

IRS FINANCIAL REPORTING RETURN

Fiscal Year 2020 | Form 990 & 990T



Form 990

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

OMB No. 1545-0047

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 for instructions and the latest information.

Gpontentulaije Hespolitoh

| A | POL | ine zuzu caien | dar year, or tax year beginning , 2020, and en | gnit | | , 2 | 20 | | |
|-------------------|----------------------|--|--|----------------|--|-------------|--|--|--|
| В | Check | if applicable: | C | | D Employ | er Identifi | cation number | | |
| | ∐∧ | Address change | COMMUNITY FOUNDATION FOR SW WASHINGTON | | 91-1246778 | | | | |
| | ΠN | lame change | 610 ESTHER STREET #201 | | E Telephone number | | | | |
| | _ [], | nitial return | VANCOUVER, WA 98660 | | 136 | 0) 69 | 4-2550 | | |
| | H _r | inal return/terminated | | | (50) | 0, 05 | 1 2000 | | |
| | H | mended return | 5 | | G Gross re | sasista S | 49,702,936. | | |
| | \vdash | pplication pending | F Name and address of principal officer: TEXINTEED DHOADS | H(a) is thi | s a group return | | | | |
| | ш^ | opiositori perigirig | Name and address of principal officer: JENNIFER RHOADS SAME AS C ABOVE | | | | 140 == 140 | | |
| 1 | Tav | -exempt status: | The state of the s | - if "N | all subordinates o," attach a list, | See instr | uctions Yes No | | |
| ÷ | | | | - | | | | | |
| _ | | | W.CFSWW.ORG | | p exemption nu | | | | |
| K | | n of organization: | X Corporation Trust Association Other ► L Year of form | nation: 198 | 84 Mis | tate of leg | al domicile: WA | | |
| The state of | and lie | Summar | | | | | | | |
| | 1 | Briefly descri | be the organization's mission or most significant activities:THE FOUN | DATION | IS A C | HARIT | ABLE | | |
| 8 | 1 | GRANTING | ORGANIZATION WHOSE MISSION IS TO INSPIRE A | CULTURE | OF GIV | ING_1 | O CREATE A | | |
| Governance | | ATREAUT : | AND ENGAGED COMMUNITY. | | | | | | |
| 듄 | ١. | 5-7-1-T | | | | | | | |
| ्रह् | 2 3 | Check this bo | | more than | 25% of its i | | | | |
| ಿಕ | 1 4 | Number of Inc | ting members of the governing body (Part VI, line 1a)dependent voting members of the governing body (Part VI, line 1b) | | | 3 | 14 | | |
| S | 5 | Total number | of individuals employed in calendar year 2020 (Part V, line 2a) | | | 4 | 14 | | |
| 曼 | 6 | Total number | of volunteers (estimate if necessary) | | | 5 | 14 | | |
| Activities & | 72 | Total unrelate | d business revenue from Part VIII, column (C), line 12 | | | 7a | 30 | | |
| - | ь | Net unrelated | business taxable income from Form 990-T, Part 1, line 11 | | | 7b | -8,771. | | |
| - | <u> </u> | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Substitute to the state of the | | Prior Year | 70 | 0. | | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | 9,083,4 | E0 | Current Year | | |
| Revenue | 9 | | ice revenue (Part VIII, line 2g) | | | | 14,924,364. | | |
| 듄 | | Investment in | come (Part VIII, column (A), lines 3, 4, and 7d) | | 75,0 | | 5,918. | | |
| 9 | 11 | | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,374,9 | 08. | 6,315,035. | | |
| - 3 | | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | F F22 4 | ~~ | 01 045 045 | | |
| - | | | milar amounts paid (Part IX, column (A), lines 1-3) | | 5,533,4 | | 21,245,317. | | |
| 3 | | | to or for members (Part IX, column (A), line 4) | | 3,865,2 | 98. | 26,726,748. | | |
| | | | | | 120 - 12 | | 4 177 177 | | |
| 8 | | | r compensation, employee benefits (Part IX, column (A), lines 5-10). | | 1,469,3 | 1,450,488. | | | |
| 2 | | | undraising fees (Part IX, column (A), line 11e) | | and the second s | | | | |
| Expenses | b | Total fundrais | ing expenses (Part IX, column (D), line 25) 553, 563 | | | | | | |
| ш | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 738,7 | | 585,655. | | |
| | | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,073,4 | | 28,762,891. | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | 9,460,0 | | -7,517,574. | | |
| 88 | | | | | ing of Current | _ | End of Year | | |
| | 20 | Total assets (1 | Part X, line 16) | | 2,970,1 | | 320, 798, 451. | | |
| Belen. | | Total liabilities | (Part X, line 26) | | 2,394,6 | | The state of the s | | |
| FE. | | | fund balances. Subtract line 21 from line 20. | - | | | 2,351,755. | | |
| Hote | estries. | Signature | | . 31 | 0,575,5 | 26. | 318,446,696. | | |
| 202 | RCURIO | | | | | | | | |
| comp | r penalt dete. De | ties of perjury, I dec eclaration of prepar | tare that I have examined this return, including accompanying schedules and statements, and of (other than officer) is based on all information of which preparer has any knowledge. | to the best of | my knowledge | and belief, | It is true, correct, and | | |
| | _ | 1 1/2 | and the states | | 11/01 | 1 | | | |
| c:- | | Signature | of officer | | 1// 04/ ate | 202 | / | | |
| Sig He | ın " | ĺ. , | | | ate | | | | |
| пе | r e | | CABANATUAN wint name and title | CFO | | | | | |
| | | | | | 1" 1"- | , | | | |
| _ | | | praer's name Preparer's signature Q C A Date | 1 | Check X | | | | |
| Pai | | | V. PROULX, CPA | 14_ | self-employed | <u> P</u> C | 00432577. | | |
| | pare | | KERN & THOMPSON LLC | | | | <u> </u> | | |
| Use | e Onl | y Firm's addres | 1800 SW FIRST AVENUE, SUITE 410 | | Firm's EIN | 93-1 | 157146 | | |
| | | | PORTLAND, OR 97201 | | | (503) | 222-3338 | | |
| May | the IF | RS discuss this | return with the preparer shown above? See instructions | | 1 | | X Yes No | | |

| | | ATION FOR SW WASHINGTON | 91-1246778 | Page 2 |
|-----|---|---|---|--------------------------|
| Par | | | | |
| | | response or note to any line in this Part III | | ,X |
| 1 | | sion: N IS TO INSPIRE A CULTURE OF GIVING ' E OUR FOUNDING IN 1984, WE HAVE GRAN' | | |
| | Did the organization undertake any signif | icant program services during the year which were not listed of | in the prior | |
| 2 | | | | s X No |
| 3 | Did the organization cease conducting If "Yes," describe these changes on Sche | , or make significant changes in how it conducts, any pro- edule O. | gram services? Ye | s X No |
| 4 | Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program | ervice accomplishments for each of its three largest progrizations are required to report the amount of grants and a service reported. | am services, as measured b llocations to others, the total | y expenses. expenses, |
| 4 a | THE COMMUNITY FOUNDATION | 27,455,071. including grants of \$ 26,726,74 N FOR SOUTHWEST WASHINGTON INSPIRES A GAGED COMMUNITY. OPERATING AT THE INTERPRETATION OF THE SOLUTION OF THE SOLU | A CULTURE OF GIVING | UNITY |
| | | JGH A COMBINATION OF PROGRAMS AND SELECTION | | THEN THE |
| | CONTINUED ON SCHEDULE O | | | |
| | | | | |
| 4b | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4 c | (Code:) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| 4 | Other program seniors (Describe 6 | Schodula () | - | |
| 40 | Other program services (Describe on S (Expenses \$ | ocnedule 0.) including grants of \$) (Reve | nue \$ |) |
| 4 e | Total program service expenses | 27, 455, 071. | | |
| BAA | | TEEA0102L 10/07/20 | For | m 990 (2020) |

| | | | Yes | No |
|-------|--|------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | X | |
| 3 | | 31) | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | Х | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V | 10 | Х | 7 |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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 | 11 a | Х | |
| | b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. | 11 b | Х | |
| | c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. | 11 c | | × |
| | d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. | 11 d | | х |
| | e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | X | |
| | f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | Х |
| | a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| | b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional | 12 b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes.' complete Schedule F. Parts I and IV. | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | 88 | х |
| | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions. | 17 | | Х |
| 18 | | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. | 19 | | Х |
| 20: | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H. | 20a | | Х |
| ı | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II. | 21 | Х | |
| 2 A / | TCC 001021 10/07/20 | Form | 990 | (2020) |

Form 990 (2020) COMMUNITY FOUNDATION FOR SW WASHINGTON

Part IV Checklist of Required Schedules (continued)

| | 20 40 70 1 10 | | 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 | Х | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. | 23 | x | |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | х |
| | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I | 25a | | Х |
| | b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | 1.00 | |
| | a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV | 28a | | Х |
| - | b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV. | 28b | | Х |
| | c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M. | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I | 33 | х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | х | |
| 35 | a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| ١ | b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pa | t 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 |
| | a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. | | | 2 |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| (| 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 | |
| BAA | | | 990 (| 2020) |
| | | | 4 | |

Form 990 (2020) COMMUNITY FOUNDATION FOR SW WASHINGTON

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

| | | | Yes | No |
|------------|--|-------------|---------------------|--|
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14 | | | |
| 1 | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | 100 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 1000 | 1500.00 | I San A |
| 3 | a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X | - |
| | b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 | 3 b | | |
| | a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | x |
| - | b If 'Yes,' enter the name of the foreign country▶ | THUS | RUS | 1000 |
| | See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | 1 | |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| 1 | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| - | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | х |
| ١ | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?. | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1 | 1 | Long |
| , | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and | BAR. | | |
| • | services provided to the payor? | 7 a | | Х |
| - | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | - | |
| • | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | (dust | 6000 | 25500 |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e | | X |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | ├ | Х |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| _ | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | 1 | 10-E | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | X |
| - | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | X |
| 10 | Section 501(c)(7) organizations. Enter: | Total State | THE REAL PROPERTY. | DOM: |
| i | a Initiation fees and capital contributions included on Part VIII, line 12 | 1983 | 18/25 | |
| ı | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 180 | | |
| | Section 501(c)(12) organizations. Enter: | 420 | | |
| | a Gross income from members or shareholders | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 1884 | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1000 | | SHILL |
| á | a Is the organization licensed to issue qualified health plans in more than one state? | 13a | | and the same of |
| | Note: See the instructions for additional information the organization must report on Schedule O. | 285 | 433 | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | c Enter the amount of reserves on hand | 14- | 21111 | X |
| | b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O | 14a 14b | | _ |
| | | 140 | | |
| 15 | 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? | 15 | - | х |
| . - | If 'Yes,' see instructions and file Form 4720, Schedule N. | 10 | STATE OF THE PARTY. | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | 7 20 | A STATE OF THE STA |
| AΑ | If 'Yes,' complete Form 4720, Schedule O. TEEA0105L 10/07/20 | Form | 990 | (2020) |
| - | , | | | |

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 on Schedule O. See instructions.

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

| Sec | tion A. Governing Body and Management | | | |
|------|---|---------|--------|------------|
| | | \neg | Yes | No |
| 1 : | a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| 1 | Enter the number of voting members included on line 1a, above, who are independent 1b 14 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | Х |
| • | Did the organization delegate control over management duties customarily performed by or under the direct supervision | - | | |
| 3 | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | x |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | \neg | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7 8 | a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7 a | | х |
| ı | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7 b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| - | a The governing body? | 8 a | Х | |
| | Each committee with authority to act on behalf of the governing body? | 8ь | X | |
| 9 | 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 on Schedule Q | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venu | ie Co | ode.) |
| | | | Yes | No |
| 10 a | a Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| ŀ | o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10 b | | |
| 11 a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11 a | Х | |
| ı. | Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O | 250 | i to | 2.78 |
| | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | |
| | to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in | 12b | Х | |
| | Schedule O how this was done SEE . SCHEDULE . O | 12 c | X | |
| | Did the organization have a written whistleblower policy? | 13 | X | - |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | ALCOHOL: A |
| | 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? | | | |
| â | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| ŀ | Other officers or key employees of the organizationSEE SCHEDULEO | 15b | Х | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). | 2 | | |
| 16 a | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| ŀ | olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | 3 2 1 | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► WA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) | 11(c)(3 | s)s on | ly) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available | ole to | | |
| 20 | the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ▶ | | | |
| | PAM CABANATUAN 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) Name and title (B) (F) Reportable compensation from Reportable compensation from related organizations (W-2/1099-MISC) Estimated amount of other compensation from the organization and related Average hours director/trustee) per week (list any hours for Former
Highest compensated employee Key employee Individual trustee (W 2/1099-MISC) nstitutional trustee organizations related organiza tions below dotted line) JENNIFER RHOADS 40 PRESIDENT 216,091 1 X 0. 44,241. (2) PAM CABANATUAN 40 CFO 1 X 136,522 0 31,434. (3) JANIE SPURGEON 40 EXEC VP AND CDO X 0 9,869. 0 140,984 (4) T. RANDALL GROVE 2 CHAIR 1 X X 0 0 0. 2 (5) KRISTY WEAVER VICE CHAIR X X 0. 0 0. 1 2 (6) VANESSA GASTON X X 0 0. 0. SECRETARY 1 2 (7) KIM CAPELOTO X 0 0. TREASURER 0 2 (8) TWYLA BARNES 0. DIRECTOR 0 X 0 0 (9) JODY CAMPBELL 2 DIRECTOR 0 X 0 0 0. (10) JOHN DEEDER 2 0 DIRECTOR X 0 0 0. (11) ROBERT DJERGAIAN 2 DIRECTOR 0 Х 0 0 0. 2 MARTY FORSMANN (12)DIRECTOR X 0 0. 0. 1 2 STEVE HANSEN DIRECTOR 0 X 0 0. 0 2 (14) INNA LIU

BAA

DIRECTOR

TEEA0107L 10/07/20

0

Form 990 (2020)

0

0

| | (B) | | | ((| C) | | | | | |
|--|-------------------------------------|----------------|-----------------------|---|--------------|---------------------------------|----------|---------------------------------------|--|---------------------------------------|
| (A) | Average (do not check more than one | | | | | e than | one | (D) | (E) | (F) |
| Name and title | hours per week | offi | cer a | less person is both an and a director/trustee) | | | itee) | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | | or di or di | 쿒 | Officer | <u>₹</u> | Highest compensated employee | 랗 | thé organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization |
| | for related | or director | Institutional trustee | छ | Key employee | loyee | 룍 |] | | and related organizations |
| | organiza • tions below | 2 | 를 | • | o o |) ag | | | | |
| | dotted line) | stee | ន្ទ | | 1 | ensa | | | | |
| | , | | " | | | <u>ह</u> | - | | | |
| (15) LISA LOWE | _2_ | | Г | | | | | | | |
| DIRECTOR | 0 | X | _ | | | | | 0. | 0. | 0. |
| (16) MARK MATTHIAS | 2 | | | | | | | _ | | |
| DIRECTOR MIDDLETON | 1 | Х | L | L | L | | | 0. | 0. | 0. |
| (17) GEORGE MIDDLETON DIRECTOR | 2 | X | | | | | | 0. | 0 | 0 |
| (18) | _ · | ^ | | | H | | | , U. | 0. | 0. |
| | | | | | | | | | | |
| (19) | | | \vdash | | | | \vdash | | | |
| | | | | | | | | | | |
| (20) | | | | | | | | | | |
| | | | _ | | | | | _ | | |
| (21) | | ļ | | | | ١, | | | | |
| /223 | | | \vdash | _ | H | | \vdash | | | |
| (22) | | | | | | | Ιi | | | |
| (23) | | | П | | | | Н | | | |
| | | | | | | | | | | |
| (24) | | | П | | | | П | | | |
| | | | Щ | | | | Ш | | | |
| (25) | | | | | | | | | | |
| 1 b Subtotal | | | Ш | | | | | 403 503 | | 05 544 |
| c Total from continuation sheets to Part VII, Secti | nn A | 7500 | | | | | • | 493,597. 0. | 0. | 85,544. 0. |
| d Total (add lines 1b and 1c) | | 1550 | | | | *** | ▶ . | 493,597. | 0. | 85,544. |
| 2 Total number of individuals (including but not limited | | | | | | | ved | | | ensation |
| from the organization > 3 | | | | • | | | | | | |
| | | | | | | | | | | Yes No |
| 3 Did the organization list any former officer, direc | tor, truste | e, ke | у е | mplo | yee | , or | high | nest compensated | employee | 新数1 5000 音 数8 |
| on line 1a? If 'Yes,' complete Schedule J for suc | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate | reportable | e coi | mpe າດ ? | nsa | tion | and | oth | er compensation f | rom | |
| such individual | | | | | | | ,,,,,, | · · · · · · · · · · · · · · · · · · · | | 4 X |
| 5 Did any person listed on line 1a receive or accrumate for services rendered to the organization? If 'Yes | e compen | satio | ņ fr | om a | any | unre | late | d organization or i | individual | |
| Section B. Independent Contractors | , comple | e 50 | пеа | uie | J 10. | rsuc | пр | erson | | 5 X |
| 1 Complete this table for your five highest compen- | sated inde | pen | dent | cor | ntrac | tors | tha | t received more th | an \$100,000 of | |
| compensation from the organization. Report compen | sation for t | the ca | alen | dar y | /ear | endir | ng w | vith or within the org | janization's tax year. | |
| (A) Name and business addi | ess | | | | | | ĺ | (B) Description o | f services | (C) Compensation |
| · · · · · · | | | | | | | - | | | • |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | \perp | | | |
| 2 Total number of independent contractors (including b | | ted to | tho | se li | sted | abov | ve) v | who received more | than | |
| \$100,000 of compensation from the organization | | EEA0 | 1091 | 10/0 | 7/20 | | | | F.331 | Form 990 (2020) |
| | | | | | | | | | | |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. (B) Related or exempt (C) Unrelated (D) (A) Total revenue Revenue excluded from tax business under sections 512-514 function revenue revenue Grants 1 a Federated campaigns 1 a b Membership dues..... 1b c Fundraising events..... 1 c Giffts, (d Related organizations..... 1 d e Government grants (contributions) 1 e Contributions, f All other contributions, gifts, grants, and similar amounts not included above . . . 14,924,364 g Noncash contributions included in 351 lines 1a-1f. h Total, Add lines 1a-1f 14,924,364 Business Code Program Service Revenue 900099 5,918 5,918 f All other program service revenue... g Total. Add lines 2a-2f 5,918. Investment income (including dividends, interest, and other similar amounts) -8,7716,323,806 6,315,035 Income from investment of tax-exempt bond proceeds Royalties. (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets 7a 28457619 other than inventory b Less: cost or other basis 7b and sales expenses 28457619 c Gain or (loss) 8 a Gross income from fundraising events Revenue (not including \$_ of contributions reported on line 1c). 8a 8 b b Less: direct expenses..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities. Oa Gross sales of inventory, less returns and allowances. 10a 10Ь b Less: cost of goods sold.... c Net income or (loss) from sales of inventory...... **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d.

21,245,317

5,918

-8.771

6,323,806

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Total revenue. See instructions....

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 (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... 25,947,326 25,947,326. 779.422 779.422 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 428,288 65,083 298,122 65,083. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)..... 0. 0 768,502 336,223 164,625 267,654. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 53,684 23,497 11,483 18,704. Other employee benefits 117,172 51,257 24,943 40,972. 10 Payroll taxes 82,842 28,836. 30,236 23,770. 11 Fees for services (nonemployees): 24,857 24,857 c Accounting..... 61.495 26,977 31.195 3,323. 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.)..... 7.138 7.138 12 Advertising and promotion . 7,715 7,715. 13 Office expenses 13,068 4,549 4,770 3,749. Information technology.... 144,165. 50,182. 52,618 41,365. 15 Royalties Occupancy 149,833 52,155 54,687 42,991. 2,901 1,010 1,059 832. Payments of travel or entertainment expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings..... 20 Interest Payments to affiliates..... 21 22 Depreciation, depletion, and amortization ... 24,350 8,476 8,887 6,987. Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . 85.815 54.929 a OUTREACH & EVENTS 16,999 13,887. b DUES AND SUBSCRIPTIONS 18,784 6,538 6,856 5,390. 11,382 8,541 c PRINTING AND PUBLICATIONS 2.841. d EQUIPMENT LEASE & MAINTENANCE 8,184 2,849. 2,987 2,348. e All other expenses..... 25,968. 7,221. 12,795. 5,952. 25 Total functional expenses. Add lines 1 through 24e. 28,762,891 27,455,071. 754.257. 553,563. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720). . . .

Assets

Zet.

BAA

91-1246778 Form 990 (2020) COMMUNITY FOUNDATION FOR SW WASHINGTON Page 11 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 44,586 59,204. 1 Cash — non-interest-bearing Savings and temporary cash investments..... 274,684 2 2,941,466. Pledges and grants receivable, net 3 Accounts receivable, net 18,658,188 4 21,640,000. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 17,226. 9 Prepaid expenses and deferred charges..... 49,187 10a Land, buildings, and equipment; cost or other basis.
Complete Part VI of Schedule D 10a 36,500. 36,500. 10 c 36.500. 105,840,225 11 107,294,551. 11 Investments – publicly traded securities 12 12 Investments – other securities. See Part IV, line 11 182,647,145 183,219,539. 1,960,000. Investments - program-related, See Part IV, line 11 1,930,000. 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 3,489,620. 3,629,965. 16 Total assets. Add lines 1 through 15 (must equal line 33)..... 312,970,135. 320,798,451. Accounts payable and accrued expenses 33,222 17 29,448. Grants payable 32,167. 18 Deferred revenue 19 224,185. 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 2,329,220 2,098,122. 26 Total liabilities. Add lines 17 through 25 2,394,609 26 2,351,755. Organizations that follow FASB ASC 958, check here or Fund Balances

and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 221,504,323. 27 225, 349, 846. 89,071,203 28 93,096,850. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds..... 29 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds..... 31 Total net assets or fund balances 32 32 310,575,526 318,446,696 320,798,451. 33 Total liabilities and net assets/fund balances. 312,970,135.

