



**COMMUNITY  
FOUNDATION**

**SOUTHWEST  
WASHINGTON**

# **IRS FINANCIAL REPORTING RETURN**

**Fiscal Year 2018 | Form 990 & 990T**



Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

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

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning , 2018, and ending ,**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C**  
 COMMUNITY FOUNDATION FOR SW WASHINGTON  
 610 ESTHER STREET #201  
 VANCOUVER, WA 98660

**D** Employer identification number

91-1246778

**E** Telephone number

(360) 694-2550

**G** Gross receipts \$ 24,868,679.**F** Name and address of principal officer: JENNIFER RHOADS

SAME AS C ABOVE

**H(a)** Is this a group return for subordinates? Yes ☐ No ☒**H(b)** Are all subordinates included? Yes ☐ No ☐  
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CFSWW.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1984**M** State of legal domicile: WA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A CHARITABLE GRANTING ORGANIZATION WHOSE MISSION IS TO INSPIRE A CULTURE OF GIVING TO CREATE A VIBRANT AND ENGAGED COMMUNITY.				
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3	Number of voting members of the governing body (Part VI, line 1a).....	3	19		
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4	19		
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a).....	5	17		
	6	Total number of volunteers (estimate if necessary).....	6	30		
		7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	2,443.	
7b		Net unrelated business taxable income from Form 990-T, line 38.....	7b	-26,877.		
Revenue	8	Contributions and grants (Part VIII, line 1h).....	Prior Year	108,582,694.	Current Year	18,520,616.
	9	Program service revenue (Part VIII, line 2g).....	5,175.	4,502.		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	3,544,068.	6,343,561.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....				
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	112,131,937.	24,868,679.		
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	19,486,263.	15,376,729.		
	14	Benefits paid to or for members (Part IX, column (A), line 4).....				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	1,174,462.	1,250,805.		
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....				
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 578,852.				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	636,282.	1,123,551.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	21,297,007.	17,751,085.		
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12.....	90,834,930.	7,117,594.		
	20	Total assets (Part X, line 16).....	Beginning of Current Year	283,267,945.	End of Year	271,078,884.
	21	Total liabilities (Part X, line 26).....	2,388,263.	2,800,342.		
	22	Net assets or fund balances. Subtract line 21 from line 20.....	280,879,682.	268,278,542.		

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	JENNIFER RHOADS Type or print name and title	11/4/19 PRESIDENT			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	RICHARD V. PROULX, CPA	[Signature]	11/1/19		P00432577
	Firm's name ▶ KERN & THOMPSON, LLC				
	Firm's address ▶ 1800 SW FIRST AVENUE, SUITE 410 PORTLAND, OR 97201	Firm's EIN ▶ 93-1157146 Phone no. (503) 222-3338			

May the IRS discuss this return with the preparer shown above? (see instructions)..... ☒ Yes ☐ No**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 08/20/18

Form 990 (2018)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

THE FOUNDATION'S MISSION IS TO INSPIRE A CULTURE OF GIVING TO CREATE A VIBRANT AND  
 ENGAGED COMMUNITY. SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED MORE THAN \$185  
 MILLION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 16,695,015. including grants of \$ 15,376,729.) (Revenue \$ 4,502.)

SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 16,695,015.

**Part IV Checklist of Required Schedules**

	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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		X
4 <b>Section 501(c)(3) organizations.</b> 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.	X	
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.		X
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.	X	
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.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		X
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.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
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.		X
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.		X
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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.		X
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.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
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.		X
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).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.		X
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.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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.	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 X	
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 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
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	X
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	X
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):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
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 X	
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 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
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	X
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 X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 26	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c X	



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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. <b>2a</b> 17		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>2b</b> X	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? <b>3a</b> X	X	
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O <b>3b</b> X	X	
<b>4a</b> 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)? <b>4a</b>		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <b>5c</b>		
<b>6a</b> 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? <b>6a</b>		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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? <b>7a</b> X	X	
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <b>7b</b> X	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <b>7c</b>		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year. <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? <b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand. <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? <b>14a</b>		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O <b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <b>15</b>		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <b>16</b>		X
If 'Yes,' complete Form 4720, Schedule O.		

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1 a</b> 19		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1 b</b> 19		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		X
<b>3</b> 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? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X
<b>7 a</b> 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? . . . . .	<b>7 a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7 b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .			
<b>a</b> The governing body? . . . . .	<b>8 a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8 b</b>	X	
<b>9</b> 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. . . . .	<b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10 a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10 a</b>	X
<b>b</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? . . . . .	<b>10 b</b>	
<b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11 a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O . . . . .	<b>11 b</b>	
<b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .	<b>12 a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12 b</b>	X
<b>c</b> 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 O . . . . .	<b>12 c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15 a</b>	X
<b>b</b> Other officers or key employees of the organization. SEE SCHEDULE O . . . . .	<b>15 b</b>	X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16 a</b>	X
<b>b</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? . . . . .	<b>16 b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► WA

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** 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

**20** 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

**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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK MATTHIAS CHAIR	2 1	X		X				0.	0.	0.
(2) JODY CAMPBELL VICE CHAIR	2 1	X		X				0.	0.	0.
(3) STEVE HANSEN TREASURER	2 1	X		X				0.	0.	0.
(4) MARTY FORSMANN SECRETARY	2 1	X		X				0.	0.	0.
(5) ALBERT ANGELO III DIRECTOR	2 0	X						0.	0.	0.
(6) TWILA BARNES DIRECTOR	2 0	X						0.	0.	0.
(7) BRETT BRYANT DIRECTOR	2 1	X						0.	0.	0.
(8) KIM CAPELOTO DIRECTOR	2 0	X						0.	0.	0.
(9) JOHN DEEDER DIRECTOR	2 0	X						0.	0.	0.
(10) VANESSA GASTON DIRECTOR	2 0	X						0.	0.	0.
(11) RANDY GROVE DIRECTOR	2 0	X						0.	0.	0.
(12) VAUGHN LEIN DIRECTOR	2 0	X						0.	0.	0.
(13) INNA LIU DIRECTOR	2 0	X						0.	0.	0.
(14) GEORGE MIDDLETON DIRECTOR	2 0	X						0.	0.	0.



