,435 West 116th Street, Box A-2 New York, NY 10027	13-5598093	501(C)(3)	20,000	
Community Enrichment for Klicktat & Skamania Counties, 304 Fish Hatchery Road Goldendale, WA 98620	27-0536918	S01(C)(3)	5,000	
Community Housing Resource Center, 103 E 29th Street Vancouver, WA 98663	91-1641351	S01(C)(3)	5,618	
Community of Hope, PO Box 83165 Portland, OR 97283	27-1632045	501(C)(3)	15,000	
Confluence Project, 1109 E 5th Street Vancouver, WA 98661	75-3008926	501(C)(3)	7,500	General Operating Support
Confluence Project, 1109 E 5th Street Vancouver, WA 98661	75-3008926	501(C)(3)	2,500	
Congregation Beth Israel, 1972 NW Flanders Street Portland, OR 97209	93-0386818	501(CH3)	15,000	
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(CH3)	3,898	Deep cleaning for High Holy Days
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	2,000	Summer Gala 2017
Congregation Kol Ami, 7800 NE 119th Street Vancouver WA 98662-1104	91.1487789	501(C)(3)	2,000	General Fund
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662 1104	91 1487789	501(CH3)	2,000	
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(CK3)	991	Unrestricted
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	200	500 Library Fund
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	2,000	
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	2,500	Unrestricted
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	2,000	Unrestricted
Congregation Kol Ami, 7800 NE 119th Street Vancouver, WA 98662-1104	91-1487789	501(C)(3)	30,000	Unrestricted
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	20,000	Housing Relief Fund
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	25,000	Housing relief fund
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	25,000	Housing Relief Fund
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	4,781	4,781 Housing for people with physical disabilties
Cauncil for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	3,811	Unrestricted
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	4,073	
Council for the Homeless 2500 Main Street Vancouver, WA 98660	91-2001828	S01(C)(3)	45,000	
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	100	
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	5,000	
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	10,000	Mobile Showers
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	8,307	
Council for the Homeless, 2500 Main Street Vancouver, WA 98660	91-2001828	501(C)(3)	2,000	Operating fund
Cowlitz County CASA, 1024 Broadway, Street Longview, WA 98632	91 1644688	S01(C)(3)	8,000	unrestricted
Cowlitz County CASA,1024 Broadway Street Longview, WA 98632	91-1644688	S01(C)(3)	2,000	
Crown and Anchor Church, 11900 NE 95th Street # 440 Vancouver, WA 98692		501(C)(3)	1,000	Daily Operations
	C2007FO -00	1071-77102	20000	

Community Foundation for Southwest Washington				
2017 Form 990				
SCHEGOR I, FATH DEBITS AND UTIET ASSOCIATE TO DOMESTIC OF BRIGATIONS AND DOMESTIC GOVERNMENTS				
Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
Crown and Anchor Church, 11900 NE 95th Street # 440 Vancouver, WA 98682	81-0778262	501(C)(3)	1,000	Daily operations
CYO Camp Howard 875 NE 20th Ave 120 Portland, OR 97232	93.0114100	501(C)(3)	10,000	Daily Operations The fodies at Carm Howard
Daybreak Youth Services, 11910 NE 154th Avenue Brush Prairie, WA 98606	91-1083936	S01(C)(3)	17,990	Focus on Girls - Dutreach and Education
Daybreak Youth Services, 11910 NE 154th Avenue Brush Prairie, WA 98606	91-1083936	501(CK3)	\$0,000	Unrestricted
Daybreak Youth Services, 11910 NE 154th Avenue Brush Prairie, WA 98606	91-1083936	S01(C)(3)	5,768	5,768 Unrestricted
Detlef Schrempf Foundation, 1904 3rd Avenue, Suite 339 Seattle, WA 98101	91 1723526	S01(C)(3)	8,000	Unrestricted
DOGPAW, 13504 NE B4th Street, Suite 103 PMB 303 Vancouver, WA 98682	55-0886805	S01(C)(3)	5,312	5,312 Unrestricted
Emergency Support Sheker, 1330 11th Avenue Longview, VVA 98532	91-10/4/16	501(C)(3)	23,949	2.5,949 Unrestracted
Emergency support onerer, 1330 11th Avenue Longview, WA 36034	91-10/4/10	(E)(U)(O)	9,000	Unitessinced  Educational are lettered for common circlema of domastic violance
Ethnic Sunnort Council 311 Oak Street Kelon WA 98626	91.1591153	(5)(2)(2)		LUCERATION ASSESSMENT TO WOUND VICINIS OF BUTTLESSE VICINIES.
Ethnic Support Council, 311 Oak Street Kelso, WA 98626	91-1591153	S01(C)(3)	7,500	General Operating Support
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	S01(CK3)	21,456	Unrestricted
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	501(CK3)	18,079	13,079 Unrestricted
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	S01(C)(3)	15,000	15,000 Construction costs for homes in McLibbin Commons
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	501(C)(3)	200	Unrestricted
Evergreen Habitat for Humanity, PO Box 871570 Vancouver, WA 98687	91-1557462	501(C)(3)	5,756	Unrestricted
Pirst United Methodist Lhurch, 401 E. 34rd Street Vancouver, WA 98663-229/	91-0593487	501(c)(3)	052	Unrestricted
FIGH of Coulds County DO Box 134 Longuism WA 98547	18-5650-76	SOLICHAN		University
FISH of Cowing County, PO Box 135 Loneview, WA 98632	23.7452250	501(C)(3)	10.000	1,525 Utilities Assistance Program
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	S01(C)(3)	5,000	5,000 Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)	1,000	Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	S01(C)(3)	30,000	30,000 New executive director
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	S01(C)(3)	1,000	1,000 Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	S01(C)(3)		Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91 1156344	501(C)(3)	1,000	Unrestricted
HEAD OF VANCOUNTY TO BOX 585 VANCOUNTY WA 98660	91.1166344	SOLICITAL S		Canality connecting
FISH of Vancouver, P.O. Box 585 Vancouver, WA 98660	91-1166344	S01(C)(3)	2,515	Contract upper axing supplying
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)		Unrestricted
FISH of Vancouver, PO Box 585 Vancouver, WA 98660	91-1166344	501(C)(3)	1,000	Unrestricted
Food Lifeline, 815 S 96th Street Seattle, WA 98108	91-1090450	501(C)(3)	10,000	Cowlitz County
Fort Vancouver Regional Library Foundation, PO Box 2384 Vancouver, WA 98668	91-1456753	501(C)(3)	2,033	Unrestricted
Fort Vancouver Regional Library Foundation, P.O. Box 2384. Vancouver, WA 98668	91-1456753	501(5)(3)	1,000	1,000 Unrestricted
Fort Vancouver Regional Library Foundation, P.D. Don. 2364. Vancouver, WA 35008	91-1456/55	SOLICHE	2,000	Lydo. Ussignated for Irelands of the Stevenson and North Bonneville Community Unfanes.
FOR Vancouver Regional Library Foundation DO Box 2364 Vancouver, WA 30006	91-1456753	Solicital	2,700	1,1/D. Zuz Authoris si illustratoris Dinner and Auction 5,500 (ast's Road is Center 2 A
Fort Vancouver Saráners Center PD Box 1102 Vancouver, WA 98666-1102	91-6068346	Solicital	7.500	7500 Unestricted
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	1,000	Unrestricted
Fort Vancouver Seafaners Center, PO Box 1102 Vancouver, WA 98666-1102	91-6068346	501(c)(3)	10,000	Unrestricted
Fort Vancouver Seafarers Center, PO Box 1102 Vancouver, WA 98656-1102	91-6068346	501(c)(3)	10,000	19,000 Unrestricted
Foundation for the Carolinas, 220 North Tryon Street Charlottle, NC 28202	56-6047886	501(C)(3)	107,800	107,800 Designated for the First Relief Fund #3037
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	1,671	XL and reading counts for Salmon Creek Elementary
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-09/1800	501(C)(3)	10,000	10,000 Community Schools
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668 Foundation for Vancouver Builds Schools DO Box 6030 Vancouver, WA 98668	91-09/1800	501(C)(3)	1,000	1,000 Nathinstraine Fund
Foundation for Vancourer Future Schools DO Box 6032 Vencourer, 118 30000	91.0971800	12/1/2/15	90009	SVO FORTISTINESS AND Discussionary Funds CE 575 III for Unancourse Tech Decoursebras Calcool
Foundation for Vancouver Public Schools PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	2.434	Equipment 353,373.00 Discretelinally rands 35,023.00 for varicouver free paraticity School. Maker Space STEM area/Travis Havs Literary Center.
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	1,500	Program support for Jason Lee
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	10,335	Unrestricted
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98568	91-0971800	501(C)(3)	110,000	110,000 Unrestricted
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	2,500	Student Cafeteria Program for 2017-2018
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)	200	Unrestrated
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-0971800	501(C)(3)		Principals Check Book
Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668	91-09/1800	501(C)(3)	72 008	4,188 Family Community Resource Centers
FIRM HALLIMON Server research Server, To MA 52067; se see comme, and case sage	- 100000 - 00	Jealens	merchan.	CHESTINEC