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| Pa | rt XI Reconciliation of Net Assets | | | | _ |
|----|--|--------|--|-------|------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI. | | | | X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 21,2 | 45, | 317. |
| 2 | (), | 2 | 28,7 | 62,8 | 391. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -7,5 | 17, | 574. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 310,5 | 75,5 | 526. |
| 5 | Net unrealized gains (losses) on investments | 5 | 15,1 | 67,0 | 031. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O | 9 | 2 | 21, | 713. |
| 10 | | 10 | 318,4 | | |
| Pa | rt XII Financial Statements and Reporting | 1.0 | <u> </u> | 40, (| ,,,,, |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | Check if Schedule o Contains a response of note to any line in this Part XII. | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | 9530307 | 162 | IAO |
| , | | | ************************************** | | |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | Х |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: | d on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | - Constitution | - | |
| | b Were the organization's financial statements audited by an independent accountant? | | 2 b | X | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: | te | 152 | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | 4 | | |
| | c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | 1 | |
| 3 | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | - 3a | | Х |
| | b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | | . 3b | | |
| BA | | | | 990 | (2020) |
| | 7.0 (200.00 kg) | | | | (v) |

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Employer identification number COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Part | Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (lif) Type of organization (described on lines 1-10 above (see instructions)) (ID EIN (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? Yes No (A) (B) (C) (D) (E)

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

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

| Sec | tion A. Public Support | | | | · | | |
|--------------|---|--|---|--|--|---------------------------------------|--------------------|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) | 21292579. | 25443494. | 18520616. | 19083459. | 14924364. | 99,264,512. |
| 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 | 21292579. | 25443494. | 18520616. | 19083459. | 14924364. | 99,264,512. |
| 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) | | | | | | 30,621,265. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 68,643,247. |
| Sec | tion B. Total Support | | | | | | |
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 21292579. | 25443494. | 18520616. | 19083459. | 14924364. | 99,264,512. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | 1,607,528. | 3,555,701. | 6,341,118. | 6,416,288. | 6,323,806. | 24,244,441. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | 906. | | 2,443. | | | 3,349. |
| 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 | | | | | | 123512302. |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | 12 | 98,299. |
| | First 5 years. If the Form 990 is organization, check this box and | stop here | | | | section 501(c)(3) | |
| Sec | tion C. Computation of Pul | blic Support P | ercentage | | | | |
| | Public support percentage for 20 | | | | | | 55.58% |
| | Public support percentage from 2 | | | | | | 87.26% |
| 16a | 33-1/3% support test—2020. If the and stop here. The organization | he organization di qualifies as a put | d not check the b olicly supported o | ox on line 13, and rganization | d line 14 is 33-1/3 | % or more, check | this box |
| b | 33-1/3% support test—2019. If the and stop here. The organization | e organization did qualifies as a pul | d not check a box blicly supported o | on line 13 or 16a rganization | , and line 15 is 3 | 3-1/3% or more, o | check this box |
| 1 7 a | 10%-facts-and-circumstances te or more, and if the organization the organization meets the facts | meets the facts-a | nd-circumstances | test, check this b | oox and stop here | . Explain in Part | VI how |
| | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the facts-a d-circumstances' f | nd-circumstances test. The organiza | test, check this bation qualifies as a | oox and stop here a publicly support | . Explain in Part ed organization. | VI how the |
| 18 | Private foundation. If the organiz | zation did not che | ck a box on line 1 | 13, 16a, 16b, 17a, | , or 17b, check thi | s box and see ins | structions • |
| RΔΔ | | | | | Cal | andula A (Farma OC | 00 or 990 E7) 2020 |

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

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

| Sec | tion A. Public Support | | | | | D 177 = | |
|-------|--|---|---|--|---|--|---------------------------|
| Caten | dar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.) | = | = | 3 | | 77 50 | |
| 2 | Gross receipts from admissions, | | | | <u> </u> | | |
| | merchandise sold or services performed, or facilities | | | | | - | |
| | furnished in any activity that is | | | | | | |
| | related to the organization's | E= | | | | | |
| 3 | dax-exempt purpose | | | | | | |
| ŭ | that are not an unrelated trade or business under section 513. | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and | | | | | | ķī. |
| | either paid to or expended on | | ~ | | | | |
| - | its behalf | | | | | | |
| 3 | facilities furnished by a | | | | 17 | ! | |
| | governmental unit to the organization without charge | | | 11 | | ! | |
| 6 | Total. Add lines 1 through 5 | | V73.0 | | == | | |
| | Amounts included on lines 1, | | | | | | |
| | 2, and 3 received from disqualified persons | | = 8 | | | | |
| 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. | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line | DOWN ORSESSEE | notalitated it | CONTRACTOR | The Britain Parkette | Charles of Carriers | |
| C | 7c from line 6.) | 1000 | | | | | |
| | tion B. Total Support | (-) 0015 | 45.0017 | (-) 0010 | (4) 2010 | (+) 0000 | (A Total |
| | dar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| _ | Amounts from line 6 | | | | | | |
| IVa | payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| | income (less section 511 taxes) from businesses | ļ | | 80 | | | |
| | acquired after June 30, 1975 | | | - | | | |
| _ | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b. | | | | | | |
| | whether or not the business is | | | | |] | |
| 12 | regularly carried on | | | | | | |
| 14 | gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is | for the organization | on's first, second. | third, fourth, or t | i fifth tax year as a | section 501(c)(3) | |
| | organization, check this box and | stop here | | | | | |
| | tion C. Computation of Pu Public support percentage for 20 | | | no 12 column (f | 11 | | |
| | Public support percentage from | • | | | • | | - 9 |
| | tion D. Computation of Inv | | | | 000000000000000000000000000000000000000 | | |
| | Investment income percentage f | | | | umn (fi) | 17 | 8 |
| | Investment income percentage i | • | | • | * * * * | | |
| | 33-1/3% support tests – 2020. If | | | | | | |
| | is not more than 33-1/3%, check | k this box and sto | p here. The organ | ization qualifies | as a publicly supp | orted organization | 🏲 📋 |
| b | 33-1/3% support tests—2019. If line 18 is not more than 33-1/3% | the organization d 6, check this box a | id not check a boa and stop here. The | x on line 14 or lii e organization qu | ne 19a, and line 19 Jalifies as a public | b is more than 33- ly supported organ | 1/3%, and iization ▶ 🏻 |
| 20 | Private foundation. If the organ | zation did not che | ck a box on line | 14, 19a, or 19b, o | 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| _ | | | | | |
|---|----|---|-----|----------|---------|
| | | | | Yes | No |
| | 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| | 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| | За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. | 3a | Descr | TO SEC |
| | b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. | 3b | | 3 |
| | С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| | 4a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | 4a | | |
| | b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| | С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4c | | |
| | 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| | b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | WESS | |
| | С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| | 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI . | 6 | | |
| | 7 | 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). | 7 | | |
| | 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | SILLINE. | NE ZEN |
| | 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI . | 9a | | |
| | b | Did one or more disquallified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI. | 9b | | 37 CEPA |
| | С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI . | 9c | | |
| 1 | 0a | 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 line 10b below. | 10a | | |
| | b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.). | 10b | | |

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|--|--|--------|---------|------|
| | | | , | Yes | No |
| | | the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, | | | |
| | the g | overning body of a supported organization? | 11a | 100000 | |
| | b A fan | nily member of a person described in line 11a above? | 11b | | |
| | | controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Se | ction I | B. Type I Supporting Organizations | | | |
| _ | _107 | | | Yes | No |
| 1 | or mo office orgar than were | the governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's ear, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers of the tax year. | 1 | | |
| 2 | that o | ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization. | 2 | | |
| Sec | tion (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | of ea | a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Sec | ction | D. All Type III Supporting Organizations | | | |
| | D | | | Yes | No |
| ' | organ | he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, orgar | 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? | | BA A | |
| 2 | organ | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| _ | | ACCO NO ME NO NO THE CONTRACT MADE OF A CONTRACT | (65) | No. | 600 |
| 3 | voice all tin | ason of the relationship described in line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played is regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| | | | A. | | |
| | | k 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. | | | |
| | ь∐т | the organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| • | с 📙 Т | he organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instru | ıctions | 5). |
| 2 | Activi | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| | suppo organ respo | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities. | 2a | | |
| 1 | more reaso | the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities or the organization's involvement. | 2b | | |
| 9 | Parer | nt of Supported Organizations. Answer lines 3a and 3b below. | | 2000 | TO |
| | Did th | the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If 'Yes' or 'No,' provide details in Part VI . | 3a | | 1000 |
| ı | b Did th | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. | 3b | IAV S | Y M |

91-1246778

Page 6

| | Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization | s must | complete Sections A | through E. |
|------|--|---------|-------------------------|-------------------------------|
| Sect | tion A — Adjusted Net Income | | (A) Prior Year | (B) Current Yea (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| ect | ion B — Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | • | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ect | ion C — Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 8 | | |
| 2 | Enter 0.85 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 | | 7 |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally integrated (see instructions). | rated 1 | Type III supporting org | janization |

TEEA0406L 01/25/21

| | dule A (Form 990 or 990-EZ) 2020 COMMUNITY FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Su | | | 1-124 ed) | 6778 Page 7 |
|------|---|--------------------------------|--|----------------------|--|
| | tion D — Distributions | pporting organiza | MONS (CONTINUE | 1 | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt put | rposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of | | ıs, | \top | |
| | in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set aside amounts (prior IRS approval required - provide | details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _ 7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | Angel Grown |
| 8 | Distributions to attentive supported organizations to which the organization | on is responsive (provide | details | | |
| - | in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 10 | |
| -10 | Line 8 amount divided by line 9 amount | | T 40 | 1.0 | 4444 |
| Sec | tion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributi Pre-2020 | ions | (iii) Distributable Amount for 2020 |
| 1. | Distributable amount for 2020 from Section C, line 6 | | TO THE STATE OF TH | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | DESCRIPTION A | Laborate Ruth | DATE OF THE PARTY OF | Carried to the Assessment of |
| а | From 2015 | | The New York and | -10/6 | ANGELIN CONTRACTOR OF THE PARTY |
| b | From 2016 | SANSAN DE L'ANNE | EQUAL HEALT | M. HE | |
| | From 2017 | | | | AND OF BUILDING |
| d | From 2018 | | May Verent He | | |
| | From 2019 | TARTON POSTER | BERTHER WANT | NUMBER OF | HARMAN AND A |
| f | Total of lines 3a through 3e | | And der Son | Markey ! | |
| g | Applied to underdistributions of prior years | | | | Harman Name State Of |
| h | Applied to 2020 distributable amount | THE REAL PROPERTY. | | | |
| ī | Carryover from 2015 not applied (see instructions) | | | STATE OF | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | A SALE LAND SE | | |
| 4 | Distributions for 2020 from Section D, line 7: | | | Mali. | 71 |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2020 distributable amount | China and the same | | We ! | |
| С | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | THE CO. LEWIS CO. | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2016 | | | | No. of the last of |
| b | Excess from 2017 | | | NICE OF | |
| C | Excess from 2018 | | | STATE OF | The state of the s |

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019..... e Excess from 2020.

Part VI

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number Name of the organization COMMUNITY FOUNDATION FOR SW WASHINGTON 91-1246778 Organization type (check one): Filers of: Section: |X| 501(c)(3) Form 990 or 990-EZ (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) filling 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).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

| COMMUI | NITY FOUNDATION FOR SW WASHINGTON | 91-1 | <u>246</u> 778 |
|------------|---|-------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional s | pace is needed. | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ <u>1,277,300</u> . | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | | \$2 <u>,973,063.</u> | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$308,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | | \$300,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 ; | | \$640,000. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| <u>6</u> | | \$3,300,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization

2 Page **2**

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

| 91-1246 | 77 | 8 |
|---------|----|---|
|---------|----|---|

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional sp | pace is needed. | |
|------------|--|-------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | | \$834,777. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ <u>500,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$550,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person |
| | | Cahadula B /Farra 00 | (Complete Part II for noncash contributions.) |

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON 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 |
|---------------------------|--|---|----------------------|
| 1S | STOCK | - | |
| - | | \$692,300. | 12/09/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 2S | STOCK | | - |
| | | \$2,972,063. | 9/30/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 4 B | BEQUEST RECEIVABLE | | |
| | | \$300,000. | 12/31/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 5 B | BEQUEST RECEIVABLE | | - |
| - | | \$40,000. | 12/31/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| 6 Bi | BEQUEST RECEIVABLE | | |
| | | \$3,300,000. | 12/31/20 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| | | \$ | |
| BAA | | edule B (Form 990, 990-EZ | |

| 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., | Name of organ | nization ITY FOUNDATION FOR SW WASHIN | CTON | Employer Identification number 91-1246778 | | | | |
|---|---------------------------|--|--|--|--|--|--|--|
| Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee No, from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift | | Exclusively religious, charitable, e or (10) that total more than \$1,000 for the following line entry. For organizations contributions of \$1,000 or less for the year. | tc., contributions to organizations he year from any one contributor. Comp ompleting Part III, enter the total of exclusi (Enter this information once. See instruction | described in section 501(c)(7), (8), lete columns (a) through (e) and welly religious, charitable, etc., | | | | |
| (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 | | (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 | - | N/A | | | | | | |
| 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 | | | (e) Transfer of gift | | | | | |
| (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift | | Transferee's name, addres | - | | | | | |
| Part I (e) Transfer of gift | | | | | | | | |
| Part I (e) Transfer of gift | | | · | | | | | |
| (e) Transfer of gift | (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | ranti | | | | | | | |
| | | | | | | | | |
| | | | (a) Transfer of aid | 1 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held | | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | <u> </u> | | | | |
| | | | | | | | | |
| (e) Transfer of gift | | (e) Transfer of gift | | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | Transferee's name, addres | ss, and ZIP + 4 Re | ationship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held | (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | } | | | | | | |
| (e) Transfer of gift | | | (e) Transfer of gift | | | | | |
| Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | Transferee's name, addres | s, and ZIP + 4 Re | ationship of transferor to transferee | | | | |
| <u> </u> | | <u> </u> | | | | | | |
| | | | | | | | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

| • | Section 501(c)(4), (5), or (6) or | organizations: Complete Part III. | | | |
|-----|---|---|-----------------------|--|---|
| | of organization | · | | Employer identific | ation number |
| | MMUNITY FOUNDATION | | | 91-124677 | 78 |
| Pa | rt I-A Complete if the o | rganization is exempt under section | on 501(c) or is a | section 527 organi | zation. |
| 1 | | organization's direct and indirect political con of 'political campaign activities') | ampaign activities in | Part IV. | |
| 2 | Political campaign activity e | xpenditures (See instructions) | | | \$ |
| 3 | Volunteer hours for political | campaign activities (See instructions) | | | |
| Pa | rt I-B Complete if the o | rganization is exempt under section | on 501(c)(3). | | |
| 1 | Enter the amount of any exc | cise tax incurred by the organization under | section 4955 | | 0. |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955. | | 0. |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No |
| 4: | a Was a correction made? | | | | Yes No |
| | b If 'Yes,' describe in Part IV. | | | | |
| Pai | rt I-C Complete if the o | rganization is exempt under section | วก 501(c) , excep | t section 501(c)(3) | • |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt function | n activities | <u> </u> |
| 2 | | g organization's funds contributed to other | | | 3 |
| 3 | Total exempt function expendine 17b | ditures. Add lines 1 and 2. Enter here and | on Form 1120-POL, | , | 3 |
| 4 | Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| 5 | organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the ail is received that were promptly and directly delai action committee (PAC). If additional spa | mount paid from the i | filing organization's fun olitical organization, such | ds. Also enter the |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter-0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| Part II-A Complete if t section 501(h | he organizatior | ı is exempt under sec | tion 501(c)(3) and | filed Form 5768 (ele | ection under |
|--|--------------------------------------|---|-----------------------------|-------------------------------------|-----------------------------|
| A Check ► ☐ if the filing | organization belong | s to an affiliated group (and | ist in Part IV each affilia | ted group member's name | |
| | | share of excess lobbying | | | |
| B Check ► I if the filing | g organization chec | ked box A and 'limited con | trol' provisions apply. | | |
| (The term ' | Limits on Lobby expenditures' mea | ing Expenditures ns amounts paid or incurre | ed.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1 a Total lobbying expenditu | res to influence pul | olic opinion (grassroots lob | bying) | | |
| b Total lobbying expenditu | | 73N-x | 1/06/2019 (C.) | | |
| c Total lobbying expenditu | • | | | 0. | 0. |
| d Other exempt purpose ex e Total exempt purpose ex | | | | 28,762,891. | |
| | | | | 28,762,891. | 0. |
| f Lobbying nontaxable am both columns. | | ount from the following tab | | 1,000,000. | |
| If the amount on line 1e, colu | | The lobbying nontaxable a | | | ASSESSED BANGER |
| 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. | | | | | |
| Over \$17,000,000 | | | | | |
| g Grassroots nontaxable a | | 250,000. | 0. | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | 0. | 0. |
| • | | | | | |
| j If there is an amount other section 4911 tax for this | | line in or line ii, did the orga | | | Yes No |
| | <u></u> | 4-Year Averaging Period U | nder Section 501(h) | | |
| (Some | organizations tha | t made a section 501(h) ele ow. See the separate instr | ection do not have to c | omplete all of the five ough 2f.) | |
| | Lobb | ying Expenditures During | 4-Year Averaging Perio | d | |
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2 a Lobbying nontaxable amount | 1,000,000 | 1,000,000. | 953,671. | 1,000,000. | 3,953,671. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 5,930,507. |
| c Total lobbying expenditures | | | | | 0. |
| d Grassroots nontaxable amount | 250,000 | 250,000. | 238,418. | 250,000. | 988,418. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,482,627. |
| f Grassroots lobbying expenditures | ty. | | | Cabadida O (F | 0 . 990 or 990-EZ) 2020 |
| BAA | | | | Scriedule C (FOrm | 330 OF 330-E.L.) 2020 |

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)).

| (ciccum under section sur(ing. | (a | <u>a T</u> | | (b) | |
|--|------------------------|--------------------|--|--------------|---------------|
| For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | Yes | No | | nount | |
| 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: | | | | | 7,54 |
| a Volunteers? | and the same | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | - | | | | |
| i Other activities? | | - | | | |
| j Total. Add lines 1c through 1i | NAME OF TAXABLE PARTY. | CARAGE | | | |
| | 920 | 25000 | and the contract of the contra | CLUMB CAR | SCHOOL SELECT |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | BENEFIT | ENER | BEEP! |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | c)(5), | , or | | | |
| | | | | Yes | No |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | † | ${}^{-}$ |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | 1 | \vdash |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p | | | | 1 | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, lines 1 and 2 | c)(5), Part I | , or se II-A, I | ection 5 ine 3, is | 01(c) | |
| 1 Dues, assessments and similar amounts from members. | 9000 | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2a | | | |
| b Carryover from last year . | | 2b | | | |
| c Total | | 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | - | |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | | 5 | | | |
| Part IV Supplemental Information | | | | | |
| Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list): | Part II | -A, lines | 1 and | |