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KIRK RABOIN DIRECTOR	2 0	X						0.	0.	0.
(16) SCOTT SOUTH DIRECTOR	2 0	X						0.	0.	0.
(17) KAYCEE WIITA DIRECTOR	2 0	X						0.	0.	0.
(18) RICHARD WOLLENBERG DIRECTOR	2 0	X						0.	0.	0.
(19) DR. JIM YOUDE DIRECTOR	2 0	X						0.	0.	0.
(20) DR. CANDACE YOUNG DIRECTOR	2 0	X						0.	0.	0.
(21) JENNIFER RHOADS PRESIDENT	40 2			X				192,889.	0.	37,213.
(22) MARY PRINGLE V.P AND CFO	40 0			X				98,271.	0.	13,833.
(23) JANIE SPURGEON V.P. DEVELOPMENT	40 0					X		111,686.	0.	7,788.
(24) PAM CABANATUAN CONTROLLER	40 0					X		97,239.	0.	15,887.
(25)										
<b>1 b Sub-total</b>								500,085.	0.	74,721.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								500,085.	0.	74,721.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns .....	1 a					
	b Membership dues .....	1 b					
	c Fundraising events .....	1 c					
	d Related organizations .....	1 d					
	e Government grants (contributions) .....	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above .....	1 f 18,520,616.					
	g Noncash contributions included in lines 1a-1f: \$	9,800,995.					
	h Total. Add lines 1a-1f .....		18,520,616.				
<b>Program Service Revenue</b>	Business Code						
	2 a SERVICE FEES .....	900099	4,502.	4,502.			
	b .....						
	c .....						
	d .....						
	e .....						
	f All other program service revenue .....						
	g Total. Add lines 2a-2f .....		4,502.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest and other similar amounts) .....		6,343,561.		2,443.	6,341,118.	
	4 Income from investment of tax-exempt bond proceeds .....						
	5 Royalties .....						
	6 a Gross rents .....	(i) Real	(ii) Personal				
		b Less: rental expenses .....					
		c Rental income or (loss) .....					
		d Net rental income or (loss) .....					
	7 a Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses .....					
		c Gain or (loss) .....					
		d Net gain or (loss) .....					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
		b Less: direct expenses .....	b				
		c Net income or (loss) from fundraising events .....					
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a					
		b Less: direct expenses .....	b				
		c Net income or (loss) from gaming activities .....					
	10 a Gross sales of inventory, less returns and allowances .....	a					
		b Less: cost of goods sold .....	b				
		c Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code					
11 a .....							
b .....							
c .....							
d All other revenue .....							
e Total. Add lines 11a-11d .....							
12 Total revenue. See instructions .....			24,868,679.	4,502.	2,443.	6,341,118.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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.	14,543,525.	14,543,525.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	833,204.	833,204.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	342,207.	113,783.	68,441.	159,983.
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.	706,473.	341,752.	195,073.	169,648.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	43,147.	20,872.	11,914.	10,361.
9 Other employee benefits.	82,214.	39,771.	22,701.	19,742.
10 Payroll taxes.	76,764.	33,595.	19,415.	23,754.
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,973.	1,301.	752.	920.
c Accounting.	38,184.	16,711.	9,657.	11,816.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	499,630.	495,463.	1,874.	2,293.
12 Advertising and promotion.	2,540.	1,112.	642.	786.
13 Office expenses.	27,735.	12,138.	7,014.	8,583.
14 Information technology.	117,232.	51,305.	29,650.	36,277.
15 Royalties.				
16 Occupancy.	116,101.	50,810.	29,364.	35,927.
17 Travel.	9,682.	4,237.	2,449.	2,996.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	31,695.	13,871.	8,016.	9,808.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTREACH & EVENTS	186,393.	81,572.	47,142.	57,679.
b PRINTING AND PUBLICATIONS	15,550.	6,805.	3,933.	4,812.
c DUES AND SUBSCRIPTIONS	13,886.	6,077.	3,512.	4,297.
d EQUIPMENT LEASE & MAINTENANCE	8,108.	3,548.	2,051.	2,509.
e All other expenses.	53,842.	23,563.	13,618.	16,661.
25 Total functional expenses. Add lines 1 through 24e.	17,751,085.	16,695,015.	477,218.	578,852.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash — non-interest-bearing .....	63,604.	1	62,622.
	2 Savings and temporary cash investments .....	1,166,132.	2	3,072,813.
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	26,101,874.	4	21,480,681.
	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	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	20,920.	9	68,613.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 79,515.		
	b Less: accumulated depreciation .....	10b 43,015.		
		124,500.	10c	36,500.
	11 Investments — publicly traded securities .....	229,377,816.	11	233,011,144.
	12 Investments — other securities. See Part IV, line 11 .....	22,190,285.	12	8,271,664.
	13 Investments — program-related. See Part IV, line 11 .....	400,000.	13	1,900,000.
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	3,822,814.	15	3,174,847.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	283,267,945.	16	271,078,884.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	26,441.	17	100,986.
	18 Grants payable .....	10,000.	18	548,846.
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	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 .....	2,351,822.	25	2,150,510.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	2,388,263.	26	2,800,342.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets .....	195,883,182.	27	184,839,922.
	28 Temporarily restricted net assets .....	84,996,500.	28	83,438,620.
	29 Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	280,879,682.	33	268,278,542.
34 <b>Total liabilities and net assets/fund balances</b> .....	283,267,945.	34	271,078,884.	