1. A. Control of the control of th	Community Foundation for Southwest Washington				
Sovernments   State	F.E.I.N. 91-1246778		-		
EIN	2017 Form 990 Schoolstell Base II Grante and Other Accidence to Democate Deconfections and Democate Communication				
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91.707542 501(C/3) 91.707543 501(C/3) 91.707542 501(C/3) 91.7075124 501(C/3) 91.7075125 501(C/3)	Mame, address, and tip		П		Purpose of Grant or Assistance
91.1707542 501(Cl3) 91.0707542 501(Cl3) 91.0707542 501(Cl3) 91.0707542 501(Cl3) 91.0707542 501(Cl3) 91.0707542 501(Cl3) 91.0759124 501(Cl3) 91.075	ee Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661		501(C)(3)		Unrestricted
91-1707542 501(C(3) 91-1692169 501(C(3) 91-169	ee Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661		501(CK3)		Unrestricted
91.1707542 501(Cl3) 91.1932953 501(Cl3) 91.1932953 501(Cl3) 91.1932953 501(Cl3) 91.098105 501(Cl3) 91.098105 501(Cl3) 91.098105 501(Cl3) 91.098105 501(Cl3) 91.098105 501(Cl3) 91.098105 501(Cl3) 91.008105 501(Cl3) 91.008105 501(Cl3) 91.2018749 501(Cl3) 91.180585 501(Cl3) 91.180585 501(Cl3) 91.0759124 501(Cl3) 91.1692169 501(Cl3)	ee Llink of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	$\neg$	01(C)(3)		Unrestricted
91-1707542 501(C 3) 91-1707542 501(C 3) 94-3136961 501(C 3) 94-3136961 501(C 3) 94-313691 501(C 3) 94-313691 501(C 3) 93-1098105 501(C 3) 93-1098105 501(C 3) 93-1098105 501(C 3) 93-0782467 501(C 3) 93-082269 501(C 3) 93-082269 501(C 3) 93-0862269 501(C 3) 93-0862269 501(C 3) 93-082236 501(	es Llink of Southwest Washington, 4100 Promondon Street Vancouver WA 98661	- 1	501(C)(3)	1,388	Dental Program
91-1707542 501(C(13) 94-3136961 501(C(13) 94-3136961 501(C(13) 94-3136961 501(C(13) 94-3136961 501(C(13) 94-1098105 501(C(13) 94-316981	ee Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661	- 1	501(C)(3)		Unrestricted
94.1707542 94.1707542 94.3136961 501(Cl(3) 94.3136961 501(Cl(3) 94.3136961 501(Cl(3) 94.3136961 501(Cl(3) 94.0782467 501(Cl(3) 94.078012 501(Cl(3) 94.3160811 501(Cl(3) 94.3160811 501(Cl(3) 94.3160811 501(Cl(3) 94.3160811 501(Cl(3) 94.3160811 501(Cl(3) 94.3160812 501(Cl(3) 94.4857082 501(Cl(3) 94.485708	ee Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661		(c)(3)		Unrestricted
94-318964 501(C(13)  20-467276 501(C(13)  91-109205 501(C(13)  91-109205 501(C(13)  91-109205 501(C(13)  91-109205 501(C(13)  91-109205 501(C(13)  91-109205 501(C(13)  91-2018749 501(C(13)  91-201874 50	ee Clinic of Southwest Washington, 4100 Plomondon Street Vancouver, WA 98661		601(C)(3)	18,079	Unrestricted
94-3136961 501(C 3) 91-193293 501(C 3) 93-1093105 501(C 3) 93-1093105 501(C 3) 93-1093105 501(C 3) 93-1093105 501(C 3) 93-0782467 501(C 3) 91-0782467 501(C 3) 91-0782468 501(C 3) 91-078246 501(C 3)	Freedom Foundation,PO Box 552 Olympia, WA 98507		501(C)(3)		Unrestricted
20-4672767 SOLIC(13) 93-1098105 SOLIC(13) 93-1098105 SOLIC(13) 93-1098105 SOLIC(13) 93-1098105 SOLIC(13) 93-0082467 SOLIC(13) 94-3064467 SOLIC(13) 94-3166811 SOLIC(13) 94-3166811 SOLIC(13) 94-3166811 SOLIC(13) 94-3166811 SOLIC(13) 94-3166811 SOLIC(13) 94-3166811 SOLIC(13) 94-3166812 SOLIC(13) 94-0759124 SOLIC(13) 91-0759124 SOLIC(13) 91-0759124 SOLIC(13) 91-0759124 SOLIC(13) 91-1692169 SOLIC(13) 91-169216	eadom Foundation, PO Box 552 Olympia, WA 98507		(c)(c)(s)	2,500	Unrestricted
91.1932953 SOLICI(3) 93.1098105 SOLICI(3) 93.1098105 SOLICI(3) 93.1098105 SOLICI(3) 93.1098105 SOLICI(3) 93.0782467 SOLICI(3) 93.0782467 SOLICI(3) 93.0782467 SOLICI(3) 93.0782467 SOLICI(3) 91.002817 SOLICI(3) 91.002817 SOLICI(3) 91.002817 SOLICI(3) 91.002817 SOLICI(3) 91.002817 SOLICI(3) 91.10682 SOLICI(3) 91.10759124 SOLICI(3) 91.0759124 SOLICI(3) 91.052169 SOLICI(3) 91.1692169 SOLICI(3)	lends of Hospies Southwest Washington, PO Box 3116 Vancouver, WA 98668	_	501(C)(3)	8,147	Unrestricted
93.1098105 SOI(C(R)) 93.1098105 SOI(C(R)) 93.1098105 SOI(C(R)) 93.1098105 SOI(C(R)) 93.0782467 SOI(C(R)) 94.206262 SOI(C(R)) 94.206202 SOI(C(R)) 94.216081 SOI(C(R))	ends of the Carpenter,PO Box 65358 Vancouver, WA 98665	$\overline{}$	501(C)(3)	5.468	Unestricted
93-1098105 SOLIC(13) 93-1098105 SOLIC(13) 93-0782467 SOLIC(13) 93-0782467 SOLIC(13) 93-0782467 SOLIC(13) 93-0782467 SOLIC(13) 91-2018749 SOLIC(13) 91-2018749 SOLIC(13) 91-2018749 SOLIC(13) 91-2018749 SOLIC(13) 91-2018749 SOLIC(13) 91-30074887 SOLIC(13) 91-30076887 SOLIC(13) 91-3006888 SOLIC(13) 91-300688 SOLIC(13) 91-3006888 SOLIC(13	ends of the Children 44 NE Morris Street Portland, DR 97212	7	501(C)(3)	10 00	May 11 2017 Event
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91-2018749 5011(13) 91-2018749 5011(13) 91-2018749 5011(13) 91-2018749 5011(13) 91-202817 5011(13) 14-302817 5011(13) 14-302817 5011(13) 14-302817 5011(13) 14-302817 5011(13) 14-302812	inds of the Columbia Gorge, 533 SW 5th Avenue, Suite 300 Portland, OR 97204	7	001(C)(3)	4,784	Unrestricted
91.2018749 501(C 3) 14.202817 501(C 3) 15.43207744 501(C 3) 14.3207744 501(C 3) 14.320774 501(C 3) 14.320774 501(C 3) 14.32078124 501(C 3) 14.3208125 501(C 3) 14.3208125 501(C 3) 14.3208125 501(C 3) 14.320812 501(C 3)	ands of the Columbia Gorge, 333 SW 5th Avenue, Suite 300 Portland, OR 97204	-1	(E)(C)(3)	20,000	Preserve the Wonder Campaign for land acquistion
91.2018749 501(C 3) 91.2002817 501(C 3) 14.3207794 501(C 3) 46.4864208 501(C 3) 46.4864208 501(C 3) 46.4864208 501(C 3) 91.2002817 501(C 3) 91.20681207 501(C 3) 91.2059124 501(C 3) 91.20759124 501(C 3) 91.20759125 501(C 3)	inds of the Midgeneya National Wildire Keruge, PU Box 1022 Midgeneid, WA 96642	7	01(C)(3)	4,082	Plankhouse Maintenance
14-1616262 501(C 3)  17-202817 501(C 3)  14-207274 501(C 3)  46-864728 501(C 3)  46-864728 501(C 3)  46-864728 501(C 3)  49-3160811 501(C 3)  91-316081207 501(C 3)  91-3160811 501(C 3)  91-3160811 501(C 3)  91-3160811 501(C 3)  91-3160811 501(C 3)  91-3160812 501(C 3)  91-3759124 501(C 3)  91-3759125 501(C 3)  91-362169 501(C 3)	inds of the Ridgetted National Wildfife Refuge, PO Box 1022 Ridgefield, WA 98642	7	01(C)(3)	2,000	Unrestracted
91-2002817 5011([3] 74-3207794 5011([3] 74-3207794 5011([3] 74-3207495 5011([3] 74-32064825 5011([3] 74-32064825 5011([3] 74-32064825 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-3161485 5011([3] 74-316081 5011([3] 74-316081 5011([3] 74-3216081 5011([3] 74-3216081 5011([3] 74-3216081 5011([3] 74-3216081 5011([3] 74-3216081 5011([3] 74-32160 5011([3] 74-362169 5011([3] 74-362169 5011([3] 74-362169 5011([3] 74-362169 5011([3] 74-362169 5011([3] 74-366085 5011([3] 74-366085 5011([3] 74-366085 5011([3] 74-366085 5011([3] 74-362186 5011([3] 74-366085 5011([3] 74-362186 5011([3	crum Foundation,710 Ninth Avenue Seattle, WA 98104		(c)(3)	20,000	Unrestricted
74-207794   501(C 3)     23-7077276   501(C 3)     46-4864208   501(C 3)     46-486408   501(C 3)     46-4864	ry Friends, 6715 NE 63rd Street, Suite 450 Vancouver, WA 98661		(6)(2)(0)		Unrestricted
23-7017276 SOILC/(3) 46-866208 SOILC/(3) 46-866208 SOILC/(3) 46-866208 SOILC/(3) 46-866208 SOILC/(3) 41-160582 SOILC/(3) 41-16	s on the Run of Portland Metro, 2337 NW York Street, Suite 202-E Portland, OR 97210		(6)(3)	14,000	Unrestricted
46-4664208 501(C/H3)  46-4864208 501(C/H3)  94-366482 501(C/H3)  94-1160585 501(C/H3)  94-1160581 501(C/H3)  91-0759124 501(C/H3)  91-0759126 501(C/H3)  91-1692169 501(C/H3)  9	od Samaritan Foundation, PO Box 4484 Ponland, OR 97208		(6)(3)	20,000	Rehabilation Institute of Oregon
46-4864708 501(C)(3)  94-306-4882 501(C)(3)  91-0681207 501(C)(3)  91-1160585 501(C)(3)  94-3160811 501(C)(3)  94-3160811 501(C)(3)  94-3160811 501(C)(3)  94-3160811 501(C)(3)  91-0759124 501(C)(3)  91-0759126 501(C)(3)  91-1692169 501(C)(3)	enplay Cooperative, PO Box 213 Maple Valley, WA 98038		(6)(3)		Unrestricted
94.306.4882 501(C)(3) 91.0881207 501(C)(3) 91.1160285 501(C)(3) 94.3160811 501(C)(3) 94.3160811 501(C)(3) 94.3160811 501(C)(3) 94.3160811 501(C)(3) 94.3160811 501(C)(3) 94.3160812 501(C)(3) 91.0759124 501(C)(3) 91.059105 501(C)(3) 91.1692169 501(C)(3) 91.0692169 501(C)(3) 91.0782136 501(C)(3)	enplay Cooperative, PO Box 213 Maple Valley, WA 98038	т	(01(C)(3)	4,000	Unrestricted
91-0681207 501(C)(3) 91-0581207 501(C)(3) 91-1160585 501(C)(3) 91-1160811 501(C)(3)	ward Friends of Animals, PO Box 3986 Hayward, CA 94540	-	(01(C)(3)	5,000	Unrestricted
03-0547294 SOIC(FI) 94-1160585 SOIC(FI) 94-1160581 SOIC(FI) 14-1340341 SOIC(FI) 17-2181456 SOIC(FI) 17-2181456 SOIC(FI) 17-2181454 SOIC(FI) 19-0759124 SOIC(FI) 19-0759125 SOIC(FI) 19-075	ring. Speech & Deafness Center Attn. Development 1625 19th Avenue Seattle, WA 98122	_	501(5)(3)	22,998	Untestricted
91.1160585 501C(18) 94.3160811 501C(18) 94.3160811 501C(18) 14.2181456 501C(18) 174.2181456 501C(18) 191.0759124 501C(18) 191.059124 501C(18) 191.0759124 501C(18) 191.0759124 501C(18) 191.059169 501C(18) 191.0782186 501C(18) 191.0782186 501C(18)	rtbeat Servine Wounded Warriors PO Box 704 Snohomish, WA 98291		(01(C)(3)	8 937	Unrestricted
94-3160811 SOIC(FI) 74-2181456 SOIC(FI) 74-2181456 SOIC(FI) 74-2181456 SOIC(FI) 74-2181456 SOIC(FI) 91-0759124 SOIC(FI) 91-1692169 SOIC(FI) 91-0759124 SOIC(FI) 91-0759124 SOIC(FI)	trace University Office of Advancement 3240 Fort Road Toppenish, WA 98948	1	501(5)(3)	30.000	Heritage Fund-scholarships for his hest need students
94-3160811 SO1(C/3)  74-2181456 SO1(C/3)  74-2181456 SO1(C/3)  91-0759124 SO1(C/3)  91-1622169 SO1(C/3)  91-0782136 SO1(C/3)  91-0782136 SO1(C/3)  91-0782136 SO1(C/3)  91-0782136 SO1(C/3)  91-0782136 SO1(C/3)	gh Foundation, 205 E 11th Street, Suite 200 Vancouver, WA 98660		(6)(3)	10,000	Unrestricted
74-2181456 501(C)3)  74-318454 501(C)3)  91-0759124 501(C)3)  91-1622169 501(C)3)	gh Foundation, 205 E 11th Street, Suite 200 Vancouver, WA 98660		(01(C)(3)	2,004	Unrestricted
74-1340341 S01(C)(3) 91-0759124 S01(C)(3) 91-052169 S01(C)(3) 91-0782136 S01(C)(3) 91-0782136 S01(C)(3)	ston Food Bank,535 Portwall Street Houston, TX 77029		501(C)(3)	5,000	Unrestricted
91-0759124 SO1(C/(3) 13 91-0759124 SO1(C/(3) 13 91-1622169 SO1(C/(3) 13 91-0782136 SO1(C/(3)	ston Humane Society, 14700 Almeda Rd Houston, TX 77053		(6)(2)(9)	5,000	Unrestricted
91-0759124 SO1(C/(3) 179-179-124 SO1(C/(3) 191-0759124 SO1(C/(3) 191-0759126 SO1(C/(3) 1	nane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98584		:01(C)(3)	13,668	Unrestricted
91.0759124 501(C 3) 91.1622169 501(C 3) 91.0782136 501(C 3)	nane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	1	601(CH3)	17,616	Unrestricted
91-0759124 SO1(C)(3) 91-1692169 SO1(C)(3) 91-0782136 SO1(C)(3) 91-0782136 SO1(C)(3)	nane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	_	:01(C)(3)	8,584	Facility maintenance and repairs
91-0759124 501(C/(3) 91-0759124 501(C/(3) 91-0759124 501(C/(3)) 91-0759124 501(C/(3)) 91-0759124 501(C/(3)) 91-0759124 501(C/(3)) 91-0759124 501(C/(3)) 91-1622169 501(C/(3)) 91-0782136 501(C/(3)) 91-0782136 501(C/(3)) 91-0782136 501(C/(3))	nane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 98684	т	501(C)(3)		Unrestricted
91-0759124 501(C/3) 91-0759124 501(C/3) 91-0759124 501(C/3) 91-0759124 501(C/3) 91-0759124 501(C/3) 91-1692169 501(C/3) 91-0782136 501(C/3)	nane Society for Courthwest Washington 1100 NF 192nd Avenue Vancouver WA 98682	т	01/01/01	5.000	Innetrichad
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91.1622169 501(K13) 11 91.1622169 501(K13) 91.1622169 501(K13) 91.1622169 501(K13) 91.1622169 501(K13) 91.1622169 501(K13) 94.2467042 501(K13) 94.2467042 501(K13) 94.2762136 501(K13) 94.0762136 501(K13) 91.0782136 501(K13)	ive a Dream Administrative Account, 510 Esther Street, Suite 201 Vancouver, WA 98660	т	101(cH3)	10,000	Admin Account #100000593
91.162169 501((13) 91.162169 501((13) 91.162169 501((13) 91.162169 501((13) 91.162169 501((13) 91.162169 501((13) 94.3457042 501((13) 94.2066059 501((13) 94.2066059 501((13) 91.0782136 501((13) 91.0782136 501((13)	ive a Dream Administrative Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	7	:01(c)(3)	10,000	i Have a Dream Admin Account # 100000693
91.162169 501(c 13) 91.162169 501(c 13) 91.162169 501(c 13) 91.162169 501(c 13) 91.162169 501(c 13) 94.2467042 501(c 13) 94.2467042 501(c 13) 94.0782136 501(c 13) 91.0782136 501(c 13) 91.0782136 501(c 13)	ive a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	$\neg$	601(c)(3)	2,800	Payroll Account #0100088441
91.1622169 501(c  3) 91.1622169 501(c  3) 91.162169 501(c  3) 91.162169 501(c  3) 91.262169 501(c  3) 91.266059 501(c  3) 91.0782136 501(c  3) 91.0782136 501(c  3) 91.0782136 501(c  3)	sve a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660		:01(c)(3)	3,000	Payroll Account #0100088441
91.1692169 501(c (3) 91.1692169 501(c (3) 91.1692169 501(c (3) 94.3467042 501(c (3) 34.2066059 501(c (3) 91.0782136 501(c (3) 91.0782136 501(c (3) 91.0782136 501(c (3)	ave a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660	7	61(c)(3)	4,000	Have a Dream Payroll Account # 0100088441
91.1692169 501(c)(3) 91.1692169 501(c)(3) 94.3467042 501(C)(3) 34.2066059 501(C)(3) 91.0782136 501(C)(3) 91.0782136 501(C)(3) 91.0782136 501(C)(3)	ave a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660		i01(c)(3)	2,600	Payroll Account #0100088441
91.1622169 501(c)(3) 94.3467042 501(C)(3) 34.2066059 501(C)(3) 94.2066059 501(C)(3) 91.0782136 501(C)(3) 91.0782136 501(C)(3)	ave a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660		101(c)(3)	3,500	Payroll Account #0100088441
9-345042 501(C(3) 34-2066059 501(C(3) 34-2066059 501(C(3) 91-0782136 501(C(3) 191-0782136 501(C(3)	ave a Dream Payroll Account, 610 Esther Street, Suite 201 Vancouver, WA 98660		601(c)(3)	3,500	Have Dream Payroll Acount-#0100088441
34-206055 501(C(3) 4, 34-206055 501(C(3) 6, 91-0782136 501(C(3) 10, 91-0782136 501(C(3) 4,	ute The World Ministries, P.O. Box 230311 Tigard, OR 97281	$\neg$	(c)(c)	2,000	Designated for Ministry in SE Asia
34-206059 501(C 3) 6, 91-0782136 501(C 3) 10, 91-0782136 501(C 3) 4,	ianapolis School of Ballet, 502 N Capitol Avenue Indianapolis, IN 46204	$\neg$	:01(C)(3)	4,000	Unrestricted
91-0782136 501(C(3) 10, 91-0782136 501(C(3) 4	ianapolis School of Ballet, 502 N Capitol Avenue Indianapolis, IN 46204	-	01(C)(3)	0000'9	Urestricted
91-0782136 501(C)(3) 4,	ovative Services NW,9414 NE Fourth Plain Road Vancouver, WA 98662	- 1	:01(C)(3)	10,000	Unrestricted
THE PROPERTY OF THE PROPERTY O	ovative Services NW,9414 NE Fourth Plain Road Vancouver, WA 98662	_	(01(C)(3)	4,886	Unrestricted