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer Identification number

| CON | MMUNITY FOUNDATION FOR SW WASH | INGTON | | 91-1246 | 5778 | |
|-----|---|---|----------------------------|---|--------------------------|---|
| Pai | TI Organizations Maintaining Dono | r Advised Funds or Other Sin | nilar Fur | nds or Accounts. | | |
| | Complete if the organization answ | · · · · · · · · · · · · · · · · · · · | . IV, IIIIe | | Maria anno | |
| 4 | Total number at end of year | (a) Donor advised funds | 143 | (b) Funds and ot | iner accou | 214 |
| 1 | Aggregate value of contributions to (during year). | 6 273 | 3,889. | | 0 6 | 35,836. |
| 3 | Aggregate value of grants from (during year). | 1.6 470 | | | | 56,159. |
| 4 | Aggregate value at end of year | 237,839 | | | | 07,008. |
| | gr | 27.0 | 578 | | 00,0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 5 | Did the organization inform all donors and dor are the organization's property, subject to the | organization's exclusive legal control | ? | X | Yes | No |
| 6 | Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit? | s, and donor advisors in writing that of the donor or donor advisor, or for | grant fund any other | ds can be used only purpose conferring | Yes | No |
| Pai | | | | | | |
| | Complete if the organization answ | | | 7. | | |
| 1 | | | | | | |
| | Preservation of land for public use (for examp | · | | ion of a historically impor | | area |
| | Protection of natural habitat | LJ ⁱ | Preservati | ion of a certified historic | structure | |
| 2 | Preservation of open space | atal a socialified assessmentian appropriate | in the fee | m of a consequence | and on the | |
| 2 | Complete lines 2a through 2d if the organization hast day of the tax year. | eid a quaimed conservation contribution | i in the lon | in or a conservation easem | ient on the | 3 |
| | | | | Held at the E | End of the | Tax Year |
| | a Total number of conservation easements | | | | | |
| | Total acreage restricted by conservation easer | | | | | |
| • | Number of conservation easements on a certif | ied historic structure included in (a). | | 2с | | |
| • | Number of conservation easements included in structure listed in the National Register | | ********* | 2d | | |
| 3 | Number of conservation easements modified, trantax year ► | sferred, released, extinguished, or term | inated by t | he organization during the | | |
| 4 | Number of states where property subject to conse | | | _ | | |
| 5 | Does the organization have a written policy re- | garding the periodic monitoring, inspe | ection, ha | ndling of violations, | V | Пис |
| - | and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring, i | | | | Yes | ∐ No |
| 6 | • | | | | | ai |
| 7 | Amount of expenses incurred in monitoring, inspe | cting, handling of violations, and enforc | ing conser | vation easements during th | ne year | |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | | * (313) | | Yes | ☐ No |
| 9 | In Part XIII, describe how the organization rep include, if applicable, the text of the footnote t conservation easements. | orts conservation easements in its re o the organization's financial stateme | evenue and ents that o | d expense statement and describes the organization | d balance n's accou | sheet, and nting for |
| Par | Organizations Maintaining Colle Complete if the organization answer | ctions of Art, Historical Treas vered 'Yes' on Form 990, Part | ures, or | Other Similar Asse 8. | ets. | |
| 1 a | If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia | d for public exhibition, education, or | research i | atement and balance sho in furtherance of public s | eet works service, pr | of art, ovide in |
| 1 | If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: | FASB ASC 958, to report in its rever r public exhibition, education, or research | nue stater ch in furthe | ment and balance sheet were erance of public service, pr | works of a rovide the | art, |
| | (i) Revenue included on Form 990, Part VIII, | | | | | |
| | (ii) Assets included in Form 990, Part X | | | | | |
| | If the organization received or held works of art, h amounts required to be reported under FASB | ASC 958 relating to these items: | | | wing | |
| | Revenue included on Form 990, Part VIII, line | | | . - | | |
| - 1 | Assets included in Form 990. Part X | Paretti state | TOWNS. | ► \$ | | |

| | | TION FOR SW | | 91-124 | | Page 2 |
|--|--|---|---|------------------------------|--------------|--------------|
| Part III Organizations Maintai | ining Collectio | ns of Art, Histo | rical Treasures, or | Other Similar Ass | ets (contin | ued) |
| 3 Using the organization's acquisition items (check all that apply): | , accession, and otl | ner records, check a | ny of the following that ma | ake significant use of its | collection | |
| a Public exhibition | | d Loan o | or exchange program | | | |
| b Scholarly research | | e Other | | | | |
| c Preservation for future generation | ations | _ | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collections a | ind explain how they | further the organization's | exempt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather th | tion solicit or rece nan to be maintain | ive donations of art ed as part of the o | , historical treasures, or ganization's collection? | other similar assets | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an a | | | | swered 'Yes' on Fo | rm 990, Pa | art IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | tee, custodian or | other intermediary | for contributions or othe | er assets not included | Yes | Пио |
| b If 'Yes,' explain the arrangement | | | | | _ | Ш |
| | | | | | Amount | |
| c Beginning balance | | | | 1 1 c | | |
| d Additions during the year | | | | 1 d | | |
| e Distributions during the year | | | | :: 1e | | |
| f Ending balance | | | | 1f | | |
| 2a Did the organization include an a | mount on Form 99 | 0, Part X, line 21, | for escrow or custodial | account liability? | Yes | No |
| b If 'Yes,' explain the arrangement | in Part XIII. Check | k here if the explan | ation has been provided | d on Part XIII | | |
| Part V Endowment Funds. Co | omplete if the | organization and | swered 'Yes' on Fo | rm 990, Part IV, lir | ne 10. | |
| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four yea | ars back |
| 1 a Beginning of year balance | 69,761,721 | . 64,094,5 | 95. 61,301,218 | 55,008,961. | 52,882 | ,106. |
| b Contributions | 4,153,550 | 665,6 | 49. 10,196,186 | 7,457,455. | 1,530 | ,168. |
| c Net investment earnings, gains, | | | | | | |
| and losses | 3,484,539 | 9,114,7 | 503,822,732 | 5,217,350. | 3,213 | ,438. |
| d Grants or scholarships | 2,596,031 | . 3,185,9 | 72. 2,743,364 | 5,569,497. | 1,798 | ,636. |
| e Other expenditures for facilities and programs | | | | 0. | | |
| f Administrative expenses | 792,801 | | | 813,051. | 818 | ,115. |
| g End of year balance | 74,010,978 | | | | 55,008 | ,961. |
| 2 Provide the estimated percentage | of the current ye | ar end balance (line | e 1g, column (a)) held a | as: | | |
| a Board designated or quasi-endowment | | % | | | | |
| b Permanent endowment • | 100.00 % | | | | | |
| c Term endowment ► | % | | | | | |
| The percentages on lines 2a, 2b, an | id 2c should equal 1 | 100%. | | | | |
| 3a Are there endowment funds not in the organization by: | ne possession of the | e organization that a | re held and administered | for the | Yes | No |
| (i) Unrelated organizations | 19549553111 | | | | 3a(i) | Х |
| (ii) Related organizations | | | | | 3a(ii) | Х |
| b If 'Yes' on line 3a(ii), are the rela | ted organizations | listed as required o | n Schedule R? | | 3b | |
| 4 Describe in Part XIII the intended | uses of the organ | ization's endowme | nt funds. SEE PART | XIII | | |
| Part VI Land, Buildings, and I | | | | | | |
| Complete if the organize | zation answere | | n 990, Part IV, line | 11a. See Form 990 | ວ, Part X, ເ | ine 10. |
| Description of property | | ost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | /alue |
| 1 a Land | | 36,500. | 6 | | 36 | 5,500. |
| b Buildings | 5296.24 | | | | | |
| | | | | | | |

| 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. | | 经济型线流流线 | 36,500. |
| b Buildings | | | | |
| c Leasehold improvements | į | | | |
| d Equipment | | | | |
| e Other | | • | | |
| otal. Add lines 1a through 1e. (Column (d) must e | gual Form 990, Part X, c | olumn (B), line 10c.). | | 36,500. |

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Schedule D (Form 990) 2020

| Part VII Investments - Other Securities. | 'Voc' on Form 99 | Dart IV line 11h See For | m 000 Part V line 10 |
|---|----------------------------|--|-------------------------------|
| Complete if the organization answered (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | · |
| | (b) Book value | (C) Method of Valdation. Cost of e | silu-or-year market value |
| (1) Financial derivatives. (2) Closely held equity interests. | | | |
| (3) Other PRIVATE EQUITY PARTNERSHIPS & | 18,250,807. | END OF YEAR MARKET VA | TIE |
| (A) PRIVATE PLACEMENTS | | END OF YEAR MARKET VA | |
| (B) | 104,300,732. | END OF TEAK MARKET VA | D0B |
| | 35 | | |
| (C) | | | |
| (D) (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | <u> </u> | |
| () | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.). | 183,219,539. | LETTER THE PROPERTY OF THE PRO | MUNICIPALITY OF THE BUILDINGS |
| | 100,210,000. | N/A | |
| Complete if the organization answered | 'Yes' on Form 99 | <u>), Part IV, line 11c. See Forr</u> | n 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) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) | N / 2 | | AND REPORTED TO SERVICE STATE |
| Part IX Other Assets. Complete if the organization answered | N/A 'Yes' on Form 99 |). Part IV. line 11d. See Forr | m 990, Part X, line 15 |
| | cription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | - |
| (7) (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B |) line 15.) | | |
| Part Y Other Liabilities | | | |
| Complete if the organization answered 'Yes' on Fo | orm 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line | |
| | otion of liability | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) AGENCY ENDOWMENT AGMNTS | | | 52,514. |
| (3) LIAB FOR SPLIT INTRST AGMNTS | | | 2,045,608. |
| (4) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | <u> </u> |
| (9) | W | | |
| (10) | 2 | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) | | | 2,098,122. |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo | | | |
| tax positions under FASB ASC 740. Check here if the text of the footnote has | been provided in Part XIII | | |

| Part XI Reconciliation of Revenue per Audited Financial Statement | | | turn. | |
|--|-----------------------|-----------------------|----------------|--------------------|
| Complete if the organization answered 'Yes' on Form 990, Pa | art IV, | line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | 18.8.75560 | | 1 | 36,634,061. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 5531 | |
| a Net unrealized gains (losses) on investments. | 2a | 15,167,031. | | |
| b Donated services and use of facilities | 2 b | | | |
| c Recoveries of prior year grants d Other (Describe in Part XIII.) SEE PART XIII | 2 c | - | | |
| d Other (Describe in Part XIII.) SEE PART XIII | 2 d | 221,713. | | |
| e Add lines 2a through 2d | | | 2 e | 15,388,744. |
| 3 Subtract line 2e from line 1 | | | 3 | 21,245,317. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | 25.00 | |
| a Investment expenses not included on Form 990, Part VIII, line 7b. | 4a | | | |
| b Other (Describe in Part XIII.) | 4 b | | | |
| c Add lines 4a and 4b | | | 4 c | |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 21,245,317. |
| Part XII Reconciliation of Expenses per Audited Financial Statemen | ts Wit | h Expenses per l | Return | |
| Complete if the organization answered 'Yes' on Form 990, Pa | art IV, | line 12a. | | |
| Total expenses and losses per audited financial statements | | | .1. | 28,762,891. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 877.0 | |
| a Donated services and use of facilities | 2 a | | | |
| b Prior year adjustments | 2 b | | | |
| c Other losses. | 2 c | | | |
| d Other (Describe in Part XIII.) | 2 d | | | |
| e Add lines 2a through 2d | | **************** | 2 e | |
| 3 Subtract line 2e from line 1. | | | 3 | 28,762,891. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | I | | 33230 | 207.0270021 |
| a Investment expenses not included on Form 990, Part VIII, line 7b. | | | | |
| b Other (Describe in Part XIII.) | 4 b | | 522 | |
| c Add lines 4a and 4b | | | 4 c | |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | - (0)000 | | 5 | <u>28,762,891.</u> |
| Part XIII Supplemental Information. | | | | |
| Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b, Also compared to the second seco | Part IV, olete thi | lines 1b and 2b; Part | V, addition | nal 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 | | | \$ 221, | 713. |
|--------|----|------|---------|------|-----------|------|-------|------------|------|
| | | | | | | | TOTAL | \$ 221, | 713. |

BAA

Schedule D (Form 990) 2020

SCHEDULE 1 (Form 990)

tates Grants and Other Assistance to Organizations,

91-1246778

≗ □

χ¥es

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.

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

Open to Public Inspection Employer identification number

| חוב אפוכרוניו כוונפום תאפת ות מאפות חוב חופוני מן מאפואפונים: |
|---|

| 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, | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|------------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) SEE SCHEDULE ATTACHED | | | 25, 687, 636. | 0.0 | fann | | |
| <u>ව</u> | | 20 | | | | | |
| (3) | | | | | | | |
| (4) | | | 8 | | | | |
| <u>(5)</u> | | | = | | 2 | | E 0 |
| (6) | | | | | | 30 | |
| 6 | 22 | | <i>&</i> | X | | | |
| (8) | 79 | | J | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 3 Enter total number of other organizations listed in the line 1 table. | 3) and government or ons listed in the line | ganizations isted I table. | in the line 1 table | | | | 330 |
| BAA For Paperwork Reduction Act Notice, see the Instructions for | , see the Instruction | s for Form 990. | | TEEA3901L | 02/15/20 | Schedi | Schedule I (Form 990) 2020 |

| | - | | | | |
|---|------------------------|--|----------|--|-----------|
| F.E.LN. 91-1246778 | - | | | | |
| | | | | | |
| uce to Domestic Organizations and | Domestic Governments | 1 | | | |
| | 2 | 2 | _ | (4) | |
| Marrie, courtes, and zap | ELIV ADDRAGA IV | | | Purpose of Grant of Assistance | T |
| THEY WA GOODS | | Smichal | SOLVOO | Orneutical Day Content 1 total Remove | |
| | | S01(C(3) | 15,000 | 15.000 (Park: Dad covers: sarikiting encloses: | Τ |
| | | 501(C)(3) | 905 | Unrestricted | Τ |
| | 81-1517903 50 | 501(C)(3) | 2005 | SOO Unnestricine | |
| | 93-1297104 S01(C)(3) | X(C)(3) | 10,000 | 10,000 Unrestricted Grant - In response to the COVID-19 crisis | Γ |
| | \$3-1297104 S01(C)[3) | n(c)(3) | 30,000 | 30,000 Pertand Art & Learning Studio | |
| | 83-1297104 50 | 501(C)(3) | 207,000 | 30 Units of IDD Housing, Universality Accessible | |
| Alpha Supported Living Services, 1603D Maryta Woodinville Way NE Bothell, WA 9807 | 91-0933802 5 | 502(C)(3) | 100,000 | 1,00,000 Halffet Lake/Wedgewood Renewation Project | |
| | 20000000 | 501(4(3) | 7777 | to the first and the state of t | T |
| Abruse International of Lounday Lides Countries DD Box 1254 Lounday 19625 | 2 1/3/C31-10 | CONTRIBILITY OF THE PARTY OF TH | 200 | Lighton (see Light as transcent support in Southwest Westington) | T |
| American Canner Society 90 Nov 27718 Oldshows City, OK 72179 | 12.1788491 SOUCH | (20) | 7 121 | 1 417 Library accounts program of the formal and th | T |
| American Heart Association of Oresion & SW WA 4380 SW Nacadom Avenue 8480 Pd | 13,5613,797 50 | Soulcital | 7124 | Salar (Unreprinted to the Control of | T |
| ľ | | Spar(C)(a) | 2005 | COD Stoke of English the Control of Control | |
| | | Sor(c)(a) | 2005 | SOO! Weeten Wildful & Relief | T |
| ľ | 53-0196605 50 | 501(C)(3) | 2005 | Stol Area of erreittest need | T |
| apter. | 53-0196605 50 | Sou(C)(3) | 738 | 738 Deather Fund | Τ |
| oter | 53-0196605 503(C)(3) | (C)(3) | 200 | SOO (bressricted | Γ |
| pter | 53-0196605 50 | S03(C)(3) | 10,000 | NW Relief Fund | Ī |
| | 53-0196605 50 | \$01(C)(3) | | Univestricted | |
| oter. | | SOZ(C)(3) | 1 000'5 | Unvestricted | |
| | 91-0594684 50 | 501(C)(3) | 10,000 | 10,000 Silver Tsuremi Project | |
| T | | S01(C)(3) | 35,000 | 35,000 Annual Catholic Appeal | |
| | | 502(C)[3) | 20,000 | 50,000 Called To Serve as Christ Campaign | 1 |
| Ambeliance of County 20 Data Avenue County WA SOLDS-2017 | 201381-16 | S01(C(3) | 0000057 | ZSUJUOU Emergency Relief appeal - COVID-13 Pandemic relief | |
| T | 77 COLUMN TA | 201(0)(3) | 1000 | And Linear Appeal, X. Lantes Proposition | |
| Accidence Leanue of Southward Witchinston PO Box 65 Vencouser, Wa 98666 | 47-0921393 301(C)(3) | A(CIVS) | 1000 | ALONG TO THE SERVICE OF THE SERVICE | T |
| T | 47-0021282 SOH(CIV) | M(C)(3) | 200 | 1 200 (NO TOTAL STEELS) SUPPORT | T |
| T | 47-0921393 SOLICITA | afcelos | 4 126 | 11 315 (1 ================================== | T |
| | 45-2455219 50 | Sourchal | 1,0001 | 1 000 Unverticated | T |
| | 5-2455219 50 | (TC)(3) | 1001 | Duranticad | Τ |
| | 45-2455219 S01(C)(3) | 1(C)(3) | 10001 | Unsaticad | Τ |
| | 45-2455219 SCIICK3 | 11(C)(3) | 39,5001 | 35.500 Umestricted | Τ |
| Battle Ground Adventist Community Services, 11117 NE 189th St. Suite 100, Battle Grd | 52-0643096 501(C)(3 | 1(C)(3) | 782 | 28 Umrestricted | Ī |
| | 52-0643036 501(C)(3) | 1(C)(3) | 13,000 | 13,000 (Investricted | |
| Battle Ground Adventist Community Services, 11117 NE 189th St. Suite 100 Bettle Grd 52-0643036 501(C)(3) | 2-0643036 50 | a(c)(3) | 2,461 F | For COVID-19 related support | |
| Battle Ground Education Foundation, PO Box 2574 Battle Ground, WA 98604 | 11-1725470 50 | 4(0)(3) | 1/K | 727 Needy Idds Program | |
| Battle Ground Education Foundation, PO Box 2574 Battle Ground, WA 98604 | 11-1725470 Sc | (C)(3) | 10,000 F | Family Community Resource Center Program | |
| Battle Ground Education Foundation, PO Box 2574 Battle Ground, WA 98604 | 1-1725470 50 | 1(0(3) | 3,917 | 3,917 Educational activities in the Battle Ground School District | |
| Bettle Ground HealthCare Cang, 1111,7 NE 187th Street, Softe 226 Bettle Ground, WA 27-3148590 (501(C)3) | 7-3148590 50 | 1(0(3) | Z5,000 T | 25,000 Talting Back My Ufe Orconic Pain, Management Program | \exists |
| Rettle Ground HealthCare Clinic 11117 NF 1996 Street Cuite 216 Bastle Ground Ma. | 7.3748580 50 | 1000 | 21000 | CO, LOUIS TO CHILL AT PRINCE SUPPORT | T |
| Battle Ground Public Schook: PO Box 200 Bettle Ground, WA SBED4 | 91-6010122 Government | Merruhant | 83.837 | Onterange Selds: Arrivature Hardrauture Pairaise and Domestic Science | |
| Berheisey School of Theology, Office of Seminary Advancement 2606 Dwight Way Berto S | 4-1156250 50 | 1(C)(3) | 0,018 | instituted | |
| Best Friends Animal Society 5001 Angel Carryon Road Kanab, UT 84741 | 3-7147797 50 | 1(5)(3) | 17,179 U | 17,279 Unrestricted | Γ |
| Big Brothers Big Staters Columbia Northwest,6443 SW Berverton-Hillsdale Hwy Safte 5 | 3-1303640 50 | र्यटाक्ष) | 25,000 L | 25,000 Unrestricted | |
| Big Brothers Big Strats Columbia Northwest,6443 SW Beaverton-Hillsdale Hwy Suthe 19 | 9-1303640 50 | 1(5)3) | 15,000 B | 15,000 Beyond School Walls: Mentership for Mill Plain Elementary School students | |
| Bite Cark County, 1604 Main Street Vancouver, WA 98660 | 45-2591977 50 | 501(C)(3) | 3,500 | 3500 Unrestricted | |
| | 45-25919// 50 | South | 2 2 | Deput Search | |
| | #1.2864RD6 50 | SON (CA(B) | 2000 | Tenning Control of Con | |
| Blancher House of Hospitality,310 NW Glisan Portland, OR 97209 | 93-6031008 50 | 1(C)(3) | 10.000 | View Latter (Annual Control of Co | T |
| | 93-6031009 50 | S01(C)(3) | 7052 | Unvestriced | |
| | 88-0142068 50 | S04(C)(3) | Z,200 U | becharant 000,82 | Τ |
| Vancouver, \ | 91-1978646 50 | S01(C)(3) | 3,000 U | 3,000 Unrestricted | Γ |
| Boys & Girls Clubs of Southwest Washington, 5109 NE 82nd Ave, Ste 205 Vancouver, 19 | 91-1978646 501(C)(3 | 1(0(3) | 25,000 C | Clinton and Gloria John Teen Center | |
| Boys of Giffs Clubs of Southward Westington, 5109 NE 625d Ave., 505 205 Vencouver, 15 Boys & Giffs Clubs of Southward Westington, 5109 NE 97sd July 6th 205 Vencouver, 10 | 1-1978646 50 | 103 | 200 | Unrestricted | |
| Boys & Girls Cubs of Southwest Washington 5.109 NE 82nd Ave. Ste 205 Vancouver, 19 | 1-1978646 50 | | 1,005 | And United February (St. Market February Continued | T |
| Boys & Girls Clubs of Southwest Washington, 5109 NE 82nd Ave., Sta 205 Vancouver, 191-1978646 SOI(C)(3) | 1-1978646 50 | 1(C)(3) | 20,000 F | 20,000 For CDVID-19 related support | Τ |
| | | | | | |