**Part 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	24,868,679.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,751,085.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,117,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	280,879,682.
5	Net unrealized gains (losses) on investments	5	-19,307,839.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	-410,895.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,278,542.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	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?		X
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	9,855,782.	30628208.	82692579.	108582694.	18520616.	250279879.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	9,855,782.	30628208.	82692579.	108582694.	18520616.	250279879.
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).						0.
6 Public support. Subtract line 5 from line 4.						250279879.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	9,855,782.	30628208.	82692579.	108582694.	18520616.	250279879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	601,752.	760,178.	1,608,434.	3,555,701.	6,343,561.	12,869,626.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
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.						263149505.
12 Gross receipts from related activities, etc. (see instructions).					12	41,418.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	95.11 %
15 Public support percentage from 2017 Schedule A, Part II, line 14.	15	64.20 %
16a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 <b>Total.</b> Add lines 1 through 5.						
7a 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.						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17.	18	%

- 19a **33-1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- b **33-1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶ ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

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

**Part IV** Supporting Organizations (continued)

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?

b A family member of a person described in (a) above?

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.

	Yes	No
11a		
11b		
11c		

**Section 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.

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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?

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).

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.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

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

2 Activities Test. Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

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.

	Yes	No
2a		
2b		
3a		
3b		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> 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) 2018

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013 .....			
b	From 2014 .....			
c	From 2015 .....			
d	From 2016 .....			
e	From 2017 .....			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014 .....			
b	Excess from 2015 .....			
c	Excess from 2016 .....			
d	Excess from 2017 .....			
e	Excess from 2018 .....			

BAA

Schedule A (Form 990 or 990-EZ) 2018

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

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**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

Name of the organization

**COMMUNITY FOUNDATION FOR SW WASHINGTON**

Employer identification number

**91-1246778**

**Organization type (check one):**

**Filers of:**

Form 990 or 990-EZ

**Section:**

- ☒ 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 private foundation  
☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

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

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) (2018)**

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 695,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 928,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,040,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 560,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,046,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,464,242.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 445,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 468,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 430,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,842,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 600,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 2,124,670.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 1,018,781.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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 space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SECURITIES	\$ 428,400.	10/04/18
3	LLC INTEREST	\$ 1,040,000.	7/27/18
4	BEQUEST RECEIVABLE	\$ 275,000.	12/31/18
8	BEQUEST RECEIVABLE	\$ 431,921.	12/31/18
9	SECURITIES	\$ 445,591.	12/31/18
12	SECURITIES	\$ 1,793,845.	7/03/18

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

91-1246778

## Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>13</u>	<u>BEQUEST RECEIVABLE</u>		
		\$ <u>600,000.</u>	<u>12/31/18</u>
<u>14</u>	<u>SECURITIES</u>		
		\$ <u>2,124,670.</u>	<u>9/27/18</u>
<u>15</u>	<u>BEQUEST RECEIVABLE</u>		
		\$ <u>1,018,781.</u>	<u>12/31/18</u>
		\$ _____	
		\$ _____	
		\$ _____	

Employer Identification number

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.) ▶ \$ \_\_\_\_\_ N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee



**SCHEDULE C**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018****Open to Public  
Inspection****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) organizations: Complete Part III.

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  
(see instructions for definition of 'political campaign activities')

2 Political campaign activity expenditures (see instructions) ..... ► \$

3 Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ 0.

2 Enter the amount of any excise 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 ☐ No4 a Was a correction made? ..... ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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) 2018

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		0.	0.												
<b>d</b> Other exempt purpose expenditures .....		17,751,085.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		17,751,085.	0.												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. ....		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		250,000.	0.												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2 a</b> Lobbying nontaxable amount	613,898.	603,696.	1,000,000.	1,000,000.	3,217,594.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					4,826,391.
<b>c</b> Total lobbying expenditures					0.
<b>d</b> Grassroots nontaxable amount	153,475.	150,924.	250,000.	250,000.	804,399.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,206,599.
<b>f</b> Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2018

**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)).

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i.			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912.			
<b>c</b> If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

<b>1</b> Dues, assessments and similar amounts from members.	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year.	<b>2a</b>	
<b>b</b> Carryover from last year.	<b>2b</b>	
<b>c</b> Total.	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions).	<b>5</b>	

**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

**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.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....	138	215
2 Aggregate value of contributions to (during year).....	8,288,556.	10,210,185.
3 Aggregate value of grants from (during year).....	9,723,025.	5,652,947.
4 Aggregate value at end of year.....	199,385,624.	66,892,918.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... ☒ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2a
b Total acreage restricted by conservation easements.....	2b
c Number of conservation easements on a certified historic structure included in (a).....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1..... ► \$  
(ii) Assets included in Form 990, Part X..... ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1..... ► \$  
b Assets included in Form 990, Part X..... ► \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 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 explanation has been provided on Part XIII. ☐

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	61,301,218.	55,008,961.	52,882,106.	52,988,252.	51,639,754.
b Contributions	10,196,186.	7,457,455.	1,530,168.	3,985,575.	2,331,493.
c Net investment earnings, gains, and losses	-3,822,732.	5,217,350.	3,213,438.	-924,397.	2,005,948.
d Grants or scholarships	2,743,364.	5,569,497.	1,798,636.	2,412,073.	2,292,850.
e Other expenditures for facilities and programs				0.	
f Administrative expenses	836,713.	813,051.	818,115.	755,251.	696,093.
g End of year balance	64,094,595.	61,301,218.	55,008,961.	52,882,106.	52,988,252.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ 100.00 %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds. SEE PART XIII

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	36,500.			36,500.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		43,015.	43,015.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,500.

BAA

Schedule D (Form 990) 2018



**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.)		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.)		

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) AGENCY ENDOWMENT AGMNTS	120,658.
(3) LIAB FOR SPLIT INTRST AGMNTS	2,029,852.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.)	2,150,510.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,149,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	-19,307,839.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	-410,895.
	e Add lines 2a through 2d	2e	-19,718,734.
3	Subtract line 2e from line 1	3	24,868,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	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	24,868,679.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,751,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	17,751,085.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,751,085.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND**

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

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

CHANGE IN CHAR TRUSTS, GIFT ANNUITIES	\$	-410,895.
TOTAL	\$	-410,895.