F.E.I.N. 91-1246778				
2017 Form 990 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name, address, and tip	EIN			Purpose of Grant or Assistance
Innovative Services NW,34914 NE Pourth Plain Road Vancouver, WA 98662	91-0/87136	SOUCHS	23 255	Pediating inerapy tarly intervention Program
institute for the manufacture of the factor	46-5015461	(E)(C)(O)		Unastricted
Urban Teen, 305 SE Chakalov Drive Suite 111 #452 Vancouver, WA 98683	46-5015461	501(5)(3)	$\neg$	Unrestricted
iUrban Teen, 305 SE Chakalov Drive Suite 111 #452 Vancouver, WA 98683	46-5015461	501(C)(3)	(750)	(750) MLK Annual Breakfast
Janus Youth Programs, Inc., 707 NE Couch Street Portland, OR 97232	23-7345990	501(C)(3)	5,000	Clark County
Juvenile Diabetes Research Foundation,1 North La Salle Street, Suite 1200 Chicago, IL 60602	23-1907729	S01(C)(3)	7,840	Just One Grown Campaign
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-3890449	501(C)(3)	19,875	Development Department
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-3890449	501(C)(3)	5,500	Missions Program
King's Way Christian School, 3300 NE 78th Street Vancouver, WA 98665	47-3890449	S01(C)(3)	5,000	Car Line Canopy Donation
Klineline Kids Fishing Nonprofit, PO Box 873875 Vancouver, WA 98687	45-3764565	501(C)(3)	5,000	General Support
Klineline Kids Fishing Nonprofit,PO Box 873875 Vancouver, WA 98687	45-3764565	501(C)(3)		Unrestricted
Klineline Kids Fishing Nonprofit,PO Box 873875 Vancouver, WA 98687	45-3764565	501(C)(3)		Unrestricted
La Center School District,725 Highland Road PO Box 1840 La Center, WA 98629	91-6001590	S01(C)(3)	5,757	College Scholarships for graduates of La Center High School
La Salle Catholic College Preparatory, Inc., 11999 SE Fuller Road Milwaukie, OR 97222	93-0553268	SOTICINAL		Unrestricted
Legacy Hearn Foundation, P.O. Box 4464 Portland, UK 97208	46-5562403	South	20,000	Lancer Research FIE-Funding for 5 months
Lencoska roundation, PU Box 3.26 Anel, WA 930U3	91.1037408	501(C)(3)	7,184	4,184 Unrestructed
Lebossa roundation, FU box 5.06 Afret, WA 98003	91.0787084	SOLICIAL	1.031	4,500 Living history rrogram scholararips
Highine Connections PO Box 1578 Vancturer WA 98668	91-0787084	SOLICHAL	20 000	Residential Treatment for Presnant & Parentine Women and Their Children
Literary Arts, Inc., 925 SW Washington Street Ponland, OR 97205	93-0909494	501(C)(3)		General operating expenses
Longview Community Church 2323 Washington Way Longview, WA 98632	91-0573112	501(C)(3)		Mission Committee
Longview School District, 2715 Lilac Street Longview, WA 98632	91-6001605	501(cK3)		Danny L. Evans Scholarships, benefiting RA Long High School seniors
Longview School District, 2715 Lilac Street Longview, WA 98632		501(c)(3)		Dennis Dietz Memorial Scholarships for RA Long High School graduating seniors
Longview School District, 2715 Lilac Street Longview, WA 98632	1	501(c)(3)		Programs for middle school students
Lower Columbia CAP,1526 Commerce Avenue Longview, WA 98632	91-0814141	501(C)(3)	2,163	2,163 Unrestricted
Lower Columbia CAP, 1526 Commerce Avenue Longview, WA 98632	91-0814141	501(C)(3)	10,000	IDA and Food employment training
Lower Columbia CAP, 1526 Commerce Avenue Longview, WA 98632	91-0814141	501(C)(3)	20,003	Unrestricted
Lower Columbia College Foundation, 1600 Maple Street Longview, WA 98632	91-0975957	501(C)(3)		Harvey J. and Marcella M. Mashinter Endowed Scholarship fund
Lower Columbia College Foundation, 1600 Maple Street Longview, WA 98632	91-0975957	501(C)(3)		Unrestricted
Lower Columbia Estuary Partnership,811 5W Naito Parkway, Suite 410 Portland, OR 97204	93-1249298	501(C)(3)	531	Unrestricted
Lower Columbia Estuary Partnership, B11 SW Naito Parkway, Suite 410 Portland, OR 97204	93-1249298	501(C)(3)	5,000	5,000 Outdoor Science, Planting and Recreation for Every Youth (OSPREY) Program
Lower Columbia School Gardens, PO Box 785 Longview, WA 98632		501(C)(3)		Unrestricted
Lutheran Community Services Northwest, 3600 Main Street, Suite 200 Vancouver, WA 98663	- 1	501(C)(3)		Remodel of Vancouver, WA office
Lutheran Community Services Northwest, 3600 Main Street, Suite 200 Vancouver, WA 98663	93-0386860	501(C)(3)		Unrestricted
Maryhill Museum of Art,35 Maryhill Museum of Art Drive Goldendale, WA 98620	91-0309140	501(C)(3)		Unrestricted
Maryhill Museum of Art,35 Maryhill Museum of Art Drive Goldendale, WA 98620	91-0309140	501(C)(3)	3,000	Unrestricted
Maryknoll Fathers & Brothers, PO Box 302 Maryknoll, NY 10545-0302	13-1740144	501(C)(3)	8,937	8,937 Unrestricted
Meals on Wheels People, PO Box 19477 Portland, OR 97280	93-0584318	501(C)(3)	1,000	1,000 Clark County Meals on Wheels
Meals on Wheels People, PO Box 19477 Portland, OR 97280	93-0584318	501(C)(3)		Designated for Clark County
Meals on Wheels People, PO Box 19477 Portland, OR 97280	93-0584318	S01(C)(3)		Unrestricted
Meals on Wheels People PO Box 19477 Portland, OR 97280	93-0584318	501(CK3)	2,000	Support for Clark County Luncheon April 2017
Meals on Wheels People, PU Box 1347/ Portland, UK 9/280	93-0584318	502(C)(3)		Cark County
Meals on Wheels People, PU Box 1947 / Portland, UK 97.280	93-0584318	503(C)(3)	1,000	Vancouver, WA
Meals on Wheels People, PU Box 1947/ Portland, UR 97.28U	93-0584318	501(C)(3)	10,204	Vancouver senior meats program
Medical learns international PU box 10 Portland, UK 9/20/	- 1	501(C)(3)	10,000	JUJUU April B, 2017 Event
Medical Teams International, PU Box 10 Portland, OR 9/20/	- 1	Sq1(C)(3)		Unrestricted
Mercy Corps, 45 SW Ankery Steet Portland, OR 97204	91 1148123	501(C)(3)		Unrestricted
Mercy Corps, 45 SW Ankery Street Portland, OR 97204	91 1148123	501(C)(3)		Unrestricted
Mount St. Melens institute, 42218 NE Tale Bridge Hoad Amboy, WA 98601	91-1569993	501(C)(3)		STEM FIND ECOLOGY & Classifrom Education Program (Clark County Schools only)
Mount St. Helens Institute, 42,238 NE Yale Bridge Road Amboy, WA 98601	5666951-16	501(C)(3)	0,946	Unrestricted
Mount of Heres institute, 44218 NE Tale Bridge Road Amboy, WA 98691	91-1569993	Surjeyer	2,000	S,UUO Voicano Dufiboor School for All
Mount of the February 4-22.5 NE Tale Bridge hold Amboy, WA 26001	91-1203993	501(C)(3)		aco Gins
MOUNT ST. MEIERS INSTITUTE, AZZZO NE TONE BROOKE NOOD AMBORY, WA SOOUL	91.1560032	501(C)(3)	3,441	Vocation Outdoor School for All
Mobili Strategies Machineton Call F Mail Plain Boulevard Suite d Vancouver, WA 91661	91.1065027	SOUCHS	12 060	Construction and Participator Mantoning/Cardina Forbancement Plan
INAMI Southwest Washington 5411 E Mill Plain Boulevard, Suite 4 Vancouver, WA 98651	91-1065027	S01(C)(3)		Unestricted
	The same of the sa	Canadamiant		