| Commontry Foundation for Southwest Washington | | \mid | | _ | | Γ |
|---|---------------------------|--------|--|---|-----------|---|
| F.E.I.N. 91-1246778 | | | | | | |
| 2020 Form 550 Schodule Part II Grants and Other Aesterance to Domestic Ourselvarious and Do | and fromestic Governments | | | | | |
| Boys & Girls Clubs of Southwest Washington 5109 NE SOnd Ave. Sty 205 Versouver: 191-1978646 SOLICIES | 191-1978646 (SOLICIE) | | 59 675 Kirling and stroooft of Director of Numan Resources | | | Τ |
| Bove & Birls Clubs of Southwast Washinston 5109 NE 82nd Ave. Sta 205 Varcouves | 191-1978646 SOMENER | ŀ | 285 Unrestricted | | | T |
| Boys & Gris Clubs of Southwest Washington 5109 NE S2nd Ave. Sin 205 Vancouver, 1/91-1978646 S01(CK3) | 191-1978646 SOUCHE | | 26 Ood Unvertified | - | | T |
| Boys & Garls Clubs of Southwest Washington, 5309 NE 82nd Ave., Sta 205 Vancouver | 191-1978646 [SQ1(C)(3) | - | \$0,000 Unrestricted | | | Ī |
| Boys & Girls Clubs of Southwest Washington, 5109 NE 82nd Ave, Str. 205 Vancouver, 1 91-1978646 | | | 100,000 For COVID-19 related support | | | |
| Boys & Girls Clabs of Southwest Washington, 5109 NE 82nd Ave, Ste 205 Vancouver, 191-1978646 [SOI(C)(3) | | _ | 2,000 Unrestricted | | | |
| Boys & Girls Clebs of Southwest Washington, 5109 NE 82nd Ave, Ste 205 Vancouver, 191-1978646 | \91-1978646 501(C)(3) | _ | 31, 285 Unrestricted | | | |
| Boys & Girls Clebs of Southwest Washington, 5109 NE 82nd Ave, Ste 205 Vancouver | 91-1978645 | | 38,827 Unvestricted | | | |
| Boys & Girls Clubs of Southwest Weshington, 5.109 NE 82nd Ave., Sta 205 Vancouver, V | 91-1978645 | + | 500) Unrestricted | | | |
| Bridgeview Housing 505 Omaha Way Vancouver, WA 98661 | 91-128-201 502(C)(3) | | 100 Caples Terraca Foster Youth Program | | | Ī |
| Bridgeview Housing SGS Ometa Way Vancouver, WA 58661 | 91-1285201 501(C)(3) | | 75,000 For COVID-19 related support | | | T |
| Brighterias Aniest Contact Done 1979 Venceuver, VA 2000a | 02-0676120 E01/0/(3) | | Paroposaulin (ACT | - | | I |
| Character Cheech of the Manages 1904 MF Block threat Cheese MA 08007 | 05-C021854 Bulleloum | | S DACK UM CONTROLL | | | T |
| Common Changes and the Management 1700 ME Block Common UMA 00007 | of corners pullimin | | S ON A MANAGEMENT OF THE PARTY | | 1 | T |
| Change Colonel District #117 041 MS 22nd Avenue Change WA 00007 | 01-COUNTRY CANADAM | | 2/201 CHINATAN DAY WANT 1100 204 | | | T |
| Campas School District #117 841 NE 22nd Avenue Campas, WA 98607 | 91-6001767 Government | - | 2 Call lack. Will and Rab Center | | | T |
| Camas School District #117,841 NE 22nd Avenue Camas, WA 98607 | 91-6001767 Government | E | 17.467 Quantum Distribution for Juck, Will and Rob Kids Center, Camar, WA | | | Γ |
| Cames School District #117,841 NE 22nd Avenue Cames, WA 99607 | 91-6001767 Government | E | 17.467 Duartanty Distribution for lack Will and Rob Kids Center, Carnet. WA | | | Γ |
| Carmes School District #117,841 NE 22nd Avenue Carnes, WA 98607 | 91-6001767 Government | Ħ | 17 467 Quantority Distribution for lack, Will, and Rob Idda Center, Carnes, WA | | | Γ |
| Cames School District #117,841 ME 22nd Avenue Cames, WA 98507 | 91-6001767 Governme | £ | 5,000 Family Community Resource Center | | | |
| Centras-Washougel Community Cheet, PO Box 960 Centas, WA 98607 | 91-0E39945 SOLIC)(3) | | 1,113 Unrestricted | | - | |
| Canas-Washougal Community Cheet, PO Box 960 Canas, WA 99607 | 91-063994S S01(C)(3) | | 1,000 Uvrestricted | | | |
| Ormes-Washougal Community Chest, PO Box 960 Cames, WA 98607 | 91-0839945 501(C)(3) | | 1,000 Unrestricted | | | |
| Camas-Washougal Contribusity Chect, PO Box 960 Camas, WA 98507 | 91-0839945 501(C)(3) | | 2,000 Unrestricted | | _ | |
| Cernes-Washougal Community Chest, PO Box 960 Cennes, WA 92607 | 91-0639945 SO1(C)(3) | | 2,000 Unrestricted | | | |
| Cemas-Washougal Historical Society, PO Box 204. Washougal, WA 98673. | | | 6,376 Unrestricted | | | |
| Camas-Weshougel Historical Society, PC Box 204 Washougel, WA 98671 | 91-1181508 501(C)(3) | | 7,523 Two Rivers Hertrage Museum | | | |
| Care Chest of Serra Mevada, 7910 N Virginia St. Reno, NV 89506 | 94-3118373 501(C)(3) | | 19,000 Unrestricted | | | |
| Cure Cherk of Sterra Newsca, 7910 N Virginia St. Reno, NV 85506 | 94-3118373 Sm(C)(3) | 1 | 10,000 Unrestricted, in response to COVID-19 | | | T |
| Care Chest of Merra Newada, 7910 N Virginia St. Reno, NV 89506 | 94-3118373 | | | | | |
| Cascade AIDS Project,520 Northwest Davis Street Suite 215 Portland, OR 97209 | 93-0903383 501(C)(3) | + | 15,650 For Southwest Washington, in response to COVID-19 needs | | | |
| Consider Production Character of Viscons and STG ME SER. Street Viscons and Vis SER. | 01-1041851 | 1 | A A SACE RANGING AND | | + | T |
| Character Prediction Character of Unconsense OCIS MF 86th Street Vaccuous WA 086 | 91-1041969 | | System of the State of the Stat | | | |
| Choudle Technical Academy Foundation 12200 NE 28th Street Vancouver WA 98552 | 191-1530644 S01/C)(3) | - | 1,000 J020 Pandraisher Paner Stroom | T | | T |
| Cascada Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98582 | 391-1530644 501(Cl(3) | | 7 224 Unrestricted | | | Γ |
| Cascadia Technical Academy Foundation, 12200 NE 28th Street Vancouver, WA 98682 | 291-1530644 S01(C)(3) | | 1,000 Unrestricted | | | Γ |
| | 88-0339754 501(C)(3) | | 30,000 Unrestricted | | | |
| Cartholic Charisties of Northern Nevada, PO Box 5099 Reno, NV 89512-3316 | 88-0339754 S01(C)(3) | | 10,000 Unrestricted, in response to COVID-19 | | | |
| Catholic Charithes of Northern Nervada, PO Box 5099 Reno, NV 80512-8316 | 88-0339754 501(C)(3) | | 15,000 Unvestricted | | | |
| Ortholic Community Services of Western Weshin,1323 S Yaldma Ave. Taxoma, WA 98 | 81-1585632 SOU(C)(3) | - | 1,500 Uhrestricted | | | |
| Catholic Community Services of Western Washin, 1373 5 Yaddma Ave., Tacoma, WA 96 | 891-1585652 501(C)(3) | | 31,188 For COVID-19 related support in Southwest Weshington | | | |
| Caronic Community Services of Western Washington 5 (adma Ave., 1800ms, WA to B.1.505002 | # 91-1565652 SUL(C)(3) | | 1,000 Unrestricted | 1 | \dagger | T |
| 1 | 01-1057064 501[Cli2] | | 100 Unreading | | | T |
| CDM Carethline Services 2300 NE Andreaso Rd. Vancouver, WA 98661 | 91-1057994 501(C)(3) | | 20.000 Advise with Disnity Capital Compains | | | T |
| | 91-1057994 301(C)(3) | | 40,000 Unrestricted in response to COVID-19 needs | | | T |
| L | 92-1057994 S01(C)(3) | | 2,500 Unrestricted | | t | Τ |
| CDM Caragiving Services 2300 NE Andresen Rd. Vancouver, WA 98661. | 91-1057994 [501(C)(3) | | 11,234 Unrestricted, in response to COVID-19 needs | | | Ι |
| CDM Carregiving Services, 2300 NE Andresea Rd. Vancouver, WA 98661 | 91-1057994 S01(C)(3) | _ | 10,000 Support for Equipment Needs | | | Γ |
| CDM Caregoring Services, 2300 NE Andreson Rd. Vancouver, WA 98661. | 91-1057994 501(C)(3) | | 500 Unresticted | | | |
| Chamber Music Northwest, 2300 SW 1St Ave Portland, OR 97201-5047 | 23-7355562 500(C)(3) | | 5,000 General operating support | | | |
| Children's Center, 13500 SE 7th Street. Vancouver, WA 98683 | 91-1459420 501(C)(3) | _ | S,000 Unrestricted | | | |
| Children's Center, 13500 SE 7th Street Vancouver, WA 98683 | 91-1459420 502[C](3) | | 10,000 For COVID-19 related support | | | |
| Children's Center, 13500 SE 7th Street Vancouver, WA 96683 | 91-1459420 501(C)(3) | | 2,000 Unrestricted | | | |
| Children's Center, 13500 SE 7th Street Vancouver, WA 98683 | 91-1459420 501(0) | | | | | |
| Children's Certar, 13500 SE 7th Street Vancouver, WA 98663 | 91-1459420 501(C)(3) | + | Stol Unrestricted | | | T |
| Children's Contest 19500 St. 70 St. Vanishing, WA 30083 | 91-1459420 501(C)(3) | | ZSOU Unrestricted | | 1 | T |
| Children's Carter 23500 SE 7th Street Vincouver, WA 98673 | 91-1459420 SOJICH31 | + | 100 Ilevandelead | | + | Τ |
| Children's Center, 13500 SE 7th Street Vancouver, WA 98633 | 91-1459420 Sm(C)(3) | | 1,000 Unvestricted | | | Τ |
| Children's Discovery Museum,PO Box 1481 Longview, WA 98632 | 81-2875557 501(C)(3) | | 10,000 For the Fun/Safe and interactive New Learning Environment | | | Γ |
| Children's Home Society of Washington, PO Box 605 Vancouver, WA 98666 | 91-0575955 S01(C)(3) | | 10,000) Vanoouven: Triple Point Program | | | |
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| Community Foundation for Southwest Washington | _ | |
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| F.E.I.N. 91-1246778 | | |
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| Schedule L. Part II Grants and Other Assistance to Domestic Organizations and Dome | extic Govern | |
| Children's Frome Society of Washington, PO Box 605 Vancouver, WA 98566 | (91-C5/5955 SOL(C)[3] | 882 Unstricted, in response to COVID-19 needs |
| Children's Justice and Advocacy Center, 784 14th Avenue Lonzview, WA 98032 | 45-4946456 SD1(C)(3) | Sold General controller surrocet |
| Children's Justice and Advocacy Center, 784 14th Avenue Langview, WA 98632 | 45-4946456 SOI(C)(3) | 250 Unrestricted |
| City of Vancouver, PO Box 24987 Seattle, WA 98124 | | 46,439 To support pærts and public use space in and along Fourth Plain |
| Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598 | 23-7315006 501(C)(3) | 200 Page-larger Schoarships |
| Carls College Foundation 1933 Fort Vancourse Way Vancourse Was 98653-2598 | 73-72150DE | Editations is because 1000 c |
| Clark College Foundation, 1993 Fort Vancouver Way Vencouver, WA 98663-3598 | 23-7315006 | 200 Pare-Langer Scholerships |
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| ## WA SBEES GOVERNESS STUJC(13) 5,342 ## WA SBEES GOVERNESS STUJC(13) 20,870 ## WA SBEES GOVERNESS STUJC(13) 10,000 ## WA SPEES GOVERNESS STUJC(13) 10,000 ## WA W | 9,730 For COVID-13 related support 5,842 For COVID-13 related support 5,842 For COVID-13 related support 10,000 Vear End Appeal 10,000 Vear End Appeal 10,000 Vear End Appeal 10,000 Small investments, lig Import 10,000 Small investments, lig Import 10,000 Capital investments, lig Import 10,000 Capital investments, lig Import 10,000 Capital campaign 10,000 Capital C |
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| 91-1498708 501(C)(3) 10,000 | 30,000 Empowering People & Impacting Community (EPIC) Coalition in Longview |
| Longwiew, WA 98632 91-1945347 501(C)(3) Z5,000 | 25,000 Incressing Capecity for Equity, Justice, and COVID Recovery |
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| | 83-0630002 501(C)(3) | 79,400 | Pheasant Street Remodel | | | | + |
| Emergrancy Support Shelter, 1330 11th Avenue Longwiew, WA 98632 | 91-10/4/16 SQ(C)(3) | 2,000 | Unrestricted | | | | |
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| | 91-1557462 501(C)(3) | 400 | Unrestricted | | | | 1 |
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| engreen State College, Financial Aid Office 2700 Evergreen Provy IOV Olympia, WA 5 | 91-0826533 Government | 6,018 | Univestricted | | | | + |
| mily Premise of Clark County, PO Box 873308 Vencouver, WA 98687 | 81,463,2718 S02(C)(3) | 2,000 | Unvestricted | | | | 1 |
| Family Promise of Clark County, PO Box 873308 Vancouver, WA 98587 | 81-4632218 501(C)(3) | 30,000 | or COVID-19 related support | | | | |
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| mily Promise of Cowite County, Po Box 1152 Tebo, WA 99626-0119 | 814619234 50d(C)(3) | 19,269 | For COVID-19 related support | | | | |
| mility Promise of Cowitz County, Po Box 1152 Kelse, WA 98626-0119 | 814619234 S01(C)(3) | 2,500 | General operating support | | | - | |
| Family Solutions, Inc., 1014 Meln Street Vancouver, WA 98660 | 91-2171585 501(C)(3) | 10,000 2 | For COVID-19 related support | | | | 1 |
| | [91-2171585 S00{Cj(3) | 25,000 ह | REACH-Reaching Everyone with Access, Care and Health | | | | |
| Financial Beginnings,PO Box 58032 Tulwills, WA 98138-1032 | 81-4631680 501(C)(3) | 5,000 S | SW Washington | | | | _ |
| rst Christian Church, 2000 E Keesler Boulevard Longwew, WA 98632 | 91-6002006 Religious | 1,888,1 | Unrestricted | 8 | | | |
| rst United Methodist Church, 401 E 33rd Street Vencouver, WA 98663-2297 | 92-0593487 Religious | 82,768 | Lazy F Camp and Retreat Center: Mortgage | | | _ | |
| | 91-0593487 Religious | 38,000 1 | Unrestricted | | | | l |
| First United Methodist Church 401 E 33rd Street Vancouver, WA 98663-2297 | | 60,000 | Utde Acom Preschool (Pevroll Assistance) | | | | - |
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| SH of Vancturer PO Box 585 Vancturer: WA 98560 | 91-1166344 (SOLICITA) | 25,000 £ | venetriciae, in response to COVID-19 | | | | t |
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| Food Bank of Northern Neveds 550 Italy Drive Souris, NV 89424 | 94-2924979 (SOLICHE) | 25,000 L | Unestricted | | | | |
| Food Lifeline 215 5 96th Street Seattle, WA 98108 | 91-1090450 (S01/C)(3) | 23,000 | For CDVID-19 related support in Southwest Washiparton | | | | r |
| of Vancouver Revisional Library Foundation PO Box 2384 Vancouver, WA 98558 | 91-1456753 (501(C)(3) | 201 | Lhostbichd | | | | l |
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| Community Foundation for Southwest Washington | _ | | |
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| COUNTY FORTH 2550 Schoolings. Part II Grants and Other Aeststance to Connects Departments and Demands Concernments | ofe Governments | | |
| Fort Vancativer Resident Library Foundation PO Box 2384 Vancativer, WA 98668 | 91.1456753 501(0/3) | | 100 Innestricted |
| Fort Vancouver Renional Library Foundation PO Box 2584 Vancouver, WA 98668 | 91-14S6753 S01(C)(3) | | |
| Τ | 91-1446753 SOLICIES | | 2 5/20/ University and |
| Γ | | - | 4.000 fort Vercons Section's Central Investigate Grant |
| Fort Vancouver Seafaners Center, PO Box 1102 Vancouver, WA 98666-1102 | HasFisculSponsor | _ | 10,000 For Valcouver Seathern Centur. Unvestricited grant. |
| Fort Vancouver Sanfarers Canter, PO Box 1102 Vancouver, WA 98666-1102 | MasFiscalSponsor | nsor | S00 Fort Vancouver Seafarers Center: Univestricized grant |
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| Foundation for Vencouver Public Schools PO Roy 6000 Vencouver WA 99600 | 01-0971800 SOLICIES | 1 | Sel in Investment Sel |
| Foundation for Vancouver Public Schools PD Box 6039 Vancouver, WA 98668 | | _ | 100 (Interestricture) |
| Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668 | 91-0971800 501(C)(3) | | 3.000 (breatricted) |
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| Foundation for Vanzouver Public Schools, PO Box 6039 Vancouver, WA 98668 | 91-0971800 501(C)(3) | | 250 Unvertisched grant-Gilverkören241 |
| Foundation for Vancouver Public Schools PO Box 5039 Vancouver, WA 38668 | 91-0971800 502(C(3) | | 5.24 Digital books and online subscriptions for Salmon Creek Elementary |
| Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA \$8658 | 91-0971.800 501(C)(3) | 8 | 80,000 Family Community Resource Center Program |
| Foundation for Vancouver Public Schools, PO Box 6039 Vancouver, WA 98668 | 91-0971800 501(C)(3) | | OOD Basic needs, restricted to Hazel Dell Elementery School community, in response to COVID |
| Foundation for Variouste Build Chook DO Box 5020 Variousts, WA 20000 | 31-037-1000 SOLICAS | 1 | Banussani nicor |
| Foundation for Vancauter Public Schools DO Box 5030 Vancauter WA 09603 | | | 1 April 0.0 April 1.0 Apri |
| Foundarion for Vancouver Public Echools PO Box 6039 Vancouver, WA 98668 | 91-0971800 SON(CIR) | 300 | 1.0 COO Investigation From |
| Fourth Plain Forward,5107 E Fourth Plain Blvd, Suibe 111 Vancouver, WA 98661 | 82-2923189 501(C(3) | | 3.2.18 For COVID-19 related meets |
| Fourth Main Forward 5107 E Fourth Plain Blvd, Suite 111 Vancouver, WA 98661 | 82-2923189 501(C)(3) | 7 | 000 For COVID-19 related support |
| Fourth Plain Forward 5107 E Fourth Plain Blvd, Suite 111 Vancouver, WA 98661 | 82-2923189 501(C)(3) | 71 | 177.500 For COVID-13 referred support |
| Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 11.1 Vancouver, WA 98661 | 82-2923189 S01(C)(3) | Ħ | 10,000 COVID Businars Asaktanna Grants Program to assist two or more Women-Owned in the Fourth Plain Corridor |
| Fourth Plain Forward, 5107 E Fourth Plain Bhd, Suite 211 Vencouver, WA 98661 | 52-2923189 S01(C)(3) | 17 | 282 For COVID-19 retained needs |
| Fourth Plain Forward, 5107 E Fourth Plain Blvd, Sufte 111 Vencouver, WA 98661 | 82-2923189 S01(C)(3) | | 1,000 Uhrustricaed |
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| T | 82-2923189 S01(C)(3) | 1 | 100 Unrestricted |
| | 82-2923189 S01(C)(3) | H. | 10,000 Unvestricted |
| Fred Huttastaton Lancer Research Center, 1100 Farwiew Ave. N. Philamhropy, Mail St. | Mail St. 23-7156071 501(C)(3) | 2 | 22.451 Urrestricted |
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| Free Clinic of Southwest Washington 4:00 Plomondon Street Vancouver, WA 98561 | 30001 51-1/0/542 (501(C)(3) | 3 | CONTINUESTICATE CONTINUESTICATE |
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| 100 | 92-1392010 COLUMN | | TO THE PROPERTY OF THE PROPERT |
| Free Geet, 1731 SE 10th Ave Portland, OR 97214 | 93-1292010 501(C)(3) | 72 | and Uniform August Card |
| | 3-0524232 S01(C)(3) | 8 | 5.000 Librestricted |
| Friends of Kent County Public Ubrary, 497 S.Rad Haven In Dover, DE 19901 | 16-1737286 S01(C)(3) | 5 | 5,000 Unrestricted |
| | 0-4672767 501(C)(3) | 3 | 3,000 Uhrastnicked |
| Friends of Hospics Southwest Washington, PO Box 3116 Vancouver, WA 98668 | 0-4672767 503(C)(3) | 30 | 000 For COVID-19 related support |
| T | 20-4672767 502(C)(3) | - | SB Unrestricted |
| | 53-1096, LO 502(C)(3) | 1 | 22, 200 Computers for youth who have developmental disability in Oregon and Washington chepters |
| | 93-1008105 SOLICHIA | 7 08 | CAULTIVE CONTROL CONTR |
| | 99-1098105 501(C)(3) | N X | 25.000 Child Investment Programs - entered suspensed of the Friends encountering |
| br, WA 98666 | | | 123 Unrestricted |
| | 93-1098105 SOU[C)[3] | 150 | 150,000 Southwest Westlington programs |
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| Priends of the Chicker-SW Washington, PO Box 61882 Vancouver, WA 98666 | 93-1098105 501(C)(3) | 2 | 10,000 October 2020 'An Evering of Hope" event support |

| Community Foundation for Southwest Washington | | | |
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| 1 | 93-0782467 WILLIAM | 6.576 | UNIVERSITIES |
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| | 91-200281/ Suricial | 000 | DECOMPAND OCTO |
| Gardner's chool 1413 NE 50th Avenue Vancouver, WA 98686 | 91-1677685 501(C)3) | 10,000 | DOOD General operating |
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| Humane Society for Southwest Warthneson, 1100 NE 192nd Avenue Vancouver, WA 91-0759124, MILICAN | | 6.547 | 6,44.7 Capta protect outlined in February 2020 process |
| Humane Society for Southwest Washington, 1100 NE 192nd Avenue Vancouver, WA 5 91-0759124 SGLICKS | 59124 SOL(C)(3) | 141 | Unvestricus |
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| Humana Soutety for Southwest Westington, 1130 ME 192nd Avenue Vancouver, WA 91-0759124 | | 28,000 | Unrespicted |
| Identity Clark County, 900 Washington Street, Suita 1040 Vancouver, WA 98660-3455 91-16 | 91-1623724 SOLICIES | 30,000 | Unrestricted |
| Immigrant and Refuges Community Organization, 10801 NE Gitson Pordand, OR 9722 93-01 | 93-0806295 son/cj(3) | 2,000 | 5,000 Unvestricted |
| Impact NW, PO Box 33530 Portland, OR 97292 | 93-0557964 SOLICIES | 15,000 | 15,000 For COVID-19 related support in Southwest Washington |
| | 91-0782136 SMIC[B] | 869 | Oxideen's Programs |
| | 91-0782136 501/(2/8) | 17,000 | For COVID-19 related support |
| | 91-0782136 Sm(C(3) | | Adult Programs |
| | 91-0782136 S01(C B) | 000'5 | Universitated |
| D Box 1025 Pendleton, OR 9 | m, OR 91 93-6033853 SOLICITA) | 28,468 | Camp Meadowcod Springs |
| Number Tear, 501, NE 108th Street Vancountr, WA 98685 | 46-5015461 S01(C)(3) | 500 | 500) Unrestricted |