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information

OMB No. 1545-0047

2018

Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. SEE PART IV

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE ATTACHED 610 ESTHER STREET #201 VANCOUVER, WA 98660			14,310,699.	0.			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	244
3 Enter total number of other organizations listed in the line 1 table	3

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

TEEA3901L 07/13/18

Schedule I (Form 990) (2018)

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FINANCIAL SUPPORT STRUGGLING WOMEN	70	98,758.			
2 FINANCIAL ASSISTANCE FOR STUDENTS	280	673,260.			
3 SUPPORT FOR SEVERE HARDSHIP DIVERSITY, INCLUSION	10	7,031.			
4 TRAINING	3	1,500.			
5					
6					
7					

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

WE GRANT PRIMARILY TO ORGANIZATIONS EXEMPT FROM INCOME TAX UNDER IRC SECTION 501(C)(3), WHO ARE IN GOOD STANDING AND ELIGIBLE FOR CHARITABLE GRANTS. WE CONDUCT PERIODIC SITE VISITS AND COLLECT OTHER PROGRAM INFORMATION SUCH AS PROGRAM AND ORGANIZATION BUDGET AND COMMUNITY IMPACT RESULTING FROM GRANTS.





Schedule L Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

Name, address, and zip	(b)	(c)	(d)	(e)	(f)
Cascadia Technical Academy Foundation, 12200 NE 78th Street, Vancouver, WA 98642	91-1530644	501(C)(3)	5001 Unrestricted		Purpose of Grant or Assistance
Cascadia Technical Academy Foundation, 12200 NE 78th Street, Vancouver, WA 98642	91-1530644	501(C)(3)	1,000 Unrestricted		
Cascadia Technical Academy Foundation, 12200 NE 78th Street, Vancouver, WA 98642	91-1530644	501(C)(3)	1,000 Annual Fundraiser 2019		
Catholic Community Services of Western Washington, 100 3rd Avenue South, Seattle, WA 98144	91-1585552	501(C)(3)	500 Unrestricted		
Catholic Community Services of Western Washington, 100 3rd Avenue South, Seattle, WA 98144	91-1585552	501(C)(3)	5,000 Emergency needs for families in Clark County		
Catholic Community Services of Western Washington, 100 3rd Avenue South, Seattle, WA 98144	91-1585552	501(C)(3)	10,000 For use in Southwest Washington		
Catholic Community Services of Western Washington, 100 3rd Avenue South, Seattle, WA 98144	91-1585552	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Father Day Fundraiser		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	2,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	26,000 Aging with Dignity Program		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,500 Capital Campaign		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	8,791 Jazz Scholarships for Rocklison High School Students		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	6,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Christmas for Kids/General Operations		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	2,688 Support of 7 Children for 1 year		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	3,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	15,000 Project Safe-Net		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	3,200 Unrestricted grant		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	50,000 2013 "Building for the future" capital campaign		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,000 Triple Point Program		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Family Support and Child and Family Counseling at East County Family Resource Center		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	50,000 Pediatric Oncology Summit		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Research Project for Osteoarthritis		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	52,000 Pediatric Oncology Summit		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	219,917 Confocal Microscope for use in Pediatric Oncology Research		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	2,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	2,762 Improve and expand trail system within the City of Vancouver and Clark County		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	225,000 Capital Campaign		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	6,000 Capital Campaign		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Veterans Resource Center		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	187,342 Educational scholarships and student fees		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Ed Lynch Engineering Scholarship		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	4,561 Jack and Nancy Barry Endowment at Clark College for students in health care programs		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	4,561 Ann Doyle Endowment at Clark College for students in health care programs		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	6,593 Jim and Paula Palmer Scholarship		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	25,000 Guided Pathways: DFC Cultural Competency Training for faculty and staff		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	3,634 Female Students at Clark College with financial need		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	298 Page-Jager Scholarships		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	20,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	400 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	500 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,400 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	130,000 New refrigerated truck		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	1,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Beyond Hunger Capital Campaign		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	19 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	100 Support of 2018 Taste & See Event		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	2,500 Support of 2018 Taste & See Event		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	40,000 Rental Trucks/Equipment for Fresh Alliance Program		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	25,000 General Support		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	64,090,954		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	5,000 Unrestricted		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	10,000 For assistance for veterans		
CDM Caregiving Services, 2300 NE Andresen Rd., Vancouver, WA 98661	91-1057994	501(C)(3)	17,307,795		