stic Governments	20		
		IRC Code Cash Grant	Purpose of Grant or Assistance
	5514142		18
1687	45-5514142 50	501(C)(3)	5,000 Missing Children's Division Program Technology (improvements
	72-1200790 St	S01{C)(3) 33	330,000 Capital Campaign Nat'l WWil Museum, Road to Victory/Higgins Campaign Fund
13.3			
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sufe 150 Lake Oswego, OR 97035	0.1	9	
		-	
		-	5,500 General Fund
	91-0864632 50	SOJICKS)	5,000 Unrestricted
Monancie Maturat Catchuse Machineta BO Day 013373 Vancours, MA 20002			
		-	J. S.O. Ganeral Suncort
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S	26-0244283 50		
			500 Unrestricted
	A		1,000 Unrestricted
Northwest Children's Outreach, PO Box 1604 Lake Oswego, OR 97035	93-1315508 50	501(C)(3)	5,000 Unrestricted
			10,896 Unrestricted
28	-		
38107	$\neg$		5,000 Unrestricted
			7,450 Unrestrictred
	-1	-	2,000 Unrestrictted
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Upen House Ministres, PU Box 242 Vancouver, VVA 98000	94-3028685 50		10,000 Family Resource Center project
	7	SOLICITAL C	Colour Open mouse ministries Capital Campaign
	7		
	7		
	_		500 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98665	94-3028685 50	Sot(c)(3)	5,756 Unrestricted
Open House Ministries, PO Box 242 Vancouver, WA 98666		S01(C)(3)	3,666 Unrestricted
		501(C)(3)	2,957 Unrestricted
OCT COMMENT OF THE PERSON OF T	- 1		
			3,666 Unrestricted
			367 Unrestricted
	_		8,937 Food and Shetter
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		-	3,523 Unrestricted
	7	-	3,669 Unrestricted
			3,523 Unrestricted
	- 1	-	
			28,428 Unrestricted
	27-0039403 36		1,000 Unitestrated
Oregon Community Foundation, 1221 3W Termini Street, Suite 100 Portland, ON 37203	_	501(5)(3)	1 COO Hamandana
	_		Lybou United the Control of the Cont
The second secon	+		SON Unrestricted
		501(C)(3)	500 Unrestricted
almon Street, Suite 100 Portland, OR 97205-202			
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			5,036 Unrestricted
	$\neg$	4	
		2,5(	
Oregon Health & Science University Foundation, 1121 SW Salmon Street, Suite 100 Portland, OR 97205-202 23-7083114	23-7083114 50	501(C)(3)	5,000 Doernbecher Guest House, Gary and Christine Rood Family Pavillion

2017 Form 990				
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name, address, and zin	EIN	IRC Code Cay	Cash Grant Pu	Purpose of Grant or Auditance
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638		8	Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	501(C)(3)		Campaign for Expanding Content into Rural Areas
Oregon Public Broadcasting (OPBI,7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	S01(C)(3)		Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	501(C)(3)		Designated for Cornerstone Society
Oregon Public Broadcasting (Ore), 1440 SW Mataban Avenue Pontano, ON 97219-3459	93-0314536	SOLICH3)	300 O	KMMIU Jazz Radio
Organ Fusik Broadcasting (OFB), 140 SW Macadam Avenue Fortiand, OR 97219: 3099	93-0014050	Solicital		University and
Oweron Public Broadcastine (OPB) 7140 SW Macadam Avenue Portland OR 97219-3099	93-0814638	SOLICITAL		KMKN fazz Radio
Orecon Public Broadcasting (Or 1), 140 SW Macadam Avenue Pontland, OR 97219-3099	93-0814638	SOLICHES		KMHD Jazz Radio
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	S01(C)(3)		Unrestricted
Overgon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3099	93-0814638	S01(C)(3)		KMHD Jazz Radio
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Pontland, OR 97219-3099	93-0814638	501(C)(3)	1,000 Ur	Unrestricted
Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Pontland, OR 97219-3099	93-0814638	S01(C)(3)		Unrestricted
Oregon State University Foundation, 850 SW 35th Street Corvalits, OR 97333	93-6022772	S01(C)(3)		Women's Giving Circle, Valley Library, Pauling Institute, 4-H Found, College of Agri., Alumni Assoc.
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 98663	91-0645685	S01(C)(3)	28,714 Ur	Unrestricted
Our Lady of Lourdes Catholic Church, 4723 NW Franklin Street Vancouver, WA 98663	91-0645685	501(C)(3)		5500 for the Christmas Collection and 55200 designated for Sacrificial Giving
Cur Lady of Lourdes Catholic Church, 4723 MW Frankin Street Vancouver, WA 38063	91-0645685	501(C)(3)		Scholarships
Our Lady of Lourings Catholic Church 4723 NW Frankiii Street Vancourer, WA 08663	2892690-16	Solicital	3 000 E	Scholaratipa
Our Lady of Louines Catholic Church 4723 NW Franklin Street Vancouver, WA 98663	91-0645685	Soutches	1 622 %	Scholarshins
Pacific Lutheran University Office of Financial Aid Tacoma, WA 98447	91-0565571	SOLICHES		Unestricted
Pacific Lutheran University, Office of Financial Aid Tacoma, WA 98447	91-0565571	501(C)(3)		Unrestricted
Parks Foundation of Clark County PO Box 61424 Vancouver, WA 98666	91-1986747	S01(C)(3)		Unrestricted
Parks Foundation of Clark County, PO Box 53424 Vancouver, WA 98666	91-1986747	501(C)(3)	2,500 Ur	Unrestricted
Parks Foundation of Clark County, PD Box 61424 Vancouver, WA 98666	91-1986747	S01(C)(3)	5,000 Ur	Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-1986747	501(C)(3)	30,964 Va	Vancouver Parks & Recreation Senior Programs
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-1986747	501(C)(3)	1,000 Ur	Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-1986747	S01(C)(3)	1,000 Ur	Unrestricted
Parks Foundation of Clark County, PO Box 61424 Vancouver, WA 98666	91-1986747	S01(C)(3)		Rudy Luepke Senior Center Programs
Parks Foundation of Clark County, PO Box 51424 Vancouver, WA 98565	91-1986747	501(C)(3)		Unrestricted
Partners in Careers, 3210 NE 52nd Street Vancouver, WA 98663	91-1537912	501(C)(3)	2,366 Ur	Unrestricted
Partners in Careers, 3210 NE 52nd Street Vancouver, WA 98663	91-1537912	S01(C)(3)	16,047 Ur	Unrestricted
PeaceHealth Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98568	91-1231436	\$01(C)(3)		Unrestricted
PeaceHealth Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98668	91-1231436	SOLICK3}	5,756 Ur	Unrestricted
PeaceHealth Southwest Medical Center Foundatl, PO Box 1600 Vancouver, WA 98668	91-1231436	Soutches	1,000 Ur	Unrestricted
PeaceHeath Southwest Medical Center Foundati PO Box 1600 Vancouver, WA 98668	91-1231436	501(C)(3)	1,000 Ur	Unrestricted
PeaceHealth Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98668	91-1231436	501(C)(3)	50,000 Th	The Jay Miller Neurosciences Caregiver Education Endowment
Peace Heaith Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98668	91-1231436	501(C)(3)	25,000 (N	(Miss)ter Union 2017 campaign for Holtzman Twins NICU
PeaceHeaith Southwest Medical Center Foundati,PO Box 1600 Vancouver, WA 98668	91-1231436	S01{C)(3)	5,756 Ho	5,756 Hospice Southwest
PeaceHealth Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98668	91-1231436	501(C)(3)	3,000 Hospice	Ospice
PeaceHealth Southwest Medical Center Foundati, PO Box 1600 Vancouver, WA 98668	91-1231436	501{C)(3)		Steps/Family Medicine of SW Washington
PeaceHealth Southwest Medical Center Foundati, PD Box 1600 Vancouver, WA 98668	91 1231436	501(C)(3)		ADAPT
People of Fraise Inc., 107 5 Greenawn Ave South Bend, IN 45617	73-/030434	501(C)(3)	10,000 IM	Mission Fund
People of Praise, 7424 N Mississippi Avenue Suite 200 Portland, UR 9721/	91-1229946	SOLCHER	20,000 06	50,000 Designated for Vancouver, WA
Planned Parenthood Lolumbia Willamette, 3/2/ NE Martin Luther King Jr. Boulevard Portland, UK 9/212	93-6031270	Sol(CK3)		Unrestricted
Planned Parenthood Columbia Willamette, 3727 NE Martin Luther King Jr. Boulevard Portland, UK 97212	93-6031270	Sol(C)(3)		Unrestricted
Planned Parenthood Columbia Willamette, 3/2/ NE Martin Luther King Jr. Boulevard Portland, UK 9/212	93-60312/0	SOI(C)(3)		Unrestricted
Police Activities League, bd3 E Evergreen Boulevard Vancouver, WA 98661	91 2072283	501(C)(3)		Youth and feen Scholarships for Summer Camp 2017
Police Activities League, 605 E Evergreen Boulevard Vancouver, WA 98661	91-2072283	501(C)(3)		Unrestricted
Portland Columbia Symphony Orchestra PO Box 6559 Portland, OR 97228	93-0928813	501(C)(3)		To support the music director's compensation.
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0928813	501(C)(3)		Artistic fees for March and May concerts 2016-2017 season
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0928813	501(C)(3)		Hire part-time community llaison; fund salary increase.
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0928813	501(CK3)	30,000 To	To fund current staffing and hire a music librarian.
Portland Rescue Mission, PO Box 3713 Portland, OR 97208-3713	93-0429004	501(C)(3)		Unrestricted
Providence Health & Services - Onegon,5211 NE Gitsan Street Portland, OR 97213	93-1265038	501(C)(3)		Southwest Washington Community Connections Initiative
Providence St. Peter Foundation, 413 Lilly Road NE Olympia, WA 98506-5166	91-1097056	501(C)(3)		Unrestricted
Providence 5t. Vincent Medical roundshon,9205 SW Barnes Road Portiand, UK 97225		501(C)(3)	2,000 P	Providence Heart and Vascular Institute - We Love That! Lampaign
Returning Veterans Project, 853 SE Main Sureet, Mid 1,22 Portland, ON 9/013	Z0-4034723	SUICKS	אכן משמיכ	S.UUV SVV Washington Veteran Provider Recruitment and Expansion