| Parent manual Day Carrent and and the defendence and Manual Manual Carrent | | | - | |
|---|---|--------------------------------------|---------------------|--|
| F.E.I.N. 91-1246778 | | | | |
| 2020 Forms 990 | | | | |
| stic Organizations and | Domestic Governments | uga . | | |
| RAban Teen,501 ME 108th Street Vancouver, WA 99685 | 46-5015461 501(C)(3 | 01(C)(3) | 100 Unre | Unvestrictud |
| IUrban Teen,501 ME 108th Street Vancouver, WA 98685 | | 01(C)(3) | 1,500 Unre | Unrestricted |
| Urban Teen,501 ME 108th Street Vancouver, WA 98685 | | 501(5(3) | | Unestriated |
| Under Teen, SOI NE 108th Street Vancouver, WA 98685 | | 501(5)(3) | 25,000 iUrbe | Litten Teen Dedicated Office and Program Spece (Capitel Request for Technology and Furnishings) |
| | 23-7345950 | 301(Cl3) | | For CUMD-19 historic support in Sentiment Weshington |
| | 23-7345990 | SON(CID) | 5 DON I homotochan | FOR CLUIS STATES SUPPORT IN SOUTHWEST WASHINGTON |
| l | 23-7345990 5 | SOLICI(3) | 25.000 Oper | Operating Support for James Clarke and Ontwach Senders |
| Janus Youth Programs, Inc.,738 NE Davis Street Portland, OR 97232 | 23-7345990 5 | OL(CH3) | 25,000 For C | For COVID-13 relative dupport in Southwest Washington |
| Japanese American Museum of Oregon, 121 NW 2nd Ave Portland, OR 97209 | 94-3098016 5 | 501(C)(3) | 15,000 Japan | Japanese American Museum of Oregon: General operating support |
| Japanese Ancestral Society of Portland PO Box 82443 Portland, OR 97282 | 93-0685710 5 | S01(C)(3) | 30,000 Gene | General operating support and scholarships |
| | | S01(C)(3) | 5,303 Unrer | Unrestricted |
| 7 | 88-0254957 S | S01(C)(3) | 10,000 Unres | Unrestricted |
| | 91-6008403 | Government | 7,500 Home | Homeless Fund |
| Kelso/Longview Ministerial Association Severe Weather Shelter,PO Box 1670 Longvier | w, WA 986321 | ongview, WA 98632 Has Fiscal Sponsor | 25,000 Ketso | 25,000 Keto Longview Ministerial Association (KLMA) Severe Weather Shelter |
| | | S01(C)(3) | 7,500 Unres | Unrestricted |
| ٦ | | 501(C)(3) | 50,000 Refm | Reimagining L'Archa Homes |
| 62 | 47-5543848 5 | 501(C)(3) | 5,065 2020 | 2000 Scholarships |
| Landmark Christian Assembly, 1504 W Main Street. Battle Ground, WA 98604 | - | Refigious | 5,000 Unrestricted | atricted |
| | _ | Refigious | 5,000 Unrestricted | stricted |
| I | | SOMECHEE | 2,000 COVID Relief | D Relief |
| ٦ | | S01(C)(3) | 50,000 South | Southwest Washington Equity Coalition: Advancing Rectal Equity, Diversity and Inclusion Virtual Teach-in Series |
| | | 503(C)(3) | 25,000 For CI | XXVID-19 related support |
| Latino Community Resource Group, 505 W 16th St. Vancouver, WA 98660-2800 | 61-1636821 5 | S01(C)[3) | 80,000 Fer Q | 80,000 For CDVID-19 militated support |
| 1 | 61-1636821 5 | S01(C)(3) | 90,000 For C | XMD-19 related support |
| | 61-1636821 SOL[C)(3) | oz(c)(3) | 15,000 For C | 15,000 For COVID-19 related support |
| | 45-2823779 H | 45-2823779 HesFiscalSponsor | 500 LULAC | 500 LULAC Vancouver: Local Fresh Produce Pop-Up/Pick-Up Event for Food Insecure Latinx Families |
| | 45-2823779 H | 45-2823779 HasFiscelSponsor | 10,290 To sur | 19,290 To support Coalition strategic planning with the NAACP and CCLYLC |
| League of United Letin American Chizens, PO Box 820197 Vancouver, WA 98662 | 45-2823779 H | 45-2823779 Has-Focal Sponsor | 100,000 For C | 100,000 For CCVID-19 related support |
| | 45-2823779 | HasfiscalSponsor | 50,000 SWW | SWWA LULAC For COVID-19 related support |
| te 100 Portland, OR 9 | 13-5644916 | 501(C)(3) | 75,000 Immu | 75,000 Immunotharapy for Infants with High Risk of AML |
| 22-0006 | 91-1458330 S | S01(C)(3) | 100,000 Houst | 100,000 Housing for Adults Who Experience I/DD |
| | 91-1224762 5 | S01(C)(3) | 5,882 Unrea | 5,882 Unrestricted, In response to COVID-19 needs |
| | 91-0787084 5 | 501(C)(3) | 16,000 For C | 16,000 For COVID-19 related support |
| | 91-0787084 S01(C)(3) | 01(C)(3) | 50,640 For C | SQ-640 For COVID-19 related support |
| | 91-0787084 501(C)(3) | D1(C)(3) | 1,000 Unres | Unrestricted |
| | 91-0787084 5 | S01(c)(3) | 40,000 For CO | For COVID-19 related support |
| Lifeline Connections, PO Box 1678 Vencouver, WA 98668 | 91-0787084 5 | 501(C)(3) | 24,987 Backy | 22,987 Backyard Project - Nature Therapy and Wellness in Women's Residential Treatment |
| | 91-0787084 5 | 501(C)(3) | 250 Unres | 250 Unrestricted grant on behalf of Chrissy Transnall-Give Mora:241 |
| urth Plain Blvd Ste 100 Vance | 83-2331834 501(C)(3) | 01(C)(3) | 10,000 Unres | tricted |
| Very | \$3-2331834 | S01(C)(3) | 25,000 Unrestricted | stricted |
| Vano | 83-2331834 |)1(C)(3) | 5,000 Unres | Unvestricted |
| Vance | 89-2331894 S01(C)(3) | 71(C)(3) | 250 Unres | Unrestricated |
| Vance | 83-2331834 SO1(C)(3) | 21(C)(3) | 250,000 Fourt | Fourth Plain Forward Initiative |
| Lighthouse Financial Foundation, PO Box 1829 1910 W Fourth Plain Blvd Ste 100 Vance | 83-2331834 5 | 501(C)(3) | 91,828 For CC | For COVID-19 related support |
| Vance | 83-2331634 | 21(C)(3) | 25,000 Unrestricted | strictured |
| T | 93-0725294 5 | 501(C)(3) | 30,000 Unres | Unrestricted |
| | 91-11/5528 501(C)(4) | 21(C)(4) | 15,000 Eye en | Eye axams and eye glasses |
| 299668 | 91-1175528 SO1(C)(4) | 31(C)(4) | 500 Unres | Unrestricted |
| LWING for Christ Church, 1905 NE 152nd Place Vencouver, WA 98684 | 83-18730S6 R | Religious | 40,000 For CC | For COVID-15 related support |
| | | Religious | 6,708 Holida | Moliday (and baxes for familias affected by COVID-19 |
| | 83-1873056 R | Religious | 1,292 Holfda | 3,292 Holiday food boxes for families effected by COVID-19 |
| | | Religious | 10,000 For CC | OVID-19 related support |
| New, WA 98632 | 91-0573112 R | Religious | 25,856 1/2 fo | 25,856 1/2 for programs; 1/2 for Missions Committee |
| LONGVIEW DOWNTOWNERS, PO Box 372, Longwaw, WA 98532 | | 31(C)(3) | 75,000 For CC | For COVID-19 related support |
| | | Sovernment | 3,000 Denni | Dennis Dietz Memorial Scholerships for RA Long High. School Gradueting Seniors |
| Longitudes Public Schools 2715 Har Smart Longitudes, WA 2005. | | Covernment | 25,000 Expen | Expending Student Support through Longview Public School's Family and Community Regource Center |
| | | COVERNMENT | 8,000 Danny | Darry L. Pylins Scholarships, benefiting RA Long High School two seniors (S4,000 each) |
| | | COVERTIMENT | 16,346 Progra | Programs serving middle school students |
| | 91-6001605 | Government | 5,000 Unrest | Unrestricted, in response to COVID-19 needs |
| Long Overwhelming PD Roy 1670 Longuism Wa BBC22 | | CONTRACTOR | TU, OUC PATHICY | Sahniy Cammunk Hesourod Camber Program |
| | 91-0814141 S | Smichal | 000000 | Exe Chultura de alemente de la companya de la compa |
| Lower Columbia CAP.1526 Commerce Avenue Longrales, WA 98632 | 91-0814141 5 | Sortman | 100 000 For C | a zavijava i su sveti za spranja sa prijavi i sa spranja sa spranj |
| | 200000000000000000000000000000000000000 | (allala) | and in the second | |

| Community Foundation for Southwest Weshington | | | - | | |
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| Audy FORTH 200 Schedule Part II Grade and Other Aceteraton to Demostic Countries and Domes | nd Domestic Governments | | | | |
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| | 91-0814141 | 501(C)(3) | 1,000 U | Prestricted | |
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| | 92-0614141 S01(C)(3) | 01(C)(3) | 13.557 | Emergency rental assistance | |
| | 91-0614141 | 501(C)(3) | 000 | 3,000 Unvestricted | |
| | 91-0614141 SUI(C)(3) | (1)(C)(3) | 1000 | L Mesticals | T |
| Lower Columbia CAP 1435 Commerce Avenue Longway WA 98632 | 91-08141 | 504(743) | N COUNTY | UNISOTICINE UNISOT | |
| | 1,0814141 | 01(0)(3) | 1,000 U | tionness or more region. | T |
| /A 94632 | 51-0975957 | 501(C)(3) | Z,000 F | 55,000 Fer COVID-39 related support | |
| | 91-0975957 S01(C)(3) | o1(c)(3) | 1,500 U | 1,500 Unverticued | |
| | 91-0975957 S01(C)(3) | 01(C)(3) | 25,000 F | 25,000 For COVID-19 related support | |
| _ | 1-0975957 | 01(C)(3) | 16,346 H | arvey 1. and Marcella M. Machinter Endowed Scholarship Fund | |
| 632-0310 | 91-0823636 | Government | 25,000 6 | 25,000 ECEAP Operating Support | |
| | 46-4549009 | 501(C)(3) | 1,500 U | Unrestricted | |
| | 46-4549009 | \$01(C)(3) | 1,500 U | 1,500 Unrestricted | |
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| | 46-4549009 501(C)(3) | 01(0(3) | 25,000 5 | 225,000 Seeding Hope and Growing Realishout School Gardens Education and Empowerment Programming | |
| Contracting Community Services from Management Service Service Service State Management Community Services Serv | 2 1000000 | 04(4/3) | 7,000 | NEUTRIN | T |
| Laborer on Locking and Month Park Chinese, Secure Main Street, Saint 200, Vancanary, Wells Labbaran, Committee Services Rectinged Saint Street Saint 200, Vancanary Video | GOLLIGICATO SCHICKEL | CHICAS) | 2000 | the man and a sport | |
| Lutheran Community Services Northwest 3500 Main Street, Suite 200 Vancouver, W.45 | 3-C386860-E | OLC/(3) | | Investicaci | T |
| Make-A-Wish Foundation Of Idaho 310 W Idaho St. Bolse. ID 83702-6039 | 82-0408150 S02(C)(3) | ON(C)(3) | 000'5 | Unsatitati | Τ |
| Master Gardenar Foundation of Cowitz County, WSU Extension 1946 3rd Avenue Long 9 | 1-1930414 | 02(C)(3) | 393 C | 333 (centruction of new preschouse at Juvenile Detention Center | Ī |
| Marter Gardener Foundation of Cowitz County, WSU Extension 1946 3rd Avenue Long | 91-1930414 S01(C)(3) | 02(C)(3) | 4,597 G | orsetuction of new green/nouse at Juvenile Detention Center | Γ |
| | 91-1930414 SOU[C](3) | on(c)(3) | 10,010 | 10,010 Construction of new greenhouse at Juvenile Defortion Center | Γ |
| McMinmile Area Habitat for Hamanity, PO Box 301. McMinmille, OR 97128 | 93-1025835 501(C)[3] | 01(C)(3) | 5,000 U | Unitaridad | |
| | 3-0584318 | 01(C)(3) | 1,133 U | 1,1,13 Urrestricted | |
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| | 93-0584318 SOJICH3) | OMCH3) | 25,000 U | 25,000 Unrestricted | |
| | 3-0584318 | 04(C)(3) | 5,000 | 5,000 Freezer/refrigerators at new facility | |
| | 93-0584318 S01(C)(3) | 02(C)(3) | 11,965 | ALL SES CARRY, and y, in response to COVID-19 houses | |
| Menis on Wheels People, PO Box 15477 Portband, OR 97280 | 99-0584318 501(C)(3) | OCE (CH3) | 15,000 U | Unvestricted | |
| | 3-0684318 | OLICH3) | 2007 | Unrestricted Vancouver | |
| | 3-0584318 | व्यत्पत्र | 350 | 350 Unrestricted | |
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| Modella on Wheele Prophery C 602 12477 Postaling, OK 97.280 | 99-0584318 SULCI(3) | 02(C)(2) | | Unrestricted, in response to CDVID-19 needs | |
| | 03 /604318 | (04/1/10) | 2000 | United States of the State of t | |
| Medical Teams International PO Box 4288 Portland, OR 97208 | 93-0878944 S01(C)(3) | 01(0)(3) | 1 OUGS | TOW CONTROL THE REAL WEST SHOWN THE | I |
| | 3-0878944 | 01(C)(3) | 25,000 Fc | 3,000 For COVID-19 related support in Southwest Westignation | Γ |
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| 49 New York, NY 10023-0010 | 465671164 501(C)(3) | 01(C)(3) | 5,000 U | 5,000 Unrestricted | |
| | 5-4218268 | 02(C)(3) | 2,000 | Unrestricted | |
| Military Institute 202 of the Australia Option A particular | 93-090/543 | SOU(C)(3) | | Milagro UNDAD Mas Alla Programs for Clerk County Schools | T |
| rtland. OR 97209 | 94-3098016 | Has Fiscal Soonsor | M 000 01 | O DON Millions West in secure Profess Consent consension | Ī |
| ock. WA 98 | 91-1175938 | 501(0)(3) | 19 500 \$ | 19 500 Scholandische Masswerde Hint School Gendunder | T |
| | 53-6002309 Government | overnment | 17,179 [| Unverticated | |
| ole, PO Bo | 46-3764546 | Fiscal Sponsor | 59,000 N | 59,000 INAACP Vancouver: For CDVID-19 related support | Ī |
| NAACP Vancouver-National Association of the Advancement of Colored Psopie,PO 8c 4 | | Fiscal Sponsor | . ES | Principle | |
| 16,70 Bc | | Fiscal Sponsor | 50,000 Fc | For COVID-19 related support | |
| MAACP Vancouver-Mational Association of the Advancement of Colored People, PO Bol 4 | 46-3764546 | Fiscal Sponsor | 2,300 Ju | 2,300 Junetoenth 2020 | |
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| Community Foundation for Southwest Weststorton | | | - | | |
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| Schedule I, Part II Grants and Other Assistance to Domertic Organizations and Dome | estic Governments | , | - | | Ī |
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| MANNI SOUTHWEST TO SERVING SOUTH SALES AND VEHICLINES, WAS SECON | 91-1065027 30 | 304(5) | 7,000 Ft | or COVID-19 related support | |
| MANY SOUTHWEST THESTRANGERS, 2007 PARTY LZD VENCOUVER, WASSESS | | soutch(3) | 2005 | SOU Universitied | |
| MAME SOUTHWER WESTINGTON, 2500 Main St., Suite 120 Vancouver, WA 98660 | | S01(C)(3) | 100 U | 100 Unrestricted | |
| MAMI Southwest Washington, 2500 Main St., Suite 120 Vancouver, WA 98660 | | 502(C)(3) | | 5,000 Unrestricted | |
| MAMI Southwest Washington, 2500 Main St., Suite 120 Vencoever, WA 98660 | 91-1065027 50 | 501(5) | \$,000 | Support of February 28, 2020 Annual Luncheon | |
| National World War II Museum, Inc., 945 Magazine Street. New Orleans, LA 70130 | 72-1200790 50: | r(c)(3) | 100 U | Inrestricted | |
| National World War II Museum, Inc.,945 Magazine Street New Orleans, LA 70130 | 72-1200790 50. | 501(C)(3) | 30,000[\$ | 20,000 for podcasts, \$10,000 for emergency fund | |
| Mattonal World War II Museum, Inc., 945 Magazine Street New Orleans, LA 70130 | 72-1200790 501(C)(3) | I(C)(3) | 210,000 5: | 210,000 (510,000 Petrfot Gride, \$200,000 Cupital Campaign Nat I WWII Museum Road to Victory/Rigarins Campaign Fund | Γ |
| Nature Conservancy, Attn: Tressury 4245 N. Fairbax Drive, Suite 100 Adington, VA 2221 | 153-0242652 SQ11CH31 | LC(3) | 637610 | 6.376 Unverticated | |
| New Heights Church, 2000 NE S8th Avenue Vancouver, WA 98565 | 91-0864632 | Religious | 10,000 U | Unvestidad | |
| Next Step Strategies Inc., 8909 Se Tolbert St Cleckenus, DR 97015-9653 | 47-2584174 50 | 501(C)(3) | 20,000 "6 | Product for All Prescan | T |
| North County Community Bood Bank PO Box 2106 Ramie Ground, Wa 98504 | 01-1715580 SO | Smirita | 1 000 | Investigated to resource to Childh. 10 | Ī |
| Month County Community Earl Sant DO Box 2506 Batela Grassed Mrs 5000s | 01.1716600 | Chalmist | | בייבור ער ער און מייבור און מייבו | |
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| reach county community roop bank, to sex 210s battle ground, WA 9800 | 91-1/15580 Surjey(3) | LC(3) | 10,000 | Unreptricted, in response to COVID-19 | |
| 1 | 91-1715580 50 | (003) | 100 | Unrestricted | |
| North County Community Food Bant, PO Box 2105 Battle Ground, WA 98604 | 91-1715580 50 | 501(C)(3) | 15,000 U | Unrestricted | |
| Morthwest Association for Blind Athletes, PO Box 65265 Vancouver, WA 98665 | 26-0244283 501(C)(3) | (C)(3) | 15,000 U: | 15,000 Unrestrictud | |
| Northwest Association for Blind Athletae, PO Box 65265 Vancouver, WA 98665 | 26-0244289 507 | (C)(3) | 116 U | 116 Unrestricted | |
| | 26-0244283 S01(C)(3 | I(C)(3) | n 2005 | Soo Unrestricted | |
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| × | 91-1355457 501(C)(3) | (003) | 23,440 Cc | 23.440 Columbia Court Homeowners Coconsistive in Laneview | |
| Northwest Film Forum, 1515 12TH Ava Seattle, WA 98122 | 91-1702331 SOMO(3) | (0(3) | 10.000184 | 10.000 Buffalo Soldiere of the Parific Northwest | T |
| Northwest Housing Alternathes, Inc. 2315 SE Willard St. Milwaulde, OR 97222-7740 | 93-0814473 SOUTH | (203) | 265,000,45 | Application of a second control of the secon | T |
| | 20.0324163 501(7)(2) | i i i | 2000 | PARTIES AS CONTRIBUTED THE CONTRIBUTE FOR THE CONTRIBUTE TO CONTRIBUTE OF THE CONTRIBUTE TO CONTRIBUTE OF THE CONTRIBUTE | |
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| | OC COTCO/T-TE | (cVs) | 10,000 | OND Support | |
| | 22-5939593 (501(C)(3) | (CK3) | 45,000 Fo | 25,000 For SWWA only; pick-up/clearing donated frams, and purchase of new beds | |
| | TOC PASSESSE-77 | 15/13/ | 2005 | 500 Unrestricted | |
| | 22-3939593 501 | (C)(3) | 5,000 Ur | 5,000 Unrestricted | |
| RW YUTHUTE BANK LOUD Washington Street Vancouver, WA 98660 | 22-3939593 501 | 501(C(3) | 200 | Unvestricted | |
| Outdingwe Community Church, PO Box 496 McMinwille, OR 97128 | 47-4672237 Reli | Religious | 15,000 Ur | Unrestricted | |
| Odyssey World International Education Services, PO Box 1051 Vancouver, WA 98666 | 20-3905057 501 | (0(3) | 25,000 Se | 25,000 Service Learning Program | İ |
| Office Morns & Dads,806 Main Street Vancouver, WA 98660 | 32-0476680 501 | S01(C)(3) | 4,540 Fo | For COVID-19 related support | |
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| Om Thrive 1018 NE 63rd Street Vancouver, WA 98665 | 201 | Genilannen | 25 000 25 | The state of the s | T |
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| One 16s Soul Dealer De Bou de Goule Course Me Decod | 34-3408/30 301 | 2011(2) | 25,000 | 13/50U Smolarization for Onlinests High School Graduates | |
| Che Lito rood Partry, ru box se bettle Ground, WA 98604 | 80-0426235 501(C)(3) | (C)(3) | 12,000 Fo | For CDVID-19 related support | |
| COMPANIENCE, 1.2.2.3 5 Wester Sure 450 Service, WA 95144 | 20-0384893 501 | 501(C)(3) | 25,000 Bu | Building a Leadership Pipeline in Underserved immigrant Communities in Southwestern Washington | |
| Upen House Ministres, PU Box 242 Vancouver, WA 98665 | | S01(C)(3) | 200 | Unvestricted | |
| Open Mouse Ministries, PO Box 24.2 Vancouver, WA 98666 | 94-3028685 501 | S01(C(3) | 1,000 Ln | Unrestricted | |
| Upen House Ministries, PO Box 242 Vancouver, WA 93666 | 94-3028685 S01(C)(3) | (2)3) | 3,000 Un | Unrestricted | |
| Open House Ministries, PO Box 242, Vancouver, WA 98666 | 94-3028685 501(C)(3 | (C)(3) | 25,000 Unrestricted | restricted | |
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| Community Foundation for Southwess Washington | | | | | - |
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| F.E.I.N. 91-1246778 | - | | | | |
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| COMMEND IN COMES THE COMES AND AND AND AND AND AND AND AND AND AND | DC GOVERNINGNIS | | | | |
| Open House Ministries, PO Box 242 Vancouver, WA 58666 | | (3) | | | |
| | | 0 | 5,000 Uninstricted | | |
| | 94-3028685 S03(C)(3) | 2 | 865,000 Purchase of property | | |
| | 94-3028685 501(C | (3) | 20,000 Unnerticed | | |
| | 94-3028685 503(C)(3) | (3) | 5,000 Unrestricted | _ | |
| | 94-3028625 503(C | 69 | Unrestricted | | |
| | M-3023865 503(C | E . | 1,500 For COVID-19 related support | 1 | |
| | 4-3020545 S01(C | (S) | 7,250 Unrestricted | | |
| Ones House Ministries DO Roy 242 Vancy uses WA 98666 | QA_3028686 SON(CV3) | 16/1 | 4,242) Universities at 1 | | |
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| | 4-3028685 501(C | 100 | 4.515 Investigated | | |
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| Open House Ministrales PO Ress 242 Vancourses WA 98666 | 24-3028685 SOLIC | | A 322 (Invested and a 322) (Invested and a 322) | | + |
| | 94-3028685 SMICHA | 100 | A2K Innerektus | | - |
| | 94-302.8685 S01(C | 1(3) | 4 332 thrusthethed | | |
| | 94-3028685 S01/C | (E) | 7.121 Unrestricted | | |
| | 94-3028685 SOIC | (2) | 4.515 Unrespicted | ļ | - |
| Options360 Women's Clinic,PO Box 61545 Vancouver, WA 99656 | 27-0059405 S01(C)(3) | (5) | 57 Untestricted | | |
| | 27-0059405 501(C | 1(3) | 5.000 Unrestricted | - | |
| | 27-0059405 501(C)(3) | (2) | 1,500 Unrestricted | | |
| | 27-0059405 501(C | (3) | SOO Unrestricted | | |
| | 93-0615601 501(C | (2) | 10,000 General operative support | | |
| Onegon Food Bank, 7900 NE 33rd Drive Portland, CR 97211 | 93-0785786 S01/C)(3) | (2) | 1,000 Unrestricted | | |
| | 93-0785786 SOLIC | (5) | 5,000 Unrestricted | | |
| | 93-0785786 SOLICI(3) | (3) | 3.000 lymastricled | | |
| | 93-0785786 501(C)(3) | (3) | 2,000 Unrestricted | | _ |
| | 93-0785786 SOLIC | (5) | Z,000 Unrestricted | | |
| | 100 Pd23-7083114 [S01(C)(3) | (8) | 2,922 Multiple Scienceis Research | | |
| Oragon Health & Science University Foundation, 1121 SW Salmon Street, Suite 100 Pc/2 | Z3-7083114 S01(C)(3) | (5) | 333,334 knight Scholars Program: Expansion to Promote a More Diverse Cincer Research Worldores | | |
| Ovegon Health & Science University Foundation, 1121 SW Selmon Street, Suite 100 Pd 2 | 23-7083114 501(0)(3) | (3) | 5,000 General Scholarship Fund | | |
| Oragon Health & Science University Foundation, 1121 SW Salmon Street, Suite 100 Pc 1 | 3-7083134 SOL(C | (3) | 500,000 Blood Bloodes as a Cost-Effective Approach to Democrattung Personalized Therapy in OR & WA Patients | | |
| Oregon Health & Science University Foundation, 1121 SW Salmon Street, Suite 100 Pc 2 | 100 Pe 23-7083114 S01(C)(3) | (3) | 100,000 Cylidrans heeith care and research. Up to \$20,000 may be used for the Pediatric Gastroenharplagy Department at Doembecher | oembecher | |
| Ovegon Health & Science University Foundation, 1121 SW Salmon Street, Suite 100 Pc 2 | 2-7083114 SOUC | (3) | 1,000 Pandemic Fund | - | |
| Oregon Health & Science University Foundation, 1121 SW Salmon Street, Suits 100 Pc 1 | 3-7083114 S01(C | (3) | 3,000 Councer Institute | | |
| Ovegon Museum of Science and Industry (OMSI), 1945 SE Water Avenue Portland, OR 9 | land, OR 93-0402877 501(C)(3) | (3) | 3Q,000 [unmatricted] | | |
| Oregon Parks Forever, 1501 SW Jefferson St. Portland, OR 97201. | 3-1177836 S01(C | EX | 6,376 Unrestricted | | |
| Gregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-3(5 | 3-0814638 SOL(C | (3) | 425 Unrestricted | | |
| Oregon Public Broadcasting (OPS) 7340 5W Macedam Avenue Rottland, OR 97219-309 | 37219-ad 93-0814638 (50U(C)(3) | (EF | 100 Uhrestricted | | |
| Oregon Public Broedcasting (OPS),7340 SW Macadam Avenue Portland, OR 97219-30s | 3-0614636 501(C | (S) | 425 Unrestricted | | |
| Oragon Public Broadcasting (OPB), 7140 SW Macadam Avenue Portland, OR 97219-3015 | 219-3d 93-0814638 SOUC | (2) | 25,000 Capital Campalgn | _ | |
| Omeon Public Broadcasting (OPB),7340 SW Macadam Avenue Portland, OR 97239-301s | 219-30 53-0814638 S01(C)(3) | (2) | 425 Unvestricted | | |
| 25.93 | 219-3039-0814638 S01(C | íc. | 425 Urvestricted | | |
| 200 | 93-0814638 S01(C)(3) | (8) | 425 Unvestricted | | _ |
| Onegon Public Broadcasting (OPS), 7140 SW Macadam Avenue Portland, OR 97219-34 s | 219-30 93-0814638 S01(C)(3) | (3) | 425 Unrestricted | | _ |
| Omgon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-309 | 219-30 99-0614638 501(C)(3) | (3) | 425 Unrestricted | | |
| ă | 93-0814638 SOLIC | (3) | 425 Unrestricted | | |
| Oregon Public Broadcasting (OPB),7140 SW Macadem Avenue Portland, OR 97219-909 | 93-0814638 501(C)(3) | (2) | 425 Uhrestricted | _ | |
| 8 | 93-081.4638 501(C)(3) | 23 | 2,000/Unirestricted | | |
| 219.30 | 93-081.4638 S01(C | (6) | 1,200 Unrestricted | | |
| 218 | 99-0614638 501(C)(3) | (3) | 425 Uhrestriczed | | |
| 219-3 | 3-081.463B 501(C) | (3) | 425 Uhrestricted | | |
| Oregon Public Broadcasting (OPB),7140 SW Macadam Avenue Portland, OR 97219-30 9 | (93-0814638 [501(C)(3) | (3) | 1,000 impact Journalism Fund | | |
| 219 | 93-0814638 501(C)(3) | (3) | | | _ |
| 200 | 3-0814638 SOLICI(3) | (3) | 435 Uhrestricted | | |
| 20.0 | 219-3099-0614638 501(C)(3 | (3) | 500 Unmadricted | | |
| rtland, OR 9726 | | (3) | S,000 General operating | _ | |
| | | (3) | 5,000 Unirestricted | | |
| | 93-0718337 SOLICITS | <u>e</u> | 10,000 Unrestricted | | |
| G8 | | (6) | 2M Unrestricted | | |
| | 97-0645685 S01(C)(3) | (2) | 2.153 Scholerships | | |
| | 8663 91-0645685 501(C)(3 | (2) | 3,000 Cur Ludy of Lourdes School: Unresortated | | |