Community Foundation for Southwest Washington F.E.I.N. 91-1246778 2018 Form 990				Schedule L Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments							
Name, address, and city	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)			
Clark County Volunteer Lawyers Program, 1104 Main Street, Plaza Level (Basement), Suite One 98660 Vancouver, WA 98661	91-147518	501(C)(3)					24,100 (Fresh Start program - legal assistance for low-income clients)				
College of the Desert Foundation, 43-500 Monterey Avenue Palm Desert, CA 92160	95-329219	501(C)(3)					10,000 (Unrestricted)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					2,500 (Unrestricted)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					350,000 (Capital Campaign)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					500 (Unrestricted)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					2,000 (Unrestricted)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					10,000 (Wild Splendor Event)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					12,350 (Lewis River Ranch Project)				
Columbia Land Trust, 850 Officers Row, Vancouver, WA 98661	94-314061	501(C)(3)					1,000 (Unrestricted)				
Columbia Presbyterian Church, 4715 St. Helens Avenue, Vancouver, WA 98664	91-074227	501(C)(3)					5,000 (Unrestricted)				
Columbia Presbyterian Church, 4715 St. Helens Avenue, Vancouver, WA 98664	91-074227	501(C)(3)					15,000 (Unrestricted)				
Columbia River High School, 800 NW 99th Street, Vancouver, WA 98665	91-600140	501(C)(3)					7,300 (Fundraiser for Friends of the Children)				
Columbia River High School, 800 NW 99th Street, Vancouver, WA 98665	91-600140	501(C)(3)					1,000 (Fundraiser for Friends of the Children)				
Columbia River Maritime Museum, 1792 Marine Drive Astoria, OR 97103-3525	93-050906	501(C)(3)					1,000 (Unrestricted)				
Columbia River Maritime Museum, 1792 Marine Drive Astoria, OR 97103-3525	93-050906	501(C)(3)					100,000 (Education Department)				
Columbia River Maritime Museum, 1792 Marine Drive Astoria, OR 97103-3525	93-050906	501(C)(3)					5,000 (Unrestricted)				
Columbia River Maritime Museum, 1792 Marine Drive Astoria, OR 97103-3525	93-050906	501(C)(3)					44 (Unrestricted)				
Columbia River Mental Health Services, 6925 NE Fourth Plain Boulevard, Vancouver, WA 98661	91-060918	501(C)(3)					20,000 (Unrestricted)				
Columbia River Mental Health Services, 6925 NE Fourth Plain Boulevard, Vancouver, WA 98661	91-060918	501(C)(3)					20,000 (Unrestricted)				
Columbia River Mental Health Services, 6925 NE Fourth Plain Boulevard, Vancouver, WA 98661	91-060918	501(C)(3)					5,000 (Unrestricted)				
Columbia Theatre Association for the Performing Arts, 1026 Longview, WA 98617	91-118636	501(C)(3)					300 (Friends Campaign)				
Columbia Theatre Association for the Performing Arts, 1026 Longview, WA 98617	91-118636	501(C)(3)					25,000 (Mallin Center Endowment)				
Columbia University Law School, 435 West 116th Street, Box A-2, New York, NY 10027	13-559093	501(C)(3)					25,000 (McClellan Center)				
Columbia University Law School, 435 West 116th Street, Box A-2, New York, NY 10027	13-559093	501(C)(3)					10,000 (Unrestricted)				
Community Cycling Center, 1805 NE 2nd Avenue, Portland, OR 97212	93-112716	501(C)(3)					10,000 (Unrestricted)				
Community Cycling Center, 1805 NE 2nd Avenue, Portland, OR 97212	93-112716	501(C)(3)					10,000 (Medications, Supplies and Equipment for Free Clinics)				
Community Health Partners, PO Box 2153 Longview, WA 98632	91-201642	501(C)(3)					200 (Unrestricted)				
Community Health Partners, PO Box 2153 Longview, WA 98632	91-201642	501(C)(3)					25,000 (Safe and Sanitary Beds)				
Community House on Broadway, PO Box 403 Longview, WA 98632	94-306719	501(C)(3)					200 (Unrestricted)				
Community House on Broadway, PO Box 403 Longview, WA 98632	94-306719	501(C)(3)					20,000 (Unrestricted)				
Community of Hope, PO Box 83165 Portland, OR 97283	27-161205	501(C)(3)					150,000 (Habitat Redefine housing)				
Community of Hope, PO Box 83165 Portland, OR 97283	27-161205	501(C)(3)					3,000 (Ph.D. Program)				
Concordia University, 2811 NE Holman Street, Portland, OR 97211	93-071563	501(C)(3)					6,000 (Unrestricted)				
Concordia University, 2811 NE Holman Street, Portland, OR 97211	93-071563	501(C)(3)					2,500 (Unrestricted)				
Concordia University, 2811 NE Holman Street, Portland, OR 97211	93-071563	501(C)(3)					2,500 (Unrestricted)				
Confidence Project, 1109 E 5th Street, Vancouver, WA 98661	75-300876	501(C)(3)					15,000 (All Ann Slusky Early Childhood Leader Fund)				
Confidence Project, 1109 E 5th Street, Vancouver, WA 98661	75-300876	501(C)(3)					1,100 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					5,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					500 (Library Fund)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					25,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					10,000 (Support of 2018 Gala/Holmberg Fundraiser)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					10,000 (Gala Event and Holmberg Fundraiser)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					10,000 (Adult Program)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					5,000 (East County Family Justice Center)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					50,000 (Morgantown Building LLC)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					250 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					400 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					3,290 (211 Expansion Project)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					25,000 (Devotion Assistance and Follow-up Support)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					1,110 (211 Expansion Project)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					3,500 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					25,000 (Housing Relief Fund)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					500 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					4,534 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					25,000 (Help for At Risk Youth with Behavioral Challenges in Child Care)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					15,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					8,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					5,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					5,253 (Career Pathways - 10 week program)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					107 (Career Pathways - 30 week program)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					1,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					35,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					25,000 (Covetz Tribe Community Garden)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					5,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					10,000 (Campaign for Michael the Archangel Chapel)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					50,000 (Capital Campaign)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					1,000 (Hooltenbury at The Hangar)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					10,000 (Unrestricted)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					3,018 (Education-related costs for domestic assault survivor)				
Congregation Beth Israel, 197 NW Flinders Street, Portland, OR 97209	91-148779	501(C)(3)					2,100 (Unrestricted)				









## Community Foundation for Southwest Washington

F.E.I.N. 91-1246778

2018 Form 990

**Schedule L, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)
Name, address, and zip	IRC Code	Purpose of Grant or Assistance	Cash Grant										
Lower Columbia Energy Partnership, 811 SW Napa Parkway, Suite 410, Portland, OR 97204	501(C)(3)	5,255 Students Outside Science (SOS) for Clark and Clatsop Counties Title 1 schools	10,515										
Lower Columbia Energy Partnership, 811 SW Napa Parkway, Suite 410, Portland, OR 97204	501(C)(3)	10,515 Students Outside Science (SOS) for Clark and Clatsop Counties Title 1 schools	25,000										
LUAC National Educational Services Center, 1131 13th Street, NW Suite 1000 Washington, DC 20036	501(C)(3)	25,000 LUAC Upward Bound Auxiliary	3,037										
Lutheran Community Services Northwest, 3600 Main Street, Suite 200 Vancouver, WA 98663	501(C)(3)	5,000 Purchase of multi-purpose vehicle	10,000										
Maria's Family, 1220 NE 48th Street, Portland, OR 97226	501(C)(3)	5,000 Clark County Spring Luncheon	1,268										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	500 Volunteer programs	1,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										
Meals on Wheels People, PO Box 19477 Portland, OR 97280	501(C)(3)	2,000 Volunteer programs	2,000										