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128	2017 Form 990 Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments			
128				
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11486716, OR 974011 115000 11486716, OR 974011 115000 114186716 115000 114186716 115000 114186716 115000 114186716 115000 114186716 11443175 1144417 114441	Rotary Club of Vancouver Sunrise Foundation PO Box 97071 Vancouver, WA 98687	1		
1000 1000	Rural Development Initiatives, 150 Shelton-McMurphey Boulevard, Suite 201 Eugene, OR 97401			00 Leadership Development Program for Skamania
83-0433165 501(C 3) 10,976 83-0433165 501(C 3) 150 83-0433165 501(C 3) 150 83-0433165 501(C 3) 150 83-0433165 501(C 3) 10,000 81-0433165 501(C 3) 10,000 81-043316 501(C 3) 10,000 81-043319 501(C 3) 10,000 81-040310 501(C 3) 10,000 81-0	Rural Development Initiatives, 150 Shelton-McMurphey Boulevard, Suite 201 Eugene, OR 97401	1	L	Leadership Development Program for Skamania
83-0433165 501(C 3) 150 83-0433165 501(C 3) 100 83-0433165 501(C 3) 100 83-0433165 501(C 3) 1000 83-0433165 501(C 3) 1000 83-0433165 501(C 3) 1000 83-0433165 501(C 3) 110,000 91-1569125 501(C 3) 1,000 91-1569125 501(C 3) 1,000 91-1569125 501(C 3) 1,000 91-1569125 501(C 3) 1,000 91-208345 501(C 3) 5,000 91-208345 501(C 3) 3,000 91-208345 501(C 3	Salmon Creek Hospital Foundation,PO Box 5245 Vancouver, WA 98668			
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81-043165 501(C)(3) 6,002  2-1090 91-156519 501(C)(3) 1,000  2-1090 91-165132 501(C)(3) 1,000  2-1090 91-165132 501(C)(3) 1,000  2-1090 91-169132 501(C)(3) 1,000  2-1090 91-169132 501(C)(3) 1,000  2-1090 91-169132 501(C)(3) 1,000  2-1090 91-208345 501(C)(3) 1,000  2-1090 91-208345 501(C)(3) 1,000  2-1090 91-208345 501(C)(3) 1,000  2-1090 91-208345 501(C)(3) 1,000  2-1090 91-20819 501(C)(3) 1,000  2-1090 91-20819 501(C)(3) 1,000  2-1090 91-20819 501(C)(3) 1,000  2-1090 91-20819 501(C)(3) 1,000  2-10819 501(C)(3) 1,000  2-108219 501(C)(3) 1,000  2-108226 501(C)(3) 1,000	Salmon Creek Hospital Foundation, PO Box 5245 Vancouver, WA 98668			00 Designated for Breast Cancer Center
91-1156519 501(C/3) 2-1090 91-1691325 501(C/3) 91-109139 501(C/3) 91-100139 501(	Salmon Creek Hospital Foundation, PO Box 5245 Vancouver, WA 98668			02 Continuing education for Legacy Salmon creek Breast Health Center Staff
91-1156519 501(C/3)  91-1691325 501(C/3)  91-1691325 501(C/3)  91-1691325 501(C/3)  91-1691325 501(C/3)  91-1691325 501(C/3)  91-1691325 501(C/3)  91-2083459 501(C/3)  91-208139 501(C/3)  91-1205119 501(C/3)  91-1205110 501(C/3)  91-1205119 501(C/3)  91-1205119 501(C/3)  91-1205119	Seattle Children's Hospital Foundation, PO Box 5371 S-200 Seattle, WA 98145-5005	- 1		00 Unnestricted
91-169125 501(C/8)  91-1691325 501(C/8)  91-1691325 501(C/8)  91-1691325 501(C/8)  91-1691325 501(C/8)  91-1691325 501(C/8)  91-1691325 501(C/8)  91-1093459 501(C/8)  91-2083459 501(C/8)  91-2083459 501(C/8)  91-2083459 501(C/8)  91-2083459 501(C/8)  91-208119 501(C/8)  91-1208119 501(C/8)  91-1208129 501(C/8)  91-1208256 501(C/8)  91-0602266 501(C/8)  91-0200399 501(C/8)  91-020039 501(C	Seattle Children's Hospital Foundation, PO Box 5371 S-200 Seattle, WA 98145-5005		-	
91-1693125 501(CR3) 61, MA 98665 501(CR3) 70, WA 98665 91-208459 501(CR3) 81, MA 98665 91-208449 501(CR3) 81, MA 98665 91-20849 501(CR3) 81, MA 98665 91-208119 91-208226 501(CR3) 81, MA 98661 91-208226 501(CR3) 81, MA 9866	Seattle University, Student Financial Services PO Box 222000 Seattle, WA 98122-1090			
91.16913.2 501(K3) er, WA 98665 91.2083459 501(C3) er, WA 98665 91.208349 501(C3) er, WA 98665 91.208349 501(C3) er, WA 98665 91.208349 501(C3) er, WA 98665 91.208319 501(C3) er, WA 98665 91.208329 501(C3) er, WA 98665 91.008226 501(C3) er, WA 98657 91.008220 501(C3) er, WA	Second Step Housing, 2500 Main Street, Sune 120 Vancouver, WA 98000		-	
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er, WA 98665  91-2083459  91-2083459  91-2083459  91-2083459  91-2083459  91-208319  91-208118  91-2082266  91-2082260  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-2082266  91-20822627  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-2082260  91-20822	Second Step nousing, 2500 Main Street, Soute AZV Verkouver, WA 50000		-	Do Ormesticado
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91-1938635 501(C(3)) 91-1938635 501(C(3)) 91-1938635 501(C(3)) 91-1938635 501(C(3)) 91-1938635 501(C(3)) 91-103825 501(C(3)) 91-107825 501(C(3)) 9	Share, Inc., 2306 NE Andresen Road Vancouver, WA 98661	$\neg$		00 Unrestricted
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94-6068890 501(Cl(3) 94-6068890 501(Cl(3) 94-6068890 501(Cl(3) 91-10785.25 501(Cl(3) 91-0602266 501(Cl(3)	Shared Hope International PO Box 65337 Vancouver WA 98665		m)	00 Unrestricted
94-666899   SOLICI(3)  Vd. Suite B Vancouver, WA 98661   46-2164971   SOLICI(3)  91-1078525   SOLICI(3)  91-1078525   SOLICI(3)  91-1078525   SOLICI(3)  91-078525   SOLICI(3)  91-078525   SOLICI(3)  91-078525   SOLICI(3)  91-078526   SOLICI(3)  91-0602266   SOLICI(3)  91-0602267   SOLICI(3)  91-0602267   SOLICI(3)  91-0602267   SOLICI(3)  9	Shares Dish Enumerational, TO But 03327 Valkbores, WA 30003	7	1	propression of
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Vd. Suite B Vancouver, WA 98661 46-2164971 501(C)(3)  91.1078525 501(C)(3)  91.1078525 501(C)(3)  91.1078525 501(C)(3)  73-1227079 501(C)(3)  91.0962286 501(C)(3)  91.0602266 501(C)(3)	South Pacific County Humane Society PO Box 101 Lone Beach, WA 98631	1		
91-1078525 501(C)(3) 91-1078525 501(C)(3) 91-1078525 501(C)(3) 91-1078525 501(C)(3) 91-1078525 501(C)(3) 91-1078525 501(C)(3) 91-060226 501(C)(3)	Southwest Washington Accountable Community of Health, 2404 E. Mill Plain Bhd. Suite B Vancouver, WA 98661		L	56 Healthy Living Collaborative: Community Health Worker Program
91.1078525 501(C (3) 2 91.1078525 501(C (4) 3 79.1078525 501(C (3) 3 79.107827 501(C (3) 3 91.0602266 501(C (3) 3 91.0602	Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			00 Unrestricted
91-1078525 501(C (3)   71-127079 501(C (3)	Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			37 Unrestricted
73-1227079 501(C (3)	Southwest Washington Symphony, PO Box 1011 Longview, WA 98632			00 Children's Concerts
91-0962383 5G1(C (3) 56-2362037 5G1(C (3) 56-2362037 5G1(C (3) 56-2362037 5G1(C (3) 56-2362036 5G1(C (3) 56-23626 5G1(C (3) 56-	Special Care, Inc., 12201 N Western Avenue Oklahoma City, OK 73114			00 Epson Education Pro Poster Maker and Supplies
Section   Sect	Special Olympics Washington, 1809 7th Avenue, Suite 1509 Seattle, WA 98101			56 Unrestricted
91-0602266 \$01(C (3) 15 91-0602266 \$01(C (3) 15 91-0602266 \$01(C (3) 15 91-0602266 \$01(C (3) 15 91-0602266 \$01(C (3) 15 91-0200430 \$01(C (3) 15 91-020	St. Francis of Assisi Catholic Church, 2450 NE 27th Street Bend, OR 97701	-1	1	00 Historic Church Preservation
91-0602266 501(C)(3) 91-0602266 501(C)(3) 91-0602266 501(C)(3) 91-0602266 501(C)(3) 91-0200430 501(C)(3) 91-0200430 501(C)(3) 91-0200430 501(C)(3)	St. Joseph Latholic Church, 6500 Highland Drive Vancouver, WA 98661	-1-		
91-0602266 501(C)[3] 1 91-0602266 501(C)[3] 1 91-0200430 501(C)[3] 1 91-0200430 501(C)[3] 1 91-0200430 501(C)[3] 1	St. Josephi Cattoric, Color riginale Prive Venkouver, ven 98001.		1	
A 98661 91-0602266 501(C)(3) 1 KOUVET, WA 98663 91-0200430 501(C)(3) 1 91-0200430 501(C)(3) 1 91-0991229 501(C)(3)	St. Joseph Catholic School, 6500 Highland Drive Vancouver, WA 98661	1		73 Assist needy children with tuition, clothes and books
FOUNDER   91-0200430   501(C)(3)   10,000   10,0	St. Joseph Catholic School, 6500 Highland Drive Vancouver, WA 98661		-	02 Unrestricted
91-0991229 501(5) 5,088	St. Luke's Episcopal Church ,426 E Fourth Plain Boulevard Vancouver, WA 98663			
CALCACT COLOCA CO	St. Paul Lutheran Church, PO Box 847 Castle Rock, WA 98611	_		

Community Foundation for Southwest Washington				
P.E.I.N. 91-1246778 2017 Form 990	-	1	Ì	
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name address, and alo	NIS	IRC Code Cast	Cash Grant	Purnets of Grant or Accidence
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	91-1312923	1=	2	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661		501(C)(3)	2,000	\$1000 Pantry \$1000 Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661	-	501(C)(3)	10,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road Vancouver, WA 98661		S01(C)(3)		Unrestricted
Teach One to Lead One,PO Box 790 Vancouver, WA 98666	-	S01(C)(3)		Unnestricted
The Carter Center, one Copenhill Avenue 453 treedom Parkway Atlanta, LA 3030/	58 1454/16	S01(C)(3)	3,736	Unrestricted
The Giving Cheet 2804 NF 65th Avenue Vancouver WA 98651		SOUCHS		Uniterativitad
The Historic Trust General O. O. Howard House 750 Anderson Street Vancouver, WA 98661	1937645	South		Designated for building projects as well as intermetive and education projects.
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661		S01(CH3)		Unratificed
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661		501(C)(3)	1,500	Unrestricted
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661	1	501(C)(3)	210,000	Academy Campaign
The Historic Truss, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661.		501(C)(3)		Purchase of Academy Building
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661		S01(C)(3)		Purchase of Academy Building
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661		501(C)(3)		Unrestricted
The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 98661		501(C)(3)		Ray Mickey Fund
The Historic (rust, benefat U.O. Howard House 750 Anderson Street Vancouver, WA 98661	91-191/645	501(0)(3)	2,000	Pearson Field Education Center Student Scholarships
The International Missace 2100 GM River Barkway Suite 450 Bookbard OR 42701	4	Soutch(s)		Desgrategion regison rend conceinon center Cash County Wa Breasons
The Sahation Army Loneview PO Box 1218 Loneview WA 98632	_	SOLICHES		Community Meal Program
The Salvation Army Longview, PO Box 1218 Longview, WA 98632	1	SOLICHES		Community Eviction Protessm
The Sahatton Army Northwest Division, Divisional Headquarters PO Box 9219 Seattle, WA 98109-0200	_	501(C)(3)		Hurricane Harvey Relief Fund
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	1	S01(C)(3)	\$,000	Unrestricted for use in Vancouver WA
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-1156347	501(C)(3)	200	Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	94-1156347	S01(C)(3)	1,000	Capital Campaign
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684		S01(C)(3)	5,756	5,756 Unrestricted
The Salvation Army, J500 NE 112th Avenue Vancouver, WA 98684		501(C)(3)		Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684		501(C)(3)	5,031	Administration of 2016 Adopt- A - Family Program
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684		501(C)(3)	1,000	Unrestricted
The Salvation Army, 1500 NE 112th Avenue Vancouver, WA 98684	$\neg$	501(C)(3)	2,488	Unrestricted
Trinity Academy, 7424 N Mississippi Avenue Portland, OR 97217		501(C)(3)		untestricted
Trinity Lutheran Church, 309 W 39th Street Vancouver, WA 98560		SOTICHED		New church roof
Union Gospel Mission, 3 NW Initial Avenue Portland, DK 97,709	7	South	1,937	Unrestricted
United Service Organizations Northwest, 17801 International Boulevard, PMB #313 Seattle, WA 98138	_	Solicial	000'9	University title
University of Latinomia Los Angeles roundation, Atmetic Department PU Box 24044 Los Angeles, LA 50024		SOLICION S	0000	WIGOSTAN DASKEDAIL CENTER
University of Oregon Foundation 1730 F 13th Avenue, Suite 410 Fusese, OR 97403-223	93.6015767	SOLICITAL SOLICITAL	21,000	President 3 Fund Ch of Mirck Daan's Emirhmant Frind-1 insidenist College of Birchage Inside Sind- Bathway Dreson Brown Singard
University of Washington Foundation 5434 Reaches Avenue NF Rox 359505 Seattle W& 92195,9505		SOLICIA)		Corne High School Hances Candardin Eurol (STONS)
University of Washington Foundation 4333 Brooklyn Avenue NE Box 359505 Seattle, WA 98195-9505		501(C)(3)		Physical Therapy Education and Training Fund (PHYSCI)
Vancouver Audubon Society. PD Box 1966 Vancouver, WA 98668-1966		SOLICKEL	6.572	Unastricted
Vancouver Lake Crew, PO Box 421 Vancouver, WA 98666		501(C)(3)	10,000	Dars and other equipment
Vancouver School of Arts & Academics, 3101 Main Street Vancouver, WA 98663	1	Sou(CK3)	14,000	14,000   \$2,000 for each of the following disciplines: Dance, Literary Arts, Moving Image Arts, Music, Technical Theater, Visual Arts
Vancouver School of Arts & Academics, 3101 Main Street Vancouver, WA 98663		501(C)(3)	10,000	Artists in Residence
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-1281734	501(C)(3)	8,317	Unrestricted
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-1281734	501(C)(3)	8,222	Unrestricted
Vancouver Symphony Orchestra, PO Box 525 Vancouver, WA 98660	91-1281734	501(C)(3)	9,358	Unrestricted
Vancouver Symphony Orchestra, PD Box 525 Vancouver, WA 98660	91-1281734	501(C)(3)	10,000	Operating Support
Victory Academy, PO Box 428 Tualatin, OR 97068	36-4642494	501(C)(3)		Unrestricted
Warmer Pacific University, Student Financial Services 2219 SE 68th Avenue Ponland, OR 97215		501(C)(3)	10,000	Act Six Leadership and Scholarship Program
Washington Elks Therapy Program for Children, PO Box 110760 Tacoma, WA 98411-0760		501(C)(3)	5,756	Unrestricted
Waithington Gorge Action Programs, PO Box 805 Bingen, WA 98605		501(C)(3)		Steveson Food Bank
Washington Gorge Action Programs, PO Box 805 Bingen, WA 98605	91-0793062	501(C)(3)	4,390	Stevenson Food Bank
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	-	S01(C)(3)		Foley Institute for public policy Reed Professorship and Civic Education and Public Civility
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686		501(C)(3)		Vancouver
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	77	SG1(C)(3)	3,937	Unrestricted
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	1	501(C)(3)		AAUW. Vancouver Branch Scholarships for female students at WSLIV who are pursuing a bachelor's or graduate degree
Washington State University Foundation, 14204 NE Salmon Creek Avenue Vancouver, WA 98686	91-1075542 501(C)(3)	501(C(3)	2,500 /	2,500 AAUW - Vancouver Branch Scholarship for a female student at WSLIV who is pursuing a bachelor's degree
Washington State University In-Cities, 2/10 Crimson Way Richland, WA 59352	ALCONITE	וכערונט	11,700	Acholars Excellence Fund