| Comesunity Foundation for Southwest Washington | | | | Г |
|--|----------------------------------|--|---------|---|
| F.E.I.N. 92-1246778 | | | | Т |
| | | | | П |
| PO PO | | | | |
| E998 | | 5,087 Scholerships | | ٦ |
| Cour Lings of Lourdes Catholic Church, 47.23 NW Frankin Screen Vancouver, WA 98663 9 | | 36,705 Our Lady of Loundes Catholic School | | ٦ |
| | 91-0645685 501(C)(3) | 14,256 Scholanships | | Т |
| | 91-0545665 501(C)(3) | /,146 Scholarships | | Т |
| Our task of hearing Cabair County A723 MAR Smaller Street Vancouver, WA 20003 19 | 91-0042002 301(C)(3) | Datamarino DAT | | Т |
| 2 5 | 91-DKAKKIK KINICIR | 1,500 illegantiful | | Т |
| | | 25 DOO Deventrational beforetrarchine & Roand Assertances | | Т |
| Outsidersinn,5301 NE 56th Ave Vencouver, WA 98661 | 81-3259312 S01(C)(3) | 250 Unverticed | | Τ |
| | 81-3259312 (501(C)(3) | 250 Unrestricted | | Т |
| A 98661 | 81-3259312 S01(C)(3) | 6,360 For CDVID-19 related support | | Γ |
| П | 93-1124364 501(C)(3) | 20,000 General operating support and scholarships | | Г |
| П | 82-4313213 S01(C)(3) | 5,000 Unrestricted | | Γ |
| Pacific Foundation for Blind Children, 2214 East 13th Street Vancouver, WA 99661 | 31-1561247 501(C)(3) | 10,000 Mobile Low-Vision Cinic | | |
| ╗ | 31-1561247 501(C)(3) | 738 Unrestricted | | |
| न | | 20,000 For COVID-19 related support in Southwest Washington | | П |
| 를 | 84-2470123 501(C)(3) | 20,000 SWWA Retible Funding Support | | |
| | 250362053 501(C)(3) | 100,000 Tahoe-Nevada Heritaga Circia | | П |
| | 93-0905013 503(C)(3) | ZS,000 For COVID-19 related support in Southwest Washington | | 1 |
| | 91-1966747 501(C)(3) | 65,000 Unrestricted | | - |
| | | 1,500 Booville at Vancouver Mall | | 7 |
| | 91-1986/47 501(C)(3) | 1,000 Unrestricted | | 7 |
| Ţ | 91-1986/4/ 501(C)(3) | 1,999 Rudy Luopke Senior Center Programs | | Т |
| Parts Foundation of Clark County, P. Box 355 Lands, WA 50007 | 91-1986/47 SOUCHS) | 30,971 Senior programs at the Luepice Senior Center | | Т |
| I | 01-1000747 CA1(-113) | Direction of the control of the cont | | T |
| | GIUDINA CHICIDI | CO model (section less than 1975) | | Т |
| | 04-1527012 CO1(C)(3) | Day of the state o | | Т |
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| Partners in Cereers 3210 NE 52nd Street Vancouver, WA 08663 | 01_1527012 CALIFOLD | * F. COL Exp. Children in the control of the contro | | Т |
| T | 91-1537912 SOTICICAL | 12 233 Chendal Greeners for Elektrice of Dominates Indianae to Breeze Educational Departments | | Т |
| ş | 77-1473773 HatElscalSponsor | 5 Office actions | Militar | T |
| ş | 27-1423723 Has Fiscal Sponsor | 100 lbeatristed | | 1 |
| \$ | Vand 27-1423723 HesFlacalSoonson | 250 Uhrestniched | | Т |
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| Γ | 91-19S4815 SQ1(CK3) | 50,000 For COVID-19 related surpoort | | Т |
| Γ | 1-1689705 SO1(C)(3) | 5.000 Unrectricted | | Т |
| 8998 | 91-1231436 S01(C)(3) | 14.242 S7120.89 for Hospita Southwest: S7120.99 Unrestricted | | Τ |
| 89986 | 91-1231436 SOI(C)(3) | 57 Unrestricted | | Τ |
| 38668 | 1-1231436 501(C)(3) | 2,000 McGough Physical Rehabilitation Center-Vancouver | | Т |
| 8999 | 91-1231436 501(C)(3) | 1,000 Unrestricted | | Т |
| PeaceHealth Southwest Medical Center Foundati, Po Box 1600 Vancouver, WA 9866E 91 | 91-1231436 501(C)(3) | S0,000 For CDVID-19 related support | | Т |
| 8998 | 91-1231436 [501(C)(3) | | | Т |
| 8 | 91-1231436 501(C)(3) | 10,000 Caregivers Covid Response Fund | | Т |
| 8 | 1-1231436 501(C)(3) | 5,000 Nursing Scholarships, veterans preferred | | |
| 8 | B 91-1231436 S01(C)(3) | 2,000 Ray Mickay Hospice House in Vancouver | | |
| 9 | 1-1231436 501(C)(3) | 1,000 Unrestricted, COVID-19 Fund | | Τ |
| ģ | -1237436 SUI(C)[3] | SURCO Unrestricted | | 1 |
| Peacettaith Courtises Madical Conter foundation New 1870 Machine No. Occupies | 5 21-123 1436 SULL(S) | 2000 000°C | | 1 |
| 970 | 0468 01-1321436 R01(7(2) | Open Company of the C | | Т |
| F | | 1 OOD Creativer in Many Parenties House Cond | | Т |
| 8 | 91-1231436 (S01/C)(3) | 50,000 Cancer Constaint Floor & North revenent 2 of 5 | | Т |
| 188 | -1231436 S01(CV3) | S.000 PHSW COVID 19 Christian Heroes Emergency Fluid | | Т |
| 8998 | 91-1231436 SOI(C)(3) | | | Ŧ |
| 9998 | 91-1231436 501(C)(3) | | | T |
| 9998 | 91-1231436 501(C)(3) | 22,000 For COVID-19 related support | | Т |
| 3 | 91-1231436 501(C)(3) | 20,000 Southwest Neurosciences Phase 3 Project | | T |
| PeaceHealth Southwest Medical Center Foundati, Po Box 1600 Vancouver, WA 98668 91 | 8668 91-1231436 S01(C)(3) | 4,000 Cancellation fee for summer 2020 Benavement Retreat | | - |
| PeaceHealth Southwest Medical Canter Foundad, Po Box 1600 Vancouver, WA 98668 91 | 91-1231436 SO1(C)(3) | | | Т |
| 1 | 91-1538652 501(C)(3) | 1,963 Unrestricted | | |
| Ĭ | net (91-1538852 501(C)(3) | 36,000 For CDVID-19 related support | | П |
| Т | 91-1156962 501(C)(3) | 25,000 COVID Emergency Response | | 7 |
| 1 | MANATTRY INDICATES | 25,000 300M/artistic needs of students/non-students thru development of online content | | 7 |

| Community Poundacion for Southwest Whahlterton | | - | |
|---|-------------------------------|-----|--|
| FELN. 91-1246778 | | | |
| 2020 Form 996 | | | |
| Dhane Academy 1631 NF Broadway #124 Doubland OD 57737-1674 | 03-0001367 501/0/23 | | C 300 Illustrated design |
| Phy Lemonade Project, 7720 NE Highway 99, Suite D 342 Vancouver, WA 98665 | | | 25 DOD For COVID-19 reliand surpoor in Southwest Washinston |
| Plak Lemonade Project, 7720 NE Highway 99, Sulte D 342 Vancower, WA 98665 | 37-1699288 501(C)(3) | | Unrestricted |
| | 93-6031270 503(C)(3) | | 1,500 lurestricted |
| | 99-6031270 503(C)(S) | | 500 Unrestricted |
| Pilitated Parentinood Columbia Williamette, April Development 3727 NE Martin Luther | 93-6031270 SOI(C)(3) | | A CASE Unrestricted |
| Planned Parenthood Columbia Willematte Atth: Develorment 3727 NE Marcia Lufter | 93-6031270 501(C)(3 | | Barutsianu Mys |
| Manned Parenthood Columbia Williamette, Attn.: Development 3727 NE Martin Luther | 93-6031270 501(C)(3) | | 3,000 (Unrestricted |
| Planned Parenthood Columbia Willemette, Attn: Development 3727 NE Martin Luther | 93-6031270 501(C)(3) | | 2,000 Unrestricted |
| Planned Parenthood Columbia Willamette, Attn: Devalopment 3727 NE Martin Luther | 93-6031270 S01(C)(3) | | 250 Unrespricted |
| | 91-2072283 501(C)[3 | | 250 Unrestricted |
| | 91-20/2283 S02[C][3] | | 12,500 Universitied |
| Position Anti-Article Leaves Code & Companies Designed Vancouver, WA 98561 | 91-2072283 SUNCHS | + | 35,000 Amplifying Youth Votess |
| 2365 | 20.1116631 (50117/21 | | Of the Comment and and and advantaged
| | 93-0611171 SOLICIES | | a CONTROL OF THE STATE OF THE S |
| Portland Opera, The Hampton Opera Center 211 3E Canuthers Street Portland, OR 972 | 93-608-4321 SOZ(C)(3) | | S,000 (Resident Arrists Program |
| | 93-0429004 501(C)(3) | | 25,000 Varrouver Efforts |
| П | 93-1309882 501(C)(3) | | 12,000 Generali operating support |
| Q 972 | 93-0386902 S01(C)(3) | | S,000 Unrestricted |
| Providence Childrens Health Foundation, 830 NE 47th Avenue Portland, OR 97213 | 93-0800140 S01(C)(3) | | 30,000 Contest for Medically Fragile Children COVID-19 Response |
| 227 | 93-1231494 501(C)(3) | | 75,000 Building a Precision Oncology Program |
| 1 | 91-1097056 501(C)(3 | | 7.22 Unrestricted |
| Providence at Vincent Medical Poundance, 5205 SW Bernet Road Portain, UK 97,225 | OR 97722 95-15-75982 (SOUCIS) | | |
| Patrick Average Industria National Services DO Sec 2005 Long Average National Articles Conference and Security National Security | 641875608 SUDICION | | S,UO I Ser CALL Fellines Support |
| REACH Commission Describement ATCS Reach Assess Bootsed, OB 07300 | 04.15/2006 SUU[C][5] | | 1.5/JOU SITE GOING AND HIGH SEASON TRAINING SAW AND THE CHARLE SAW AND THE COURT OF |
| REACH Community Development 4150 5 Moody Avenue Portland, OR 97239 | 13-OKT 3981 SOLICITAL | | Approx (Table State of the Stat |
| Reach Cut and Read Washington, 2400 NW 80th St. #315 Seattle, WA 98117 | 04-3481253 SO1(C)(3) | | 10,000 (\$,000 Reach out, and Read Oreeron \$5,000 for Reach out and Read Watchinston |
| | 04-3481253 501(C)(3) | | 24,000 Reach Out and Read for Southwest Washington Families |
| | 04-3481253 501(C)[3] | | 100 Cawitts County, Washington |
| Ridgefield School District,510 Floneer Street Ridgefield, WA 98642 | 916001599 Government | ent | 5,000 [sently Community Resource Center Program |
| Con.61 | 91-1246778 S01(C)(3) | | 150,000 Riley Family Charitable Fund |
| 198057 | 91-2054085 501(CN3) | _ | 13,556 Unrestricted |
| aloe Road, Sulte 320 Cames, WA 98 | | 4 | 32.107 Water feature |
| | 91-0564983 501(C)(3) | 7 | 237.435 Fethways to Shakility Transfitoning U/DO Individuals Experienting Homelessness to Stable Housing |
| | 83-0433165 501(G)3 | 1 | 2.2.2.26 For COVID-19 related support |
| | R-O433165 SOLICIE | - | 2 STATE EACH CONTRACT OF CATALOGY THEIR |
| Salmon Creek Kospital Foundation, PO Box 4484 Portland, OR 97208 | 13-0433165 S01(C)(3) | - | According to Visited States States and Proceedings States |
| | | | 2,300 Ubrestricted |
| | 89-0433165 501(C)(3) | | 100 Unrestricted |
| İ | 83-0433185 S01(C)(3) | | 3.000 Unrestricted |
| | 81-3153433 501(C)3) | + | 350/DOO For COVID-19 related support in Southwest Weshington |
| Scholar Fund / Scholarship Junkies PO Box 45406 Search. WA 98145 | 81-3153-423 SOLICITAL | | 220/UNIT COVID-121 TRIBUTED SUPPORT IN SUCH WESTINGTON ON AND TAY OF CHANGE IN-MAN IN CITABLE SUBMISSION BANKS and Makhakalam Changles |
| | 86-0460092 501(C)(3) | | 5,000 Unrestricted |
| See Mar Community Health Centers/Community Services Northwest,6221 NE Fourth (| 31-1020139 S01(C)(3) | | 75,000 Start-Up. Costs for Medicald Foundational Community Support Housing Benefit |
| Seettle Children's Hospital Foundation, M/S 816-F PO Box 5371 Seettle, WA 98145-50(91-1156519 501(C)(3) | 11-1156519 501(C)(3) | | 00,000 junestricaed |
| Seattle Children's Hospital Foundation, M/S \$18-F PO Box 5371 Seattle, WA 98145-500 | 1156519 501(0)(3) | | 100 Unrestricted |
| 99302 | 23-7173826 501(C)(3) | | 15.556 Unrestricted |
| | _ | | 55,000 Neals Lave Appliances |
| | | | 5,000 Unrestricted |
| Self Enhancement Inc. 3020 Niferbo Avenue Portland, OR 97277 | 20-1086679 Smirry | | And University of the Control of the |
| Nue Vancouver, WA | | | OZOZ ŚŚI JAN JAN JAN JAN JAN JAN JAN JAN JAN JAN |
| Seton Catholic College Preparatory High School 9000 NE 64th Avenue Vancouver, WA | | | 3000 Unrestricted |
| Seton Catholic Cothege Preparatory High Schoo, 9000 NE 64th Avenue Vancouver, WA | 91-2083459 501(C)(3) | | 225,000 Scholarhild Assistance Fund |
| Seton Catholic College Preparatory High Schoo, 2000 NE 54th Avanue Vancovver, WA, 91-2063459 501(C)(3) | 11-2063459 501(C)(3) | 1 | 150,000 Seton Scholarshing Fund |
| th Averue Vancouver, WA | 91-2063459 501(C)(3) | | 25,000 Scholarship Apprel |
| | 91-1205119 501(C(3) | | In JOHN LIVERSTREET AND LIVERS |
| Share Mc. 2306 NE Andreaen Road Vancouver, WA 90561 | 91-1205119 SOUCH | + | 25,000 the COVID-13 retained support. |
| | | | and our resources |