## Schedule L, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and city	EIN	IRC Code	Amount	Purpose of Grant or Assistance	Cash Grant	Other	Total
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		35,000 Fund Intern Executive Director (new ED)			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		15,000 Funding support of additional staffing/funding support donation			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		15,000 Funding of new staff			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		40,000 Fund Intern Executive Director			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		40,000 Annual support of the position of music director for the 2018-2019 season			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		13,500 Ongoing support of salary for Director of Community Engagement			
Portland Columbia Symphony Orchestra, PO Box 6559 Portland, OR 97228	93-0918833	501(c)(3)		25,000 Expansion into Vancouver (Jude-Development)			
Portland Rescue Mission, PO Box 3713 Portland, OR 97208-3713	93-0429004	501(c)(3)		10,000 Family Support Services Department			
Progress Center, 1600 Third Avenue Longview, WA 98632	91-0776887	501(c)(3)		25,000 Center for Outcomes Research and Education: Southwest Washington			
Providence Health & Services - Oregon, 5211 NE Gisan Street Portland, OR 97213	93-1265038	501(c)(3)		6,648 Unrestricted			
Providence St. Peter Foundation, 413 Lily Road NE Olympia, WA 98506-5166	91-0997056	501(c)(3)		10,000 Youth Financial Education Program			
REACH Community Development, 4150 SW Moody Avenue Portland, OR 97239	93-0813391	501(c)(3)		10,000 RPA Rds. Program			
Reno Philharmonic Association, 925 Riverside Dr #3 Reno, NV 89503	94-1762076	501(c)(3)		5,000 Unrestricted			
Reksold Community Teen Center PO Box 175 Bush Prairie, WA 98606	91-6050101	501(c)(3)		10,000 Leadership Development Program for Harman			
Rural Development Initiative, 150 Shiloh McKinley Boulevard, Suite 201 Eugene, OR 97401	93-1043552	501(c)(3)		10,000 Disaster Relief Parades			
Samantini Park, PO Box 3000 Boone, NC 28607	58-1437022	501(c)(3)		5,000 Unrestricted			
San Leandro Education Foundation, PO Box 3149 San Leandro, CA 94579	26-3044668	501(c)(3)		5,000 Unrestricted			
San Leandro Education Foundation, PO Box 3149 San Leandro, CA 94579	26-3044668	501(c)(3)		55,970 Unrestricted			
Santa's Pose, PO Box 410 Vancouver, WA 98666	82-2397689	501(c)(3)		64,346 Transfer to Senior Adult Fund			
Seabab Charitable, PO Box 628258 Orlando, FL 32862	91-1640336	501(c)(3)		100 Unrestricted			
Seattle Children's Hospital Foundation, PO Box 5371 S-200 Seattle, WA 98145-5005	91-1156519	501(c)(3)		6,000 Unrestricted			
Seattle Children's Hospital Foundation, PO Box 5371 S-200 Seattle, WA 98145-5005	91-1156519	501(c)(3)		5,000 Unrestricted			
Second Step Housing, PO Box 61894 Vancouver, WA 98666	91-6913325	501(c)(3)		500 Unrestricted			
See Ya Later Foundation, Inc., PO Box 1281 McMinnville, OR 97128	91-1205119	501(c)(3)		8,240 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		10,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		10,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		2,344 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		10,000 Operations of Day Center on Fourth Plain and Grand			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		5,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		4,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		500 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		25,000 Kitchen remodel at Share House			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		5,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		10,000 Hunger Appeal/Burkback 2018-2019 school year			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		75 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		500 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1205119	501(c)(3)		7,175 Healing Assistance			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	94-6069890	501(c)(3)		3,485 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-0793062	501(c)(3)		2,961 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	27-0644431	501(c)(3)		24,800 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-187417	501(c)(3)		20,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		14,200 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		10,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		1,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		4,000 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		5,000 Children's Concert Series			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		14,302 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-078525	501(c)(3)		6,648 Unrestricted			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-0962383	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			
Share, Inc., 2306 NE Andrusen Road Vancouver, WA 98661	91-1034819	501(c)(3)		2,500 Homestead Shelter Needs			



Community Foundation for Southwest Washington

F.E.I.N. 31-1246778

2018 Form 990

Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments

(a) Name, address, and city	(b) EIN	(c) IRC Code	(d) Cash Grant	(e) Purpose of Grant or Assistance
Workforce Southwest Washington 805 Broadway Street, Suite 412 Vancouver, WA 98660	01-0776348	501(C)(3)	5,000	Unrestricted
Yale University Office of Development, Contribution Processing P.O. Box 2038 New Haven, CT 06521-2038	06-0645973	501(C)(3)	100,000	Unrestricted
Yale Valley Library District P.O. Box 434 Asti, WA 98603	83-0761811	501(C)(3)	15,000	Yale Valley Community Library Construction
Young Life Clark County PO Box 65171 Vancouver, WA 98665-0066	84-4041371	501(C)(3)	1,000	Hudson's Bay High School Young Life Program
Young Life Clark County PO Box 65171 Vancouver, WA 98665-0066	84-4041371	501(C)(3)	5,000	Area Wa 20
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	2,500	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	5,000	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	5,000	Annual Luncheon 2018
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	500	Annual Luncheon 2018
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	1,000	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	300	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	5,000	Independent Living Study Program
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	5,000	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	2,961	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	15,000	Classic Wine Auction
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	1,000	Unrestricted
YWCA Clark County 3609 Main Street Vancouver, WA 98663	91-0559882	501(C)(3)	5,000	MACP Legal Defense capacity building
			14,310.699	
Line 2 Number	501(C)(3) and Govt	Organizations listed above	244	
Line 3 Number	Other	Organizations listed above	3	



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I Questions Regarding Compensation**

**1 a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

**1 b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?.....

**2**

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☒ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?.....