F.E.I.N. 91-1246778				
2017 Form 990				
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments				
Name, address, and zip	EIN	IRC Code	Cash Grant	Purpose of Grant or Assistance
West Columbia Gorge Humane Society, PO Box 270 Washougal, WA 98671	91.1634652	501(C)(3)	6,100	Unrestricted
White Pony Express, 1966 Tice Valley Boulevard, #101 Wainut Creek, CA 94595	46-5220565	501(C)(3)	9,000	5,000 Unrestricted
Whitman College, Office of Financial Aid Services 345 Boyer Avenue Walla Walla, WA 99362	91-0567740	501(C)(3)	25,000	25,000 Family Visits on Family Weekend Project
Willamette Valley Cancer Foundation, 2700 SE Stratus Avenue, Suite A. McMinwille, OR 97128	32-0000467	501(C)(3)	5,000	5,000 Unrestricted
Woodland Presbyterian Church, PO Box 297 Woodland, WA 98574	91-0598804	501(C)(3)	7,265	7,265 Unrestricted
Woodland Presbyterian Church, PO Box 297 Woodland, WA 98574	91-0598804	501(C)(3)	14,531	14,531 Unrestricted
Woodland Presbyterian Church, PO Box 297 Woodland, WA 98674	91-0598604	501(C)(3)	7,265	7,265 Unrestricted
Workforce Southwest Washington, 805 Broadway Street, Suite 412 Vancouver, WA 98660	01-0726348	501(C)(3)	8,418	8,418 Support for existing and new youth career development programs in Clark and Cowlitz Counties
Workforce Southwest Washington, 805 Broadway Street, Suite 412 Vancouver, WA 98660	01-0726348	501(C)(3)	10,000	10,000 CBO scan project
World Vision,PO Box 9716 Federal Way, WA 98063-9716	95-1922279	501(C)(3)	2,000	2,000 CWWOV[Columbia Willamette Women of Vision]
World Vision,PO Box 9716 Federal Way, WA 98063-9716	95-1922279	S01(C)(3)	2,000	5,000 East Africa Hunger Crisis
Wycliffe Bible Translators, PO Box 628200 Orlando, FL 32862-8200	95-1831097	501(C)(3)	20,000	20,000 1117 Bible Trans ME id# 980748
WCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(CK3)	200	500 Empower Luncheon Sponsorship
WCA 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)	5,000	5,000 Support for 9.27.17 annual luncheon
PWCA Clark County, 3609 M in Street Vancouver, WA 98663	91-0569882	S01(C)(3)	1,000	1,000 Unrestricted
WCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,000	1,000 Empower Luncheon Service Sponsorship
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	S01(C)(3)	1,275	1,275 Clark County CASA Program
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	S01(C)(3)	2,489	2,489 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	S01(C)(3)	10,455	10,455 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	S01(C)(3)	250	250 Unrestricted
YWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	10,519	10,519 General Support
WCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	1,500	1,500 Sexual Assault Program
NVCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	2,500	2,500 Unrestricted
NWCA Clark County, 3609 Main Street Vancouver, WA 98663	91-0569882	501(C)(3)	250	250 Unrestricted
Cowlitz Economic Development Council, PO Box 1278 Longview, WA 98632	91-1154753	501(C)(4)	10,000	10,000 40 for 2020. General Operating Support
Multnomah County Animal Services, 1700 W Historic Columbia River Highway Troutdale, OR 97060	93-6002309	170(c)(1)	13,668	13,668 Unrestricted
Lighthouse Community Credit Union, 702 Jefferson St. Vancouver, WA 98660	91-0614904	501(C)(14	30,000	30,000 Low income Financial Assistance
			\$ 18,629,088	
Number of 501 (ck3) and government organizations listed above			211	

# 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.

► Go to www.irs.gov/form990 for instructions and the latest Information

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Pa	rt I Questions Regarding Compensation				
				Yes	No
1	a Check the appropriate box(es) if the organization provided VII, Section A, line 1a. Complete Part III to provide any	any of the following to or for a person listed on Form 990, Part y relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organiza reimbursement or provision of all of the expenses desc	ation follow a written policy regarding payment or cribed above? If 'No,' complete Part III to explain	1 b		
2	Did the organization require substantiation prior to reintrustees, and officers, including the CEO/Executive Dire	nbursing or allowing expenses incurred by all directors, ector, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization CEO/Executive Director. Check all that apply. Do not cleastablish compensation of the CEO/Executive Director,	n used to establish the compensation of the organization's heck any boxes for methods used by a related organization to but explain in Part III.			
	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 compensation committee			
4	During the year, did any person listed on Form 990, Pa organization or a related organization:	art VII, Section A, line 1a, with respect to the filing			
		/ment?			Х
		I nonqualified retirement plan?	-		X
	41/	ed compensation arrangement?	4c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide	e the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a contingent on the revenues of:	a, did the organization pay or accrue any compensation			
	a The organization?		5 a		Х
	b Any related organization?		5 b		Х
	If 'Yes' on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a contingent on the net earnings of:	a, did the organization pay or accrue any compensation			
i	a The organization?		6a		Х
	Any related organization?		6 b		Х
	If 'Yes' on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, lin payments not described on lines 5 and 6? If 'Yes,' described on lines 6 and 6 a	e 1a, did the organization provide any nonfixed cribe in Part III.	7		х
8	Were any amounts reported on Form 990, Part VII, paid to the initial contract exception described in Regulations	d or accrued pursuant to a contract that was subject			
	If 'Yes,' describe in Part III	5 Section 55.4556-4(a)(a):	8		Х
9	If 'Yes' on line 8, did the organization also follow the rebutta	able presumption procedure described in Regulations			
-	section 53.4958-6(c)?		ا ہ ا	- 1	Ĩ.

COMMUNITY FOUNDATION FOR SW WASHINGTON Schedule J (Form 990) 2017

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 91-1246778

Page 2

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

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

		(B) Breakdown o	Breakdown of W-2 and/or 1099-MISC compensation	C compensation	to Carling O	classical (C)	A Total	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	reported as deferred on prior Form 990
JENNIFER RHOADS 1 PRESIDENT	€ €	151,807. 0.	25,000.	<u>0</u> .	10.563	20,556.	207,926.	
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12	⊝ (€							
13	€ €							
14	€ €							
15	8							
16	⊝ ⊜				1			
BAA			TEEA4102L 08/09/17	117			Schedule.	Schedule J (Form 990) 2017

# 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 J (Form 990) 2017

# **SCHEDULE M** (Form 990)

# Noncash Contributions

*2*017

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

**Open to Public** 

OMB No. 1545-0047

Inspection Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778 Types of Property (a) Check if (b) Number of (c) Noncash contribution Method of determining applicable contributions or amounts reported noncash contribution amounts on Form 990. items contributed Part VIII, line 1g Art - Works of art Art - Historical treasures 3 Art — Fractional interests..... Books and publications. 5 Clothing and household goods..... 6 Cars and other vehicles Boats and planes 7 R Intellectual property..... 9 Securities - Publicly traded ..... X 94 3,790,994. FMV 10 Securities - Closely held stock..... Securities - Partnership, LLC, or trust interests . Securities - Miscellaneous..... Qualified conservation contribution -Historic structures ..... Qualified conservation contribution - Other..... 14 Real estate - Residential ..... 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 Food inventory..... Drugs and medical supplies ..... 20 Taxidermy..... 21 Historical artifacts..... 22 Scientific specimens 24 Archeological artifacts...... 25 (BEQUEST RECEIVABLE X 1 18,000,000. ESTIMATE X 26 (BEQUEST RECEIVABLE \_\_) ... 4,500,000. ESTIMATE 27 Other -(BEQUEST RECEIVABLE X 3,500,000. ESTIMATE Number of Forms 8283 received by the organization during the tax year for contributions for which the 29 organization completed Form 8283, Part IV, Donee Acknowledgement ...... Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30 a b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?..... 31 Х

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

b If 'Yes.' describe in Part II.

describe in Part II.

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2017)

32 a

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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number 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.

TO DATE, THE COMMUNITY FOUNDATION FOR SOUTHWEST WASHINGTON HAS GRANTED OVER \$170 MILLION.

#### 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

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

BOARD FOR REVIEW.