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|--|---|------------------------|--------------------------|-----------------------------|---|----------|---------|------|---------|
| 81-1205119 501(C[3] 91-1205119 | F. E.I.N. 91-1246778 | | | | + | | | | \prod |
| Section Sect | 2020 Form 990 | | | | | | | | |
| 81-1202139 501(C[3] 81-1202239 | Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domes | stic Governments | | | | | - | | |
| 91-1205119 501(C 3) 91-120511 | Share Inc., 2306 NE Andresen Road Vancouver, WA 98561. | 91-1205119 501(C)(3) | 100 Unrestricted | | - | | | | |
| 91-1205119 501(C 2) 51-1205119 51-1205119 501(C 2) 51-1205119 51-1205119 51-1205119 501(C 2) 51-1205119 | | 91-1205119 501(C)(3) | 772 Unrestricted | | | | | | |
| 10.1285119 50.1C(3) | | 91-1205119 501/C/(3) | 25,000 Unmerriend | | | | | - | |
| 10 | | 91-1205119 501(0)(3) | 1 DOD Uswachichard | | | | | - | I |
| 91-1265119 501(C 2) 81-1265119 501(C 2) | | 91-1205119 SOLICI(3) | SO COO Unrestricted in | p resonate to CDVID-19 | | | † - | | |
| 91-1205119 501-0[3] 91-1205219 501-0[3] 91-1205219 501-0[3] 91-1205219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-12052219 501-0[3] 91-120522219 | | 91-1205119 (501(C)(3) | 1.113 Unrectricted | | | 1 | + | | |
| 10.120719 50.10(3) | | 91-1205119 501(0)(3) | 200,000 For COVID-19- | elated support | | | - | | |
| 91-1205139 SGIC(2) 91-120 | | 91-1205119 S01(C)(3) | 5,000 Unrestricted | | | | | | |
| 191-205119 501(2 3) | | 91-1205119 501(C)(3) | 5,000 Food Donation | | | - | - | | |
| 191-200119 501-C(3) | | 91-1205119 501(C)(3) | 250 Unrestricted | | | | - | | |
| 10.1205119 501.C[3] 50.1205129 501.C[3] 50.1205219 501.C[3] 50.12052219 501.C[3] 50.12052219 501.C[3] 50.1C[3] 50.12052229 501.C[3] 50.1C[3] 50.12052229 501.C[3] 50.1C[3] 50.1 | | 91-1205119 SOL(C)(3) | 400 Unrestricted | | | _ | - | | |
| 81-1205119 SOLIC[3] 81-1205219 SOLIC[3] 81-12052219 SOLIC[3] 81-12052226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[3] 81-1205226 SOLIC[| | 91-1205119 SQ1(C)(3) | 1,000 Unrestricted | | | | | - | |
| 81-1205119 SOLIC[3] 91-1205119 SOLIC[3] 91-1205219 SOLIC[3] 91-12052219 SOLIC[3] 91-12052219 SOLIC[3] 91-00522219 SOLIC[3] 91-0052319 | | 91-1205119 SOL(C)(3) | 72 Unrestricted | | | | | _ | |
| 91-1205119 501((18) 91-100525 501((18) 91-1 | | 91-1205119 501(C)(3) | 1.250 Unrestricted | | | | | | |
| 91-1205139 SOLIC[18] 91-1205239 SOLIC[18] | | 91-1205119 501(C)(3) | 1,000 Men's Shelter | | | | | | |
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| 10 | | 92-1205139 501(Cl(3) | 5.000 Winter Hospita | ultry Overflow | | - | | | |
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| ### 500 CAN \$1-1442264 SOLICI(3) ### 50436 SOLICI(3) ## 50436 SOLICI(3 | ver Star Search and Rescue, PO Box 443 Washougel, WA 98571 | 23-7381444 S01(C)(3) | 100 Unrestricted | | | | | | I |
| ## 500 (C) 10 10 10 10 10 10 10 1 | mania County Council on Domestic Violence and Secural Assault, PO Box 477 96 NW 9 | 91-1143264 501(C)(3) | 17,208 Emergency Cla | nt Fhancial Assistance | | - | | | I |
| 19-0436 91-1307610 501/C/31 17-106-431 17- | Imania County Council on Domestic Violence and Sexual Assault, PO Box 477 96 NM 9 | 91-1143264 SOI(CH3) | 2.972 Emercency Cite | At Foundal Assistance | | | | | |
| 17-106-4421 501 C(3) | emania Economic Development Council, PO Box 436 Stevenson, WA 98648-0436 | 91-1302610 SOL(CH3) | 20,000 Rhupsody Outo | cor Instrument Project | | | | | I |
| 27.1064431 501(C 3) 19.1,1064431 501(C 3) 19.1,1078275 501(C 3) 19.1,078275 | Annid Equina Options, PO Box 1.150 Greshem, OR 97030 | 27-1064431 S01(C)(3) | 20,000 Urvestricted | | | _ | | | |
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| 94-3076226 (501/C/3) 15 24-0602266 (501/C/3) 15 19-0602266 (501/C/3) 1 19-0602266 (501/C/3) 1 | | 24-3076293 501(C)(3) | 3,000 Unrestricted | | | | | | |
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| \$1-0602266 \$01(C)(3) | l | 11-060256 501(013) | 10 Cool Throughten | CE | 1 | | 1 | | |
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| Community Equatorion for Southwest Washington | - | - | ŀ | | | |
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| F.E.L.N. 91-1246778 | | | | | | |
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| St. Paul Lutheran Church, 1309 Franklin Street Vancouver, WA 98860-3509 | 91-6000852 501 | (6)(3) | 2,500 Hom | Honveless Shotter Needs | | |
| | 91-6000652 50 | SQL(C)(3) | 2,500 Hom | Homeless Shetter Needs | | |
| | 1-6000652 50 | S01(c)(3) | 2,500 Hom | Homeless Shefter Needs | | |
| St. Paul Lutheran Church, 1309 Franklin Street Vencouver, WA 98660-3509 | 91-6000852 S01(C)(3) | | 2500 Hom | Homeless Shafter Needs | | |
| | 1-6000852 50 | (C)(3) | 2,500 Hom | Homeless Shefter Needs | | |
| St. Paul Latheran Church, PO Box 847 Carbe Rock, WA 98011 | 91-0991229 Re | Religious | 6,241 Supp | Support for needy people in County | | + |
| SC Paul Literatur Church Light Frankon Scheel Vincouver, WA 50000-5505 | 91-6000652 SQ | SOLCIES | 2,500 Hom | Nomerest Statter Needs | | + |
| St. Vincent Of Fell, 2400 NE, 343 Seton Read Vancouver, VA 20001 | 91-1512923 30 | 201(1)(3) | 20,000 100 | FOCUNIO-19 related support | | 1 |
| St. Vincent de Paul 2456 NE Stealerton Road Vencouver, WA 98661 | | (5)(5) | 5 000 I breedfolge | naming and an arrangement of the property of t | | l |
| St. Vincent de Paul 2456 NF Stanietton Road Vancturver, WA 99651 | 91-1312923 501/C/(9) | (C)(3) | 2,000 \$1.0 | 2 AND 64 TOTAL PRINCIPLE OF THE PRINCIPL | | |
| St. Vincent of Paul 2456 MF Cranietro Road Vancouver, WA 98661 | 51-121-202 S01/Cl/2 | COST | 25,000 11 1000 | A COLON CONTRACTOR OF THE COLON COLO | $\frac{1}{2}$ | + |
| l | 11-1312928 50 | COG | 1.000 Unca | Unestricted | | ł |
| Ì | 0-5953011 50 | (CH3) | 5.000 Gen | General population support | | |
| St. Vincent de Paul Society 950 SE Third Street, Bend, OR 97702 | 20-5953011 (501/CH3) | VC(3) | 3.000 Unre | Unestricted | | - |
| 119th S | 27-1387856 501(Cl(3) | (C/3) | 25.000 For (| 25.000 For COVID-19 related support | | - |
| | 119th St 27-1387856 (501(C)(3) | (0(3) | 1.000 Leve | | | |
| Stand for Children Lendership Carder 2121 See Broadson See 111 Portland, OR 97201. | 2-1957214 50 | (0.03) | 20,000 (1 | | | |
| Stephen's Place 501 SE Bisworth Road Vancouver, WA 98664 | 8-4022173 50 | (0(3) | 1,000 | Unmathiched | | |
| Stephen's Place 501 SE Bisworth Road Vancouver, WA 98664 | 8-4022173 SG | (C(3) | 357,100 Unre | Unrestricted | | |
| Staphan's Place, 501 SE Elsworth Road Vancouver, WA 98664 | 8-4022173 50 | (COS) | 5,000 Uhre | Unvestricae | | L |
| Stephen's Place 501 SE Elleworth Road Vernouver, WA 98664 | 8-4022173 50 | (00) | 2.500 Uhyra | Unvestificed | | |
| Shephen's Place, SQ2 SE Ellsworth Road Vancouver, WA 98664 | 8-4022173 50: | (0(3) | ZS0 Unre | Unvestricted | | |
| Stephen's Place,501 SE Elisworth Road Vancouver, WA 98664 | 8-4022173 50: | (C)(3) | | Unrestricted | | |
| Stephen's Place,501 SE Elsworth Road Vencouver, WA 98664 | 8-4022173 50 | (c)(3) | | Unrestricted | | _ |
| | 8-4022173 S0 | (c)(3) | | Unrestricted | | L |
| Staphen's Place,501.5E Elsworth Road Vencouver, WA 98664 | 38-4022173 501(C)(3) | (c)(3) | | 10,000 Unrestricted, in response to COVID-19 needs | | |
| | 8-4022173 50; | (c)(3) | 119,696 2020 | De Distribution | | _ |
| son, WA 98648 | 82-4379539 50: | S01(c)(3) | 9,370 For C | 9,370 For COVID-19 released support | | _ |
| | 82-4379539 50JCJ(3) | (c)(3) | 5,000 For C | 5,000 For COVID-19 related support | | _ |
| | | remment . | 5,000 Homeless Fund | alexa Fund | | _ |
| Servenson-Carson School District, PO Box 850 850 Buildag Drive Stovenson, WA 98648 | 91-0971921 Go | Government | 11,500 For C | For COVID-19 related tupport | _ | |
| | | Aemment | 29,000 For C | 29,000 For COVID-15 relatived support | _ | - |
| | 27-1423723 50 | (C)(3) | 7,500 For C | XXVID-19 related support | | |
| | 58-2272902 50: | SOL(C)(3) | 15 Unrestricted | stricted | | _ |
| Teach One to Lead One,PO Box 790 Vancouver, WA 98666 | 58-2272902 50: | (c)(3) | | stricted | | |
| | 58-2272902 50: | S01(C)(3) | 100 Unre | Unrestricted | | |
| | 8-2272902 50: | (c)(3) | 1,000 Unre | Unrestricted | | |
| | 8-2272902 50: | (0) | 3,000 Unre | Unrestricted | | |
| Teach One to Lead One, PO Box 790 Vancouver, WA 98666 | 58-2272902 501(C)(3) | (5)5) | 5,000 Unre | Unrestricted | | |
| The Carbor Astra: Donor Services 453 John Lewis Freedom Parlowey NE Atlanta | 8-1454716 50: | (60) | 7,121 Une | Unrestricted | | |
| The Contingent 809 N. Russell Street Suits 203 Portland, OR 97227 | 6-4224606 503 | (c/(3) | 20,000 Read | 20,000 Ready to Rise: Helping students succeed and lead in their communities | | 1 |
| The Groung LIBERT, 28th A NE Darm Avenue, Bldg A Vencouver, WA 98561 (27-3207322 501(C)(3) | 7-3207322 50 | | 18,000 Oper | 18,000 Operation Reach Mone | | |
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| The GMin Close 2806 A NE 68th Avenue, Bide A Vancouver, WA 98651 | 7-3207322 50 | 100 | | Drive | | H |
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| The Historic Trust General C.O. Noward House 750 Anderson Street Vancouver, WA 9 | 1-1937645 501 | (C(3) | SO 000 Academy Profect | Page Page 1 | + | - |
| The Ristoric Trust General O.O. Howard Notes 750 Anderson Street Vancouver, WA 9 | 1-1937645 Sm | (C)(3) | 2,200 Unre | Linearities | | - |
| The Historic Triat Several C.O. Howard Keise 750 Anderson Street Vancouver, WA 9. | 1-1937645 50 | (0(3) | | Pearton Field Education Century | | |
| The Historic Trust, General C.C. Howard House 750 Anderson Street Yancouver, WA 9 91-1937645 501(CR3) | 1-1937645 507 | (003) | S.000 Peer | Peerson Field Education Center 2020 Sundraien | | |
| The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 9 91-1937645 | 1-1937645 501 | 501(C)(3) | 1,500 Unrestricted | dricked | | |
| The Historic Trust, General Q.O. Howard House 750 Anderson Street Vancouver, WA 9 | 1-1937645 501 | (C)(3) | 2,500: Mars | Marshall Youth Awards Program-Youth Leadership Award runner up | | |
| The Historic Trust, General O.O. Howard House 750 Anderson Street Vancouver, WA 9 | 1-1937645 501 | (c)(3) | 2,250 Educ | 2,250 Education programming and preservation services | | |
| nderson Street Vancouver, WA | 1-1937645 501 | (c)(3) | 600 Unrestricted | stricted | _ | |
| The Noble Foundation PO Sox 394 Keiso, WA 98626 | 0-4683123 50; | (C)(3) | 20,000 For C | OVID-19 related support | | |
| | 0-4683123 501 | (0(3) | 25,000 For C | 25,000 For COVID-15 related needs | - | |
| | 0-4683123 503 | (C)(3) | 25,000 Capa | chy building for social justice | | |
| | 94-1156347 501(C)(3) | (5)(3) | 32,000 For C | 32,000 For COVID-19 related support | 1 | 1 |
| The Calendon Army 1500 NE 110th America Vancousing MA 80004 | 04-1136347 500 | 2010/03 | C 300 Adord of | 201200 | | + |
| | 94-11563-67 500 | Soricital | 400 Inne | ADD Horselficed | | - |
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| Community Foundation for Southwess Weshington | | |
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| F.E.LN. 91-1246778 | | |
| il Craft and Other Antitance in Domestic Occursionsland | mode Consensus | |
| 3 | 04-1155347 S01/01/21 | Proposed (AM) |
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| 8666.0525 | | ACON Investment and acoustic a |
| | 91-1281734 S01(C)(3) | 1.000 Unrestricted |
| The Vancouver Symphony Orchestra, Po Box 525 Vancouver, WA 98666-0525 | 91-1281734 S01(C)(3) | 2.400 General Operations |
| | 91-1281734 SO1(C)(3) | 100 Universitied |
| | 91-1281734 501(C)(3) | 5,000 Unrestricted |
| | 91-1281734 SOI(CH3) | S,000 [Unvestricted |
| | 91-1281734 501(CK3) | 1,000 Unrestricted |
| The Vancouver Symphony Orchestra, Po Box 525 Vancouver, WA 98666-0525 | 91-1281734 501(C(3) | 12.470 Unrestricted |
| Ī | 21-1281/34 SU1(LN3) | Tablesanin in the second secon |
| 1 | 91-1281734 501(C)(3) | 1,000 Universitied |
| Transferred Logge Preservation Society, P.O. Box 5812 Incline Village, NV 89450 68 | 68-0434866 SUL[C](3) | 25,000 Univestriced |
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| United Way of the Columbia-Willametta 519 SW 11th Avenue. Suite 300 Portland, Offs: | 93-0582124 501(C)(3) | 2.500 Unrestricted |
| University Of California Los Angeles Foundation, Athletic Department PO Box 7145 Pay 95 | 95-2250801 501(C)(3) | 10,000 Mo Ortin Basheribali Centar |
| 2-80 | 3-6015767 S01(C)(3) | 2.500 Accounting fund |
| University of Oregon Foundation, 1720 E 13th Avenue, Suits 410 Eugene, OR 97409-2193 | 93-6015767 (501(C)(3) | 21,000 School of Music Dean's Enrichment Fund (57,000), Lundquiet College of Bushess investor's Fund (57,000) Pathward-need Support Fund (57,000) |
| University of Oregon Foundation, 1720 £ 13th Avenue, Suits 410 Eugene, OR 97403-2 95 | 93-6015767 501(C)(3) | 5,000 The Pan Edstrom, WE Communications Scholarship |
| University of Oregon Foundation, 1720 £ 13th Avenue, Suite 410 Eugene, OR 97403-2, 92 | -6015767 501(C)(3) | 50,000 (\$25,000 for Lundquist Collage of Business/\$25,000 for The School of Music and Dance |
| University of Cregon Foundation, 1720 E 13th Avenue, Suite 410 Eugene, OR 97403-219. | 83-6015767 SOLICH(3) | 1,000 President's Fund |
| University of Portland,MSC 166 5000 North Williamette Boulevard Portland, CR 97203 9. | 93-0401259 501(C)(3) | 5,000 Harsen Family Scholarship for Leadership |
| University of Portland, MSC 166 5000 North Willamette Boulevard Portland, CR 97203 9. | 93-0401259 \$01(C)(3) | 3,000 Campus Ministry vocation support |
| University of Washington Foundation, 4333 Brookin Avenue NE Box 359505 Seattle, 194 | 94-3079432 501(C)(3) | 5,000 The Pam Edstrom, WE Communications Student Support Operating Fund |
| University of Washington Foundation, 4333 Brooklyn Avenue NE Box 359505 Seattle, 194 | 54-3079432 S01(C)(3) | 12,000 \$6,000 for Do it Echoler: Preparation for Uffecine Program/ \$6,000 for Scholarship Program, specifically for the blind end visually impelred |
| University of Weshington Foundation, 4333 Brooklyn Avenue NE Box 359505 Seattle, 194 | rtte, 194-3079432 501(C)(3) | 375,500 (Cancer Plesearch |
| University of Washington Foundation, 4333 Brooklyn Avenue NE Box 359505 Seattle, 194 | 94-3079432 501(C)(3) | |
| University of Washington Foundation, 4323 Brooklyn Avenue NE Box 359505 Seattle, 194 | 94-3079432 501(C)(3) | 2,374,333 UW Medicine Cancare Research - Servein Research Projects |
| Vancouver Farmer's Market Foundation, PO Box 61638 Vancouver, WA 98666 47 | 47-4837806 501(C)(3) | 6.170 Welk-in cooler for Online Marketplace |
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| Wictory Academy, PO Box 428 Tueletin, DR 97058 | 36-4642494 SQ1(CH3) | 30 000 librared chad |
| Walla Walla Catholic Schools, 939 Eart Sumach Street Walla Walla, WA 99362 | 91-1430214 Refinious | |
| Vancou | | 25,000 For COVID-19 related support in Southwest Washinston |
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| A control of side of the stat | Community Foundation for Southwest Washinston | | | | | | | - | - |
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| ### Sect of praint focus and Donnestic General Interests or. Shorwaline, but \$42.77,203 51,-050.0276 WA \$857.4 \$1.050.025 Substitute \$42.5 \text{ Intercutes}, WA \$10.077.0248 Substitutes} \$20.000.0000000000000000000000000000000 | F.E.LN. 91-1246778 | | | | | | | | - |
| ### Chranitations and Domestic Governments #### Chranitations and Domestic Governments ##### Chranitation | 2020 Form 990 | | | | | | | | - |
| Act. 216 Pro Colede Street Kane Sep 0222400 (2017(c)) Act. 216 Pro Colede Street Kane Sep 0222400 (2017(c)) Act. 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) WA 28674 21.058804 (2017(c)) Act. 24 Sept. 24 | Schedule i, Part II Grants and Other Assistance to Domestic Organizations and Don | nestic Governme | # | | | | | | |
| #M. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 4. 58674 W. 5. 5874 | Windward Dehn Founquare Charch D&A Anchor Church, 45-815 Polokela Street. Kan | 18 99-0224306 S | 01(C)(3) | 1,000 Operating expenses | | | _ | | |
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| MA 58674 \$1.058804 \$501(515) | Woodland Presbytarian Church, PO Box 297 Woodland, WA 98574 | 91-0598804 5 | 01(C)(3) | 8,423 Unrestricted | | | | | |
| WA 88674 81_0.00000000000000000000000000000000000 | Woodland Presbyterian Charch, P.O. Box 297 Woodland, WA 98674 | 91-0598804 5 | 02(C)(3) | 8,423 Unrestricted | | | | | |
| MAY ASSET 21.0500016 MAY ASSET MAY | Woodland Presbytskian Church, PO Box 297 Woodland, WA 98674 | 91-0598804 \$ | oz(c)(3) | 8,423 Unrestricted | | | | | |
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| Suite 412 Vancouver, WA 8 (01-0728-48 SOL(0/2) | Woodland School District, 800 Second Street Woodland, WA 98674-8467 | 91-0990036 6 | | 5,000 Woodland Public Sc | thools Family and Community Resource Center | | _ | | L |
| Suttle 412 Vannouver, WA 8 (0.47786348 SOLIC[13] | Workforce Southwest Wadrington, 805 Broadway Street, Suite 412 Vancouver, WA 5 | | | 5,000 Heathle funding to a | support the Thrive initiative in South Kelso and the High | hands Neighborhood | | | |
| Salize 412 | Worldorce Southwest Washington, 805 Broadway Street, Suite 412 Vancouver, WA 5 | | | 0,000 For COVID-19 relate | d support in Clark and Cowiltz Counties | | | | |
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| March Marc | Workforce Southwest Washington, 805 Broadway Street, Suits 412 Vancouver, WA 5 | 1401-0726348 S. | | 0,000 For COVID-19 relate | d support | | | | |
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| ## State Street Santa Barbon 22-704,02029 SOTIC(3) 77.26-2,2773 84.0522 82.0772580 \$501(5)3 196532 82.0772580 \$501(5)3 196532 82.0772580 \$501(5)3 196532 82.0772580 \$501(5)3 196532 82.0772580 \$501(5)3 197.055882 197.05588 | YAACA of Columbia-Wilburnette, 5500 SW Barbur Boulevard, Suite 200 Portland, OR 9 | | | 5,000 For COVID-19 relate | d support in Southwest Weshinston | | | | - |
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| 1,000.00 | Youth and Femily Unk,907 Dougles Street Longview, WA 98632 | 91-0726260 (5 | | 5,000 Mentoring Program | | | | | - |
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| 91-G5688R2 SOL([3]) 91-G568R2 S | YWCA Clark County, PO Box 2206 Vancouver, WA 98563 | 91-0569882 5 | 02(C/3) | 5,000 Empower Luncheon | INERT SUBSOLT | | | | _ |
| 91.0566882 SOL((3) 91.056882 S | YWCA Cart County, PO Box 2206 Vancouver, WA 98663 | 91-0569882 5 | m(c)(3) | 3,000 Sherri's Legacy Fund | - | | - | L | - |
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| 910569882 5011((3)) 910569 | YWCA Clark County, PO Box 2206 Vencouver, WA 98663 | 2888350-16 | D1(C)(3) | 8,000 On-call responders (| to sexual assault victims | | | | |
| 91-0569882 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 91-056982 5011(73) 10-056982 5011(73) 10-056982 5011(73) | YWCA Clark County, PO Box 2206 Vancturer, WA 98663 | 91-0569882 5 | 21(5/3) | 2,500 YWCA Ys Care Childs | reni's Program | | | _ | |
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| | Manual Engli | - Other | Parafrastione listand | 4 | | | | | - |