**4 a**

X

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?.....

**4 b**

X

**c** Participate in, or receive payment from, an equity-based compensation arrangement?.....

**4 c**

X

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?.....

**5 a**

X

**b** Any related organization?.....

**5 b**

X

If 'Yes' on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?.....

**6 a**

X

**b** Any related organization?.....

**6 b**

X

If 'Yes' on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III.....

**7**

X

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?  
If 'Yes,' describe in Part III.....

**8**

X

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

**9**

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

**Schedule J (Form 990) 2018**

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

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JENNIFER RHOADS 1 PRESIDENT	(i) 167,889. (ii) 0.	25,000. 0.	0. 0.	13,535. 0.	23,678. 0.	230,102. 0.	0. 0.
2	(i) (ii)	 	 	 	 	 	 
3	(i) (ii)	 	 	 	 	 	 
4	(i) (ii)	 	 	 	 	 	 
5	(i) (ii)	 	 	 	 	 	 
6	(i) (ii)	 	 	 	 	 	 
7	(i) (ii)	 	 	 	 	 	 
8	(i) (ii)	 	 	 	 	 	 
9	(i) (ii)	 	 	 	 	 	 
10	(i) (ii)	 	 	 	 	 	 
11	(i) (ii)	 	 	 	 	 	 
12	(i) (ii)	 	 	 	 	 	 
13	(i) (ii)	 	 	 	 	 	 
14	(i) (ii)	 	 	 	 	 	 
15	(i) (ii)	 	 	 	 	 	 
16	(i) (ii)	 	 	 	 	 	 
BAA			TEEA4102L 10/29/18			Schedule J (Form 990) 2018	

**Part III** Supplemental Information

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



**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded .....	X	67	5,857,971.	FMV
10 Securities — Closely held stock .....				
11 Securities — Partnership, LLC, or trust interests .....	X	1	1,040,000.	FMV
12 Securities — Miscellaneous .....				
13 Qualified conservation contribution — Historic structures .....				
14 Qualified conservation contribution — Other .....				
15 Real estate — Residential .....				
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ SEE PART II .....				
26 Other ▶ (.....) .....				
27 Other ▶ (.....) .....				
28 Other ▶ (.....) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

	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?		X
b If 'Yes,' describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If 'Yes,' describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

**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.

**SCH M, PART I, LINES 25-28  
OTHER NON-CASH CONTRIBUTIONS**

DESCRIPTION	APPL?	NUMBER OF CONTR.	REVENUE		METHOD OF DETER. REV.
			ON FORM 990, PART VIII		
BEQUEST REC.	X	1	\$	275,000.	ESTIMATE
BEQUEST REC.	X	1		431,921.	ESTIMATE
BEQUEST REC.	X	1		600,000.	ESTIMATE
BEQUEST REC.	X	1		1,018,781.	ESTIMATE
BEQUEST REC.	X	1		218,280.	ESTIMATE
BEQUEST REC.	X	1		359,042.	ESTIMATE

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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 \$185 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 STATEMENTS. THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND SUBMITTED TO THE

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

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

BOARD FOR REVIEW.

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

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

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

AS PART OF THE BUDGETING PROCESS, MANAGEMENT COMPARES CURRENT AND PROPOSED SALARIES AND JOB ACTIVITIES TO LOCAL MARKET RATES, COUNCIL ON FOUNDATION SURVEY RESULTS FOR FOUNDATIONS OUR SIZE, AND OTHER INDEPENDENT INDICATORS. COMPENSATION AND BENEFIT PACKAGES ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS.

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

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

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

CHANGES IN TRUSTS, ANNUITIES, L-T CONTR.....		\$ -410,895.
	TOTAL	<u>\$ -410,895.</u>

**SCHEDULE R**  
(Form 990)

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COMMUNITY FOUND., SW WA CHARITABLE LLC 610 ESTHER STREET #201 VANCOUVER, WA 98660	CHARITABLE GRANTING	WA	0.	2,192,652.	COMMUNITY FOUNDATION FOR SW WASHINGTON
(2) COMMUNITY FOUND., SW WA CHARITABLE LLC #2 610 ESTHER STREET #201 VANCOUVER, WA 98660	CHARITABLE GRANTING	WA	0.	0.	COMMUNITY FOUNDATION FOR SW WASHINGTON
(3) -----					
-----					
-----					

**Part II 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 foreign 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?	
						Yes	No
(1) SUPPORTING ORGANIZATION OF THE COM 610 ESTHER STREET #201 VANCOUVER, WA 98660 91-6558976	SUPPORTING ORGANIZATION	WA	501 (C) (3)	12	COMMUNITY FOUNDATION FOR SW WASHINGTON		X
(2) ROOD FAMILY FOUNDATION 610 ESTHER STREET STE 201 VANCOUVER, WA 98660 82-2345793	SUPPORTING ORGANIZATION	WA	501 (C) (3)	12	COMMUNITY FOUNDATION FOR SW WASHINGTON		X
(3) -----							
-----							
(4) -----							
-----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									



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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1 a	X
b Gift, grant, or capital contribution to related organization(s)	1 b	X
c Gift, grant, or capital contribution from related organization(s)	1 c	X
d Loans or loan guarantees to or for related organization(s)	1 d	X
e Loans or loan guarantees by related organization(s)	1 e	X
f Dividends from related organization(s)	1 f	X
g Sale of assets to related organization(s)	1 g	X
h Purchase of assets from related organization(s)	1 h	X
i Exchange of assets with related organization(s)	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X
o Sharing of paid employees with related organization(s)	1 o	X
p Reimbursement paid to related organization(s) for expenses	1 p	X
q Reimbursement paid by related organization(s) for expenses	1 q	X
r Other transfer of cash or property to related organization(s)	1 r	X
s Other transfer of cash or property from related organization(s)	1 s	X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) ----- ----- ----- -----													
(2) ----- ----- ----- -----													
(3) ----- ----- ----- -----													
(4) ----- ----- ----- -----													
(5) ----- ----- ----- -----													
(6) ----- ----- ----- -----													
(7) ----- ----- ----- -----													
(8) ----- ----- ----- -----													