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

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

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

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

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

2017

Open to Public Inspection

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

Employer identification number 91-1246778

COMMUNITY FOUNDATION FOR SW WASHINGTON

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

(a) Name, address, and EfN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(n) Direct controlling entity
(1) COMMUNITY FOUND, SW WA CHARITABLE LIC	CHARITABLE				COMMUNITY FOUNDATION FOR SW
	GRANTING	WA	0.	1,182,000.	WASHINGTON
(2) COMMUNITY FOUND. SW WA CHARITABLE LLC #2	CHARTTARLE				COMMUNITY FOUNDATION FOR SW
	GRANTING	WA	0.	.0	WASHINGTON
(3)					
Donallia Interestigants of Deleted Tex Evenent Owners antions	man Complete if the communication commenced "Very on Form 000 Boat IV line 24 because it	Continue acitariace	Von' on Form OD	AC ANT IN THE C	Popular it

| Partill | Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or fereign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	)(13) entity?
						Yes	2
(1) SUPPORTING ORGANIZATION OF THE COM					COMMUNITY		
	SUPPORTING	*	6	(	FOR SW		;
91-6558976	ORGANIZATION	WA	501 (C) (3)	12	WASHINGTON		×
FOUNDA					COMMUNITY		
610 ESTHER STREET STE 201					FOUNDATION		
VANCOUVER, WA 98660	SUPPORTING				FOR SW		
82-2345793	ORGANIZATION	WA	501 (C) (3)	12	WASHINGTON		×
(3)							
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	lons for Form 990.		TEEA5001L 11/29/17		Schedule R (Form 990) 2017	orm 990)	2017

Schedule R (Form 990) 2017 COMMUNITY FOUNDATION FOR SW WASHINGTON

Partification 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.

ne, address, and EIN of Prima related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets		Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	Genera manag partne		(K) Percentage ownership
	Ited Organiz	ations Ta	axable as	a Corporatio	n or Trust das a corp	Complete i	if the org trust duri	Janization ing the ta	answer x year.	a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	orm 990,	Part I	>,
(a) Name, address, and EIN of related organization	ed organization	Primary	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp., S corp.	f entity S corp,	Share of total income	ar AS	Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(b)(13) d entity?
	:			country)	enuny	П	()SI)					Yes	N.
		<del>-, -,</del>											
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		<del></del>				_							
			-			-	-		-	_			

Page 3

91-1246778

Schedule R (Form 990) 2017 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.

201	m 990	R (For	Schedule R (Form 990) 2017		BAA TEEA5003L 11/29/17
					(5)
					(4)
					(3)
					(2)
					(1)
ed	deterr t involv	Method of determining amount involved	Amount involved Me	Transaction type (a·s)	Name of related organization
			saction thresholds.	rered relationships and trai	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.
×		18			s Other transfer of cash or property from related organization(s)
	×	-			r Other transfer of cash or property to related organization(s).
×		-			q Reimbursement paid by related organization(s) for expenses.
×		1			p Reimbursement paid to related organization(s) for expenses
	×	10			o Sharing of paid employees with related organization(s)
	×	-			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
×	L	1 m			m Performance of services or membership or fundraising solicitations by related organization(s).
×		=			1 Performance of services or membership or fundraising solicitations for related organization(s).
×		¥			k Lease of facilities, equipment, or other assets from related organization(s).
×		Į.			j Lease of facilities, equipment, or other assets to related organization(s).
×		=			i Exchange of assets with related organization(s)
×		- -			h Purchase of assets from related organization(s)
×		1g			g Sale of assets to related organization(s).
×		11			f Dividends from related organization(s).
>		_			a Lone or loss mustados hu ralated organization(s)
×		- J			d Loans or loan guarantees to or for related organization(s).
×		1c			c Gift, grant, or capital contribution from related organization(s).
×		1 p			<b>b</b> Gift, grant, or capital contribution to related organization(s)
×		- I			a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
				listed in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
S.	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

91-1246778

COMMUNITY FOUNDATION FOR SW WASHINGTON Schedule R (Form 990) 2017

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

(a) (b) (c) (c) (d) (d) (e)	(b)	(a)	( <b>d</b> )	(e)	arunci simbs.	9	(b)	9	(E)			8
Name, address, and EIN of entity		Legal dómicile (state or foreign country)		Are all partners section 501(c)(3) organizations?		Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	,, td	General or managing parlner?		Percentage ownership
			sections 512-514)	Yes	No			Yes No	(rorm 1065)	Yes	N <sub>o</sub>	
(I)												
(2)								+			T	
( <u>a)</u>												
(4)											<del>                                     </del>	
(5)												
(9)												
				_								
( <i>i</i> )												
(8)												
ВАА			盟	TEEA5004L 00	71/60/80				Schedu	le R (F	Schedule R (Form 990) 2017	) 2017

Part VII Supplemental Information.

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

BAA

Schedule R (Form 990) 2017

Form 999-1  For calleddry year 2017 or other tar year benginning	_	orm 990-T	Exe	empt Organization E	Busii	ness Incon	ne Ta	x Return		0	MB No. 154	15-0687
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Dispict both standard   Dispict both read of the property of	Depa	rtment of the Treasury al Revenue Service							3).	Open to	Public In:	spection for ations Only
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Section   Sect	BE					OR SW WASH	INGTO	ON		instruction	s.)	c
AddRefe   20(e)   19Pe   VRILLOVER, Wh 90 00   E   Unrelated basilmens exhibity codes (See entirections)   E   Sozia			or						L			
□ seak value of all assets at each of a part	-	- · · ·	(6)	VANCOUVER, WA 3000	U				E			
C seek-yellar stall assets at P 383, 267, 945. G Check organization number (See instructions.) ►  283, 267, 945. G Check organization function (See instructions.) ►  283, 267, 945. G Check organization function (See instructions.) ►  Describe the organization's primary unrelated business activity.  In COME RECEIVED FROM PARTNERSHIP INVESTMENT  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group. ►	ŀ		(a)									
Describe the graginazion's primary unrelated business activity.		ook value of all assets at	F Group	exemption number (See instruc	tions.)	•			_!_			
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group.		*	G Check	k organization type 🏲 🏻 🗓	501(c	c) corporation	501	(c) trust	401(	a) trust		ther trust
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group.	H I	Describe the organiz INCOME RECEIN	ration's primar VED FROM	y unrelated business activity. PARTNERSHIP INVESTM	ENT							V
The books are in care of # JENNIFER RHOADS   Telephone number # (360) 694-2550						oup or a parent	-subsidi	ary controlled g	roup.	202 P	Yes	X No
				fying number of the parent cor	poration	on 🟲						
1 a Cross receipts or sales b Less returns and allowances c Balance™ 2 Cost of goods sold (Schedule A, line 7) 2 Gost of goods sold (Schedule A, line 7) 3 Gross profit, Subtract line 2 from line 1 c 3 d A Capital gain net income (altach Schedule D) 4 b Net gan (loss) (form 4797, Part II, line 17) (attach Form 4797)			7							(360)	694-2	2550
Descriptions and allowances   C Balance				usiness Income		(A) Incon	1e	(B) Expen	ses		(C) No	et
2 Cost of goods sold (Schedule A, line 7). 2   2   3   3   3   4   4   2   2   4   2   2   4   2   2		. 10			_							
3   Gross profit. Subtract line 2 from line 1c.   3   4   24   24   24   24   24   25   26   27   27   27   28   28   28   28   28	_								-	and the		
4 a Capital gain net income (attach Schedule D).  4 a   b   kg pan (loss) (Form 4797, Part II, line IT) (attach Form 4797).  4 b   c   capital loss deduction for fursts.  5   Income (loss) A from partnerships and S corporations (attach statement).  5   Income (loss) from partnerships and S corporations (attach statement).  5   To Unrelated debt-financed income (Schedule E).  7   Unrelated debt-financed income (Schedule E).  7   Unrelated debt-financed income (Schedule E).  7   Unrelated debt-financed income (Schedule E).  9   Investment income of a section 50(cV)7, (9) or (17) organization (Schedule E).  10   Exploited exempt activity income (Schedule I).  11   Advertising income (Schedule J).  11   Advertising income (Schedule J).  12   Other income (See instructions; attach schedule).  12   Intelled Capital Structions, attach schedule).  13   Total. Combine lines 3 through 12.  14   Compensation of officers, directors, and trustees (Schedule K).  15   Salaries and wages.  15   Salaries and wages.  15   Salaries and wages.  15   Salaries and wages.  16   Repairs and maintenance.  16   Repairs and maintenance.  17   Intelled Caltach Schedule).  18   Interest (attach Schedule).  19   Taxes and licenses.  19   Taxes and licenses.  19   Depletion (attach Form 4562).  20   Depletion (attach Form 4562).  21   Depletion (attach Form 4562).  22   Depletion (attach Form 4562).  23   Depletion (attach Form 4562).  24   Contribubilions to deferred compensation plans.  25   Excess readership costs (Schedule I).  26   Excess readership costs (Schedule I).  27   Total deductions, Add lines I4 through 28.  28   Excess readership costs (Schedule I).  29   28, 664.  30   Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.  30   -40, 297.  31   Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  32   -40, 297.  33   Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  33   -40, 297.		-	•	· 93						-		
b Net gan (less) (Form 4797, Part II, line 17) (attach Form 4797)	_	•							SSOM!	200		
c Capital loss deduction for frusts.  Income (loss) from partnerships and S corporations (attach statement).  Rent income (Schedule C).  Ourselated debt-financed income (Schedule E).  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations (schedule F)  Interest, annuities, royalties, and rents from controlled organizations, and rents from			•	•	$\overline{}$				- X	20.00		
Finding (latch statement)					-							
Rent income (Schedule C).    Tourelated debt-financed income (Schedule E).   Tourelated debt-financed income (Schedule E).   Tourelated debt-financed income (Schedule E).   Interest anulties, royalies, and rents from controlled organizations (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Exploited exempt activity income (Schedule I).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, and rents from controlled organization (Schedule Q).   Interest anulties, royalies, ro	_									and a		
7 Unrelated debt-financed income (Schedule E)	_				_	-11,	<u>, 633.</u>		,	06	-1	1,633.
Base   Interest, annuities, royalties, and rents from controlled organizations (Schedule 6)   9	-				_							
Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)   9	•			· ·	<u> </u>			<u> </u>				
Exploited exempt activity income (Schedule I)	_	· -		- (4)	_			<u> </u>		_		
11 Advertising income (Schedule J). 11					-			<u> </u>				
12 Other income (See instructions; attach schedule)  13 Total. Combine lines 3 through 12 13 -11, 633. 011, 633.    Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) 14 97.  15 Salaries and wages. 15 15 16 16 17 18 16 17 18 16 18 18 17 17 18 18 18 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19			-					!		+		
Total Combine lines 3 through 12   12   13   -11,633.   0.   -11,633.     Part II		<del>-</del>			<u> </u>	-						
Part     Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)    Compensation of officers, directors, and trustees (Schedule K)		•		• 89	12	=						
Contributions, deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)											-1	1,633.
14       Compensation of officers, directors, and trustees (Schedule K)       14       97.         15       Salaries and wages       15         16       Repairs and maintenance       16         17       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Less depreciation (attach Form 4562)       20         21       Less depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         24       Exployee benefit programs       24         25       Excess exempt expenses (Schedule I)       26         27       28       28,567.         29       Total deductions (attach schedule)       SEE STATEMENT       2         29       28,664.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       -40,297.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.       32       -40,297.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33 <t< td=""><td>Pai</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>r</td><td></td></t<>	Pai										r	
15 Salaries and wages. 15 16 Repairs and maintenance 16 17 Bad debts. 17 18 Interest (attach schedule) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562). 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22 a 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) SEE STATEMENT 2 29 Other deductions (attach schedule) 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -40,297. 31 Net operating loss deduction (limited to the amount on line 30) 31 20 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 31 -40,297. 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 -40,297. 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 34 34 Unrelated business taxable income. Subtract line 33 from line 32, effet the smaller of zero or line 32.	14											07
Repairs and maintenance 16  Repairs and maintenance 17  Re	1.2								_	-		91.
Interest (attach schedule)  In		7										
Interest (attach schedule)  Taxes and licenses  Charitable contributions (See instructions for limitation rules)  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return.  Depletion.  Contributions to deferred compensation plans  Employee benefit programs.  Employee benefit programs.  Excess exempt expenses (Schedule I).  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 30 from line 30.  Unrelated business taxable income before specific deductions. Subtract line 31 from line 30.  Unrelated business taxable income before specific deductions for exceptions).  Junelated business taxable income. Subtract line 33 instructions for exceptions).  Junelated business taxable income. Subtract line 33 from line 32, left line 32, enter the smaller of zero or line 32.  Unrelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Junelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Junelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Junelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Junelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.		*								-		
Charitable contributions (See instructions for limitation rules).  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return.  Depletion.  Contributions to deferred compensation plans.  Employee benefit programs.  Excess exempt expenses (Schedule I).  Cother deductions (attach schedule J).  Other deductions (attach schedule).  Total deductions (attach schedule).  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).  Junelated business taxable income. Subtract line 32, enter the smaller of zero or line 32.  Junelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.	18									В		
Depreciation (attach Form 4562). 21 22b 22b 22b 22b 22b 22b 22b 22b 22b	19	Taxes and licenses	s						. 19	9		
Less depreciation claimed on Schedule A and elsewhere on return.  22a  22b  22c  22c  22c  22d  22c  22d  22d	20								. 2	0		
Depletion	21								200			
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.  Net operating loss deduction (limited to the amount on line 30).  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).  Jurelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Jurelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Jurelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.  Jurelated business taxable income. Subtract line 33 from line 32, enter the smaller of zero or line 32.	22											
Excess exempt expenses (Schedule I)										_		
Excess exempt expenses (Schedule I). 26  27 Excess readership costs (Schedule J). 27  28 Other deductions (attach schedule). SEE STATEMENT 2  29 Total deductions. Add lines 14 through 28. 29 28, 567.  30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -40, 297.  31 Net operating loss deduction (limited to the amount on line 30). 31  32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30. 32 -40, 297.  33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions). 33  34 Unrelated business taxable income. Subtract line 33 from line 32, effect the smaller of zero or line 32. 34 -40, 297.												
Excess readership costs (Schedule J).  Other deductions (attach schedule).  SEE STATEMENT 2  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.  Net operating loss deduction (limited to the amount on line 30).  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).  Jacobs Provided Additional Control of the State of									_			
Other deductions (attach schedule)  Total deductions. Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13.  Net operating loss deduction (limited to the amount on line 30).  Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions).  Javanta Specific deduction (Generally \$1,000, but see line 33 from line 32, enter the smaller of zero or line 32.  Javanta Specific deduction (Generally \$1,000, but see line 33 from line 32, enter the smaller of zero or line 32.  Javanta Specific deduction (Generally \$1,000, but see line 33 from line 32, enter the smaller of zero or line 32.												
Total deductions. Add lines 14 through 28		Other deductions (	attach schedul	e)		54.555	SEE :	STATEMENT	2   2		2	8 567
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13												
Net operating loss deduction (limited to the amount on line 30)	30	Unrelated business	s taxable incom	ne before net operating loss de	eductio	on. Subtract line	29 from	m line 13	. 3			
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)											_	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32. 34 -40, 297.				· ·							-4	0,297.
			-			10.0					A.	0 207
					yı eater				. 3			