**Part VII** Supplemental Information.

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

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Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2018**Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

- A** ☐ Check box if address changed
- B** Exempt under section  
☒ 501(c)(3)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)

Print  
or  
TypeCOMMUNITY FOUNDATION FOR SW WASHINGTON  
610 ESTHER STREET #201  
VANCOUVER, WA 98660**D** Employer identification number  
(Employees' trust, see instructions.)

91-1246778

**E** Unrelated business activity code  
(See instructions.)**C** Book value of all assets  
at end of year  
271,078,884.**F** Group exemption number (See instructions.) ▶**G** Check organization type ..... ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ INCOME RECEIVED FROM PARTNERSHIP INVESTMENT. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ... ☐ Yes ☒ No  
If 'Yes,' enter the name and identifying number of the parent corporation ... ▶

**J** The books are in care of ▶ JENNIFER RHOADS Telephone number ▶ (360) 694-2550**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales ...			
<b>b</b> Less returns and allowances ... <b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D) .....	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) .....	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) ..... <b>ST. 1</b>	<b>5</b> 2,443.		2,443.
<b>6</b> Rent income (Schedule C) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) .....	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) .....	<b>10</b>		
<b>11</b> Advertising income (Schedule J) .....	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> 2,443.	0.	2,443.

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) .....	<b>14</b>	30.
<b>15</b> Salaries and wages .....	<b>15</b>	45.
<b>16</b> Repairs and maintenance .....	<b>16</b>	
<b>17</b> Bad debts .....	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions) .....	<b>18</b>	
<b>19</b> Taxes and licenses .....	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules) .....	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562) .....	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return .....	<b>22 a</b>	<b>22 b</b>
<b>23</b> Depletion .....	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans .....	<b>24</b>	
<b>25</b> Employee benefit programs .....	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I) .....	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J) .....	<b>27</b>	
<b>28</b> Other deductions (attach schedule) ..... <b>SEE STATEMENT 2</b>	<b>28</b>	39,639.
<b>29 Total deductions.</b> Add lines 14 through 28 .....	<b>29</b>	39,714.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 .....	<b>30</b>	-37,271.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) .....	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30 .....	<b>32</b>	-37,271.

**BAA** For Paperwork Reduction Act Notice, see instructions.

TEEA0201L 1/31/19

Form 990-T (2018)

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-37,271.
34	Amounts paid for disallowed fringes	34	10,394.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>SEE STATEMENT 3</b>	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	-26,877.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	-26,877.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800 (see instructions)	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		0.
46	Subtract line 45e from line 44	46		0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50a	Payments: A 2017 overpayment credited to 2018	50a	2,500.	
b	2018 estimated tax payments	50b		
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g		
51	Total payments. Add lines 50a through 50g	51		2,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		2,500.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 2,500. Refunded	55		0.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here	Yes	No
			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes,' see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		0.

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

RICHARD V. PROULX, CPA

P00432577

Firm's name KERN &amp; THOMPSON, LLC

Firm's EIN 93-1157146

Firm's address 1800 SW FIRST AVENUE, SUITE 410  
PORTLAND, OR 97201

Phone no. (503) 222-3338

BAA

TEEA0202L 01/24/19

Form 990-T (2018)



**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ►

1 Inventory at beginning of year .....	1		6 Inventory at end of year .....	6	
2 Purchases .....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3 Cost of labor .....	3				
4 a Additional section 263A costs (attach schedule) .....	4 a				
b Other costs (attach sch) .....	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
5 Total. Add lines 1 through 4b .....	5				X

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

## 1 Description of property

(1)
(2)
(3)
(4)

## 2 Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) .....

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals .....			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 .....				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals .....

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	

Totals ..... ▶

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).			Enter here and on page 1, Part II, line 26.

Totals ..... ▶

**Schedule J – Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ..... ▶

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

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)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
	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.
<b>Totals, Part II (lines 1–5)</b> .....						

**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	.0132 %	30.
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			30.

BAA

TEEA0204 L 12/31/18

Form 990-T (2018)

## COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

## STATEMENT 1

FORM 990-T, PART I, LINE 5

## INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

NAME	GROSS INCOME	DEDUCTIONS	INCOME (LOSS)
CAPITAL DYNAMICS GLOBAL SECONDARIES	\$ 2,441.	\$ 0.	\$ 2,441.
SPUR VENURES V, LP	2.	0.	2.
		TOTAL	<u>\$ 2,443.</u>

## STATEMENT 2

FORM 990-T, PART II, LINE 28

## OTHER DEDUCTIONS

INVESTMENT EXPENSES	\$ 39,639.
TOTAL	<u>\$ 39,639.</u>

## STATEMENT 3

FORM 990-T, PART III, LINE 35

## NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	ORIGINAL LOSS	LOSS PREVIOUSLY USED	LOSS AVAILABLE
12/31/14	\$ 36,113.	\$ 0.	\$ 36,113.
12/31/15	36,420.	0.	36,420.
12/31/16	3,557.	0.	3,557.
12/31/17	40,297.	0.	40,297.
NET OPERATING LOSS AVAILABLE			<u>\$ 116,387.</u>
TAXABLE INCOME			<u>\$ -26,877.</u>
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)			<u>\$ 0.</u>

**ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK**

PURSUANT TO IRC SECTION 172(B)(3), THE ORGANIZATION HEREBY ELECTS TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED FOR THE TAX YEAR ENDED 12/31/18.