	Tax Computation							
35 Organ	nizations Taxable as Corporation	ns. See instructions for tax co	omputation.			1989		_
Contr	otled group members (sections 1	561 and 1563) check here ►	See instru	ictions and:		1000		
a Enter	your share of the \$50,000, \$25,6	000, and \$9,925,000 taxable	income bracke	ts (in that order)				
(1)  \$	(2)  \$	(3	3)  \$					
<b>b</b> Enter	organization's share of: (1) Addi	tional 5% tax (not more than	\$11,750)	. \$				
<b>(2)</b> Ac	lditional 3% tax (not more than \$	\$100,000)		\$		103		
c Incom	ne tax on the amount on line 34.					35 c		0.
36 Trust	s Taxable at Trust Rates. See in	structions for tax computation	n. Income tax o	on the amount				
on lin	e 34 from: Tax rate sched	lule or Schedule D (F	orm 1041)			36		
37 Proxy	tax. See instructions					37		
38 Altern	native minimum tax					38		
39 Tax o	n Non-Compliant Facility Incom	e. See instructions				39		_
40 Total.	. Add lines 37, 38 and 39 to line	35c or 36, whichever applies				40	1	0.
Part IV	Tax and Payments							_
- Plant Company of the second of	gn tax credit (corporations attach	Form 1118: trusts attach Fo	rm 1116)	41 a				_
	credits (see instructions)			41 b				
	ral business credit. Attach Form			41 c		-		
	t for prior year minimum tax (atta			41 d		5333		
	credits. Add lines 41a through 4					41 e		0.
						42		0.
	taxes. Check if from: Form 4	255 Eorm 8611 Form	8697   Form	8866		<del></del>		<del>.</del>
	ther (attach schedule)					43		
	tax. Add lines 42 and 43					44		0.
	ents: A 2016 overpayment credit				2,500.	170,000		<del>-</del>
	estimated tax payments			45 b	2,300.			
	leposited with Form 8868			45 c				
	gn organizations: Tax paid or wit			45 d				
	up withholding (see instructions)			45 e				
	t for small employer health insur-			45 f				
	credits and payments:	Form 2439	0541)	431		23		
	orm 4136		Total 🕨	AE o				
_	payments. Add lines 45a through	Other	Total	439	A CONTRACTOR OF THE PARTY OF TH	AC	0 - 50	_
						46	2,500	J.
	nated tax penalty (see instruction				_	47		_
	lue. If line 46 is less than the total					48		_
•	payment. If line 46 is larger than					49	2,500	0.
50 Enter	the amount of line 49 you want:	Credited to 2018 estimated	tax►	2,500. F	Refunded >	50		0.
Part V	Statements Regarding Co	ertain Activities and Ot	her Informa	tion (see instru	ctions)			
51 At any	y time during the 2017 calendar yea	ar, did the organization have an	interest in or a	signature or other	authority ov	er a	Yes N	lo
financ	cial account (bank, securities, or other	) in a foreign country? If YES	, the organizat	tion may have to	file FinCEN	Form 1	14,	
Repo	rt of Foreign Bank and Financial	Accounts, If YES, enter the	name of the for	reign country her	e •			x
52 Durin	g the tax year, did the organizati	on receive a distribution from	n, or was it the	grantor of, or tra	ansferor to.	a foreign		X
	S, see instructions for other form			g		g	200000 175	2001
	the amount of tax-exempt interest			\$	٥			
- Linton	Under penalties of perjury, I declare that I belief, it is true, correct, and complete. De				and to the best of	of my knowl	edge and	
Sign	belief, it is true, correct, and complete. De	claration of preparer (other than taxpa	yer) is based on all	information of which p	reparer has any			-
Here			P	RESIDENT		the prepar	RS discuss this return wi er_shown below (see	
	Signature of officer	Date	Titl	e		instruction	S)? X Yes 1	No
<b>—</b>	Print/Type preparer's name	Preparer's signature	Da	ite	Check X if	PTIN		_
Paid	RICHARD V. PROULX, C	מקי			self-employed	PO	0432577	
Pre-	Firm's name KERN & THO				Firm's EIN		57146	_
parer Use			410		rams gay	22-11	.5/140	_
Only	Firm's address 1800 SW FI		410			1500		
	PORTLAND,				Phone no.	(503	3) 222-3338	_
BAA		TEEA0202L	03/26/18				Form 990-T (201)	/)

Schedule A — Cost of Goo	<b>ds Sold.</b> Ent	er method of invi	entory valuation	▶						
1 Inventory at beginning of ye	ar	1	6	Invento	ry at	end of year	6			
2 Purchases		2	7		-	ds sold. Subtract	-			
3 Cost of labor	***********	3		line 6 f	rom li	ne 5. Enter here				
4 a Additional section 263A costs (attac	h schedule)			and in	Part f	, line 2	7			
		4a							Yes	No
b Other costs (attach sch)		4 b	8	Do the	rules	of section 263A (with	respect	to .		
5 Total. Add lines 1 through 4	b	5				duced or acquired for zation?			-	Х
Schedule C - Rent Income		Property and	d Personal P		_				tructi	
1 Description of property										
(1)										
(2)				T.		<del></del>				
(3)										
(4)			···							
	2 Rent receive	ed or accrued		<u> </u>						—
(a) From personal prop	erty	(b) From re	eal and persona	property	,	3(a) Deductions				
(if the percentage of rent for property is more than 10% more than 50%)	personal but not	(if the perce property ex	entage of rent for ceeds 50% or if on profit or inc	or personathe rent	al is	the income in (atta	columns ch sched	2(a) and Jule)	2(D)	
(1)				-						
(2)						-				
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of colhere and on page 1, Part I, line 6						(b) Total deductions. En here and on page 1, Part I, line 6, column (B)				
Schedule E - Unrelated De	bt-Finance	d Income (see	instructions)							
1 Description of dolar	formed		2 Gross incom		3 De	eductions directly con debt-finance	nected v	vith or all erty	ocabl	e to
1 Description of debt	·iinanced prop	erty	or allocable to financed pro		depr	(a) Straight line eciation (attach sch)	<b>(b)</b> (at	Other ded	uction	ns )
(1)							\ \ \ \ \ \			—
(2)					-					—
(3)					-		<del> </del>			
(4)					-					
4 Amount of average	I E Average as	liusted basis of	6 Column	. 1		7 Gross income	Q Alla	cable ded	ductic	
acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	o debt-financed tach schedule)	divided l column	οv		ortable (column 2 x column 6)	(coli	umn 6 x t ıns 3(a) a	total c	of
(1)				各						
(2)				8						
(3)				욹						
(4)				ક						
					Enter Part	r here and on page 1, I, line 7, column (A).	Enter h Part I,	ere and o	on pa	ge 1, (B).
Totals			* * * * * * * * * * * * * * * * * * * *	▶						
Total dividends-received deduction	ons included in	column 8					İ			
BAA		TE.	EA0203L 10/04/17					Form 99	0-T (7	2017)

Schedule F - Interest, A	nnuitie	s, Royaltie	es, a	nd Re	nts Fro	m	Controlled (	Orga	nizations	see in:	struction	ns)
			Exem	npt Con	trolled Or	gaı	nizations					
1 Name of controlled organization	ident	nployer lification Imber	it	Net unr ncome e instru			4 Total of speci payments ma	fied de	5 Part of that is inc the con organiz gross in	cluded trolling ation's	in ir	Deductions directly connected with scome in column 5
(1)												
(2)												
(3)												
(4)						L						
Nonexempt Controlled Organiza	ations										. Eur	
7 Taxable Income	inco	t unrelated me (loss) nstructions)	9	Total or paymer	f specified nts made	d	10 Part of included in organization	the o	controlling		connect	uctions directly led with income column 10
(1)												
(2)												
(3)					-							
(4)								_				
							Add columns here and on p 8, co		. Part I. line		and or	ns 6 and 11. Enter n page 1, Part I, line column (B).
Totals							(17) 0	- • •	4			
Schedule G - Investmen	t Incon	ne of a Se	ctior	1501(				ıızat				
1 Description of income		2 Amount o	of inc	ome	direc	ctly	ductions connected schedule)	(а	4 Set-asides ttach schedu		set	tal deductions and asides (column 3 plus column 4)
(1)												
(2)												
(3)						_						
(4)						4.00						
Totals	, F	Enter here an Part I, line 9,	d on p colur	nage 1, nn (A).							Enter I Part I,	nere and on page 1 line 9, column (B)
Schedule I - Exploited E	xempt	Activity In	com	ie, Otl	ner Thai	n /	Advertising	ncor	ne (see inst	ruction	s)	3,475
1 Description of exploited a		2 Gross unrelate business income fro trade or business	d s om	3 Expension connection of u	ises directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3). f a gain, compute umns 5 through 7.	5 Gros	s income from ity that is not ated business income	6 Exp	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1)						Г						
(2)						Г						
(3)												
(4)												
Totals		Enter here on page Part I, line column (	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 - Advertising		ne (See incl	ructio	ne)		1000						
Part I Income From Pe					neolida	to	d Racie			_	_	
Parti income From Fe	iouica	2 Gross			Direct		Advertising gain or	EC	irculation	6 Do:	dershir	7 Excess readership
1 Name of periodical		advertisir income		adve	ertising osts	1 (	loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation ncome		osts	costs (col. 6 minus col. 5, but not more than col. 4).
(1)												
(2)			-									
(3)												
(4)						100		-				
Totals (carry to Part II, line (5))	), <b>.</b>		15	(2)								

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)						
(2)			ĺ			
(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).				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	.015 %	30.
MARY E PRINGLE	V.P AND CFO	.044 %	67.
		8	
		ફ	
Total. Enter here and on page 1, Part II, line 14		·····	97.
BAA	TE-600041 10/04/17		Earm 000 T (2017)

Form **990-T** (2017)

2017

# **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	DEDUC	<u>rions</u>	_	INCOME (LOSS)
CAPITAL DYNAMICS GLOBAL SECONDARIES BROOKE PRIVATE EQUITY IV, LP	\$	2,226. -13,859.		0. 0. TOTAL	\$	2,226. -13,859. -11,633.

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