Page 2

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.

| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | 7 | on a | ST. | 4 | ω | 2 FINANCIAL ASSISTANCE FOR STUDENTS | 1 FINANCIAL SUPPORT STRUGGLING WOMEN | (a) Type of grant or assistance |
|---|---|------|-----|---|---|-------------------------------------|--------------------------------------|---|
| e the information | | | | | | 324 | 51 | (b) Number of recipients |
| required in Part I, | | | | | | 718,763. | 60,659. | (c) Amount of cash grant |
| line 2; Part III, co | | | 3 | | | | | (d) Amount of noncash assistance |
| olumn (b); and any other | | | | | | | | (e) Method of valuation (book, FMV, appraisal, other) |
| er additional information. | | | | | | | | (f) Description of noncash assistance |

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

501(C)(3) AND ELIGIBLE TO RECEIVE CHARITABLE GRANTS. WE CONDUCT PERIODIC SITE VISITS RESULTING FROM GRANTS AND COLLECT PROGRAM INFORMATION SUCH AS BUDGETS AND REPORTS OF COMMUNITY IMPACT WE GRANT PRIMARILY TO ORGANIZATIONS EXEMPT FROM INCOME TAX UNDER IRC SECTION

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

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

Employer identification number

91-1246778

| Pa | rt I Questions Regarding Compensation | | | | |
|----|---|---|-------|------------|--------------|
| | | · · · · · · · · · · · · · · · · · | | Yes | No |
| 1 | a Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a. Complete Part III to provide any relev | the following to or for a person listed on Form 990, Part vant 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 | 24 3 | | |
| | 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 for reimbursement or provision of all of the expenses described | ollow a written policy regarding payment or above? If 'No,' complete Part III to explain | 1 b | | 1000 |
| | · | | 21. 3 | | MANAGE STATE |
| 2 | Did the organization require substantiation prior to reimbursin trustees, and officers, including the CEO/Executive Director, | ng or allowing expenses incurred by all directors, regarding the items checked on line 1a? | 2 | | |
| 3 | Indicate which, if any, of the following the organization used to es Executive Director. Check all that apply. Do not check any bo establish compensation of the CEO/Executive Director, but es | stablish the compensation of the organization's CEO/ oxes for methods used by a related organization to xplain in Part III. | | | |
| | X Compensation committee | Written employment contract | | | |
| | Independent compensation consultant | X Compensation survey or study | | | |
| | Form 990 of other organizations | X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, organization or a related organization: | Section A, line 1a, with respect to the filing | | | |
| | a Receive a severance payment or change-of-control payment? | ? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqu | | 4 b | | X |
| | c Participate in or receive payment from an equity-based comp | | 4 c | | Х |
| | 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) organization | ns must complete lines 5-9. | | | |
| _ | For persons listed on Form 990, Part VII, Section A, line 1a, did to contingent on the revenues of: | alto. | | | |
| | The organization? | | 5a | | X |
| | Any related organization? | | 5 b | | X |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of: | he organization pay or accrue any compensation | | | |
| | The organization? | | 6a | The second | Х |
| 1 | Any related organization? | * | 6 b | | Х |
| | If 'Yes' on line 6a or 6b, describe in Part III. | ecore cacada o estada estada estada estada estada estada estada estada estada estada estada estada estada esta | 10 | (IIIIE) | ARINI I |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, payments not described on lines 5 and 6? If 'Yes,' describe in | did the organization provide any nonfixed n Part III. | 7 | | Х |
| | Were any amounts reported on Form 990, Part VII, paid or at to the initial contract exception described in Regulations sect If 'Yes,' describe in Part III | ccrued pursuant to a contract that was subject ion 53.4958-4(a)(3)? | 8 | | Х |
| 9 | If 'Yes' on line 8, did the organization also follow the rebuttable pr | A District Annual Control of the Control of | | | |

COMMUNITY FOUNDATION FOR SW WASHINGTON Schedule J (Form 990) 2020

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

Page 2

91-1246778

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

| g de manda. | (B) Breakdow | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | | | | |
|--|--------------------------|--|---|---------------------------------------|----------|--------------------------------|---|
| (A) Name and Title | (0) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | and other deferred compensation | benefits | (columns(B)(l)-(D) | (r) Compensation in column (B) reported as deferred on prior Form 990 |
| PAM CABANATUAN | 0136,522. | | | 9,557. | 21,877. | 167,956. | 0 - |
| , 40°C 110°C | , | | | ١,٠ | 0. | | 0. |
| JENNIFER KHOADS | $0 \mid -216,091$. | -6 | | $-\frac{15}{126}$ | 29,115. | 260,332. | |
| | | | 0. | 0 | 0. | | 0. |
| JANIE SPURGEON | [-140,98] | 4.10- | 10 | <u> </u> | 0 | 150,853. | 0 |
| 3 EXEC VP AND CDO | | 0 | | 0 | | 00 | |
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| 12 | (E) | | | | | | |
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| 14 | | | | | | | |
| 25 | (i) | 1 | | | | | |
| 15 | (E) | | | | | | |
| | 0 | | | | | | |
| | (E) | | | | | | |
| ВАА | | TEEA4102L 09/25/20 | 5/20 | | | Schedule | Schedule J (Form 990) 2020 |

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

Schedule J (Form 990) 2020

TEEA4103L 09/25/20

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

| Par | t I Types of Property | | | | | | | |
|--------------|---|-------------------------------|---|---|-----------------|-------------|---------------------------|-----------------|
| and the same | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Meth noncash | nod of a | d) determi bution a | ning imounts |
| 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 | 33 | 1,739,461. | FMV | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or trust interests . | X | 1 | 2,972,063. | 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. | | | - 14 | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts. | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts. | | | | | | - | |
| 25 | Other ► (BEQUEST_RECEIVABLE) | Х | 1 | 300,000. | ESTIM. | ATE | | |
| 26 | Other (BEQUEST RECEIVABLE) | | 1 | 40,000. | ESTIM. | ATE | | |
| 27 | Other ► (BEQUEST RECEIVABLE) | Х | 1 | 3,300,000. | ESTIM. | ATE | | |
| 28 | Other ► () | | | | | | | |
| 29 | Number of Forms 8283 received by the organization d | | | | 00 | | | |
| | organization completed Form 8283, Part V, Dones | Acknowled | gement | | 29 | . 1 | V | M- |
| | | | | | | Mic Service | Yes | No |
| 30a | During the year, did the organization receive by contri | | | | | | | |
| | it must hold for at least three years from the date | | | | sed | 20. | MARKE | |
| | for exempt purposes for the entire holding period? If 'Yes,' describe the arrangement in Part II. | | | | | 30 a | SERVICE STATE | X |
| | Does the organization have a gift acceptance police | cy that requi | res the review of any n | onstandard contribution | ns? | 31 | X | Manai |
| | Does the organization hire or use third parties or r | i ini | APORT IN | | 10.11.11 | " | | |
| | noncash contributions? | | | | | 32a | AND THE REST OF | Х |
| | If 'Yes,' describe in Part II. | ma (a) (| time of property for cut- | dala antigon (a) in alteri | lead | | | |
| 33 | If the organization didn't report an amount in columbscribe in Part II. | min (c) for a | type of property for wh | iich column (a) is chec | кеа, | | | |

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number 91–1246778

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

OUR FORM 990 IS PREPARED BY OUR INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS USING INFORMATION PROVIDED BY MANAGEMENT AND OBTAINED DURING THEIR AUDIT OF OUR FINANCIAL STATEMENTS. THE FORM 990 IS REVIEWED IN DETAIL BY MANAGEMENT AND SUBMITTED TO THE BOARD FOR REVIEW.

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

ANNUALLY, 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.

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

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

CHANGES IN TRUSTS, ANNUITIES

** \$ 221,713. ** 221,713. ** 221,713.

CONTINUED FROM FORM 990, PART III, 4A

AS A PHILANTHROPIC ADVISOR, WE PROMOTE PHILANTHROPY BY CONNECTING DONORS TO CAUSES THEY CARE ABOUT. IN ADDITION, WE OFFER STRATEGIC ADVICE TO HELP INDIVIDUALS, FAMILIES, AND COMPANIES ACHIEVE THEIR CHARITABLE GOALS. WE PROVIDE OPPORTUNITIES FOR COLLABORATIVE FUNDING AND IMPACT INVESTING THAT APPLY OUR REGION'S CHARITABLE RESOURCES IN EQUITABLE AND EFFECTIVE WAYS.

AS A FUNDER, WE INVEST IN AND PARTNER WITH LOCAL NONPROFITS TO ADDRESS PERSISTENT AND EMERGING NEEDS. OUR FOCUS GRANTS PROGRAM IS A CENTRAL PART OF THIS WORK AND OFFERS FUNDING IN THREE IMPACT AREAS: EDUCATIONAL ATTAINMENT, BASIC HUMAN NEEDS AND ASSET BUILDING. THESE GRANTS FOCUS ON ACHIEVING SHARED PROSPERITY BY OPENING UP

OPPORTUNITIES-IN EVERY STAGE OF LIFE-FOR THOSE FACING THE GREATEST BARRIERS AND CHALLENGES IN OUR COMMUNITY.

AS A COMMUNITY PARTNER, WE ENGAGE AND COLLABORATE WITH LOCAL RESIDENTS. WE JOIN,
CONVENE AND LEAD COMMUNITY CONVERSATIONS TO DEEPEN OUR KNOWLEDGE OF THOSE WE SERVE
AND NURTURE COLLABORATIVE SOLUTIONS THAT TAP INTO OUR RESPECTIVE STRENGTHS.

WORKING IN THESE WAYS, WE FULFILL OUR MISSION AND IMPROVE THE QUALITY OF LIFE FOR EVERYONE IN SOUTHWEST WASHINGTON.

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

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2020

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

Open to Public Inspection Employer identification number 91-1246778

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

(f)
Direct controlling entity WASHINGTON WASHINGTON FOUNDATION FOUNDATION WASHINGTON FOUNDATION COMMUNITY COMMUNITY COMMUNITY FOR SW FOR SW FOR SW 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. (e) End-of-year assets 0 275,000 2,192,652 .706. 656,147 (d) Total income 27, (c) Legal domicile (state or foreign country) MA MA MA CHARITABLE CHARITABLE CHARITABLE (b) Primary activity GRANTING GRANTING GRANTING COMMUNITY FOUND. SW WA CHARITABLE LLC #3 COMMUNITY_FOUND. SW WA CHARITABLE_LLC_ (a) Name, address, and EIN (if applicable) of disregarded entity VANCOUVER, WA 98660 ---610 ESTHER STREET #201 VANCOUVER, WA 98660... € ପ୍ର ල

| |)(13) antity? | ٧ ٧ | | | × | | | | × | | | | |
|--|---|--------|--|---------------------|--------------|--------------|------------------|---------------------|--------------|--------|--|-----|--|
| | (g) Sec 512(b)(13) controlled entity? | Yes | | - | | | | - | | | | | |
| | (f) Direct controlling entity | | COMMUNITY FOUNDATION | FOR SW | WASHINGTON | | | | N/A | | | | |
| | (e) Public charity status (if section 501(c)(3)) | | | | 12 A | | | | 12 A | | | | |
| | (d) Exempt Code section | | | | 501 (C) (3) | | | | 501 (C) (3) | | | | |
| in year. | (c) Legal domicile (state or foreign country) | | | | WA | | | | MA | | | | |
| an Educing daining and | (b) Primary activity | | | SUPPORTING | ORGANIZATION | | | SUPPORTING | ORGANIZATION | | | | |
| יוסיל ייסי סיים של הייסים בייסים (a) Name, address, and EIN of related organization | | (1) SUPPORTING ORGANIZATION OF THE COM | VANCOUVER, WA 98660 | 91-6558976 | <u>ounda</u> | R_STREET_STE_201 | VANCOUVER, WA 98660 | 82-2345793 | ļ I | | (b) | |

Schedule R (Form 990) 2020

TEEA5001L 07/15/20

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

Page 2 Schedule R (Form 990) 2020 COMMUNITY FOUNDATION FOR SW WASHINGTON

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections | | Share of total eincome | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? | Code V-UBI amount in box 20 of Schedule K-1 (Form | General or managing partner? | (k) Percentage ownership |
|--|---|--|-------------------------------|---|--------------------------------|-------------------------------------|--|-------------------------------------|---|------------------------------------|---|
| | | country) | | 512-514) | | | | Yes No | | Yes No | |
| راً] | | | | | | | | | | | |
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| (2) | | | | | | | | | | | |
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| (3) | | | | | i i | | | | | | |
| | | | | | | | | | | | |
| | ñ | | | | | | | | | | |
| Part IV Identification of Ine 34, because | Identification of Related Organizations Taxab | izations 7 | Faxable as | ole as a Corporation or Trust. Complete if the organization answiganizations treated as a corporation or trust during the tax year. | n or Trust. C I as a corpor | omplete if the ation or trus | e organizat t during the | tion answ tax year. | ole as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, ganizations treated as a corporation or trust during the tax year. | orm 990, | Part IV, |
| $egin{pmatrix} (a) \ & \ & \ & \ & \ & \ & \ & \ & \ & \ $ | of related organizati | | (b) Primary activity (s | Legal domicile (state or foreign | (d) Direct controlling | (e) Type of entity (C corp, S corp, | ty Share of total income | | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Sec 512(b)(13) controlled entity? |
| | | _ | | (Course) | (and | Cenno | | | | | Yes No |
| (I) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| | 1 1 1 1 1 1 | - - | | | | | | | | | |
| | | 1 | | | | | | | | | |
| BAA | | | <u>.</u> | TEEA | TEEA5002L 07/15/20 | | | | Ø | Schedule R (Form 990) 2020 | m 990) 2020 |

Page 3

91-1246778

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 | | | - | Vor | 12 |
|--|----------------------------|---|---|----------------------|-----|
| 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? | ited in Parts II-IV? | | | - | 2 📗 |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | ******* | - a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | *************************************** | 1 1 | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | ے ا | × | |
| d Loans or loan guarantees to or for related organization(s) | | | 1d | | × |
| e Loans or loan guarantees by related organization(s) | | | - | | × |
| | | | 1000000 | | 12 |
| f Dividends from related organization(s). | | | ======================================= | | × |
| g Sale of assets to related organization(s). | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | 무 | | × |
| i Exchange of assets with related organization(s) | | | = | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | = | | × |
| | | | | | 福 |
| k Lease of facilities, equipment, or other assets from related organization(s) | | *************************************** | : 1k | | × |
| l Performance of services or membership or fundraising solicitations for related organization(s). | | *************************************** | = | | × |
| ations by related organization(s). | | | - m | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | ا 1 | × | |
| Sharing of paid employees with related organization(s) | | | - - | × | |
| | | | | | 36 |
| | | | J D | | × |
| q Reimbursement paid by related organization(s) for expenses. | | | - | × | į |
| | | | - | | 题 > |
| | | | | 1 | × : |
| 9 Of the angular to secure the above in 17 or 1 and the last retained for information on the control of the con | | | <u>s</u> | | ×Ι |
| If the aliswer to any or the above is ites, se | ed relationships and trai | ĺ | | | - 1 |
| (a) Name of related organization | (b) Transaction type (a-s) | Amount involved | (d) Method of determining amount involved | eterminii nvolved | Ĕ |
| (1) SUPPORTING ORGANIZATION OF THE COMMUNITY | ံပ | 150,000.0 | CASH | | |
| (2) SUPPORTING ORGANIZATION OF THE COMMUNITY | o | 6, 000 .CASH | ASH | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | į | | | | |
| (9) | | | | | |
| BAA TEFASON 07/15/20 | | G chedalo | 1 | (Form 990) 202(| ٤ |

91-1246778

Schedule R (Form 990) 2020

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.

| General or Percentage managing ownership partner? | % | - | | | | | - | | * . | : | 2 | | | | 4 7 | | | | |
|--|-------------------|-----|---|-----|---|-----|---|-----|-----|---|-----|------|-----|---|-----|----------|---|-----|---|
| Gen | Yes | | | | | - | | | ž. | | | | | | | | | | |
| Code V-UBI amount in box 20 of Schedule K-1 | (200 | | 4 | | | | | , | | | | | | | | | | | |
| opor- ate ions? | 2 | | | | | | | | | | | | | | | | | | |
| (h) Disproportionate allocations? | Yes | | | | | | | | | | | | | | | | • | | • |
| (g) Share of end-of-year assets | | | | | , | | | | | | | | | | * | | | | |
| Share of total income | | | | | | | | | | | | | | | | | | | |
| artners on X(3) tions? | 2 | | | | | | | | | | | | | | | | | | |
| (e) Are all partners section 501(c)(3) organizations? | Yes | | | | | | | | | | | | | | | | | | |
| Predominant income (related, unrelated, unrelated, excluded from tax index | sections 512-514) | | | | | | | | | | | | | | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | | | - | | | | | | | | â | | | | |
| | | | | | | , | | | | | | | | , | | | | | |
| Name, address, and EIN of entity Primary activity | | (1) | | (Z) | | (3) | | (4) | | | (5) | | (9) | | | <u>@</u> | | (8) | |

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

| | Form 990-T | Exempt Organization Business Income Tax Return | OMB No. 1545-0047 | |
|----------|--|--|---------------------------------------|--|
| | Form 330-1 | (and proxy tax under section 6033(e)) | | 2020 |
| | | For calendar year 2020 or other tax year beginning, 2020, and ending, > Go to www.irs.gov/Form990T for instructions and the latest information. | | |
| Depa | artment of the Treasury nal Revenue Service | 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 | Check box if name changed and see instructions.) | | ployer identification number |
| B | ☐ address changed Exempt under section | —— LCOMMINITAY POINDATION POD CW WACIITNOTON | | 1-1246778 |
| | _ ' | or 610 ESTHER STREET #201 | E Gr | oup exemption number ee instructions.) |
| | X 501(C)(3) | Type VANCOUVER, WA 98660 | | |
| | ∐408(e) | · · | FF | Check box if an amended return. |
| | ☐ 408A ☐ 530(| | _ | _ |
| _ | 529(a) 529/ | 020//30/1011 | | |
| | | | pplic | able reinsurance entity |
| H | | Claim credit from Form 8941 Claim a refund shown on Form 2439 | | - In |
| <u> </u> | | organization filing a consolidated return with a 501(c)(2) titleholding corporation | • • • • • • • • • • • • • • • • • • • | |
| | | attached Schedules A (Form 990-T) was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled grou | <u> </u> | Yes XNo |
| K | | was the corporation a subsidiary in an amhated group or a parent-subsidiary controlled group time and identifying number of the parent corporation | pr | Les MI40 |
| | | of PAM CABANATUAN 610 ESTHER STREET VANCOUVER WA 98660 Telephone number | 12 | 60) 604-2550 |
| | | | (3 | 00) 094-2330 |
| | | elated Business Taxable Income | | |
| 1 | | business taxable income computed from all unrelated trades or businesses (see | 1 | -70,738. |
| 2 | • | 3. A DATE OF THE STATE OF THE S | 2 | |
| 3 | | | 3 | -70,738. |
| 4 | Charitable contribu | utions (see instructions for limitation rules) STATEMENT 1 | 4 | |
| 5 | Total unrelated bu | siness taxable income before net operating losses. Subtract line 4 from line 3 | 5 | -70,738. |
| 6 | | operating loss. See instructionsSEE · ST · 2 | 6 | |
| 7 | | business taxable income before specific deduction and section 199A deduction. | 7 | 70 720 |
| | | m line 5 | 8 | -70,738. 1,000. |
| 8 9 | | 19A deduction, See instructions | 9 | 1,000. |
| 10 | Total deductions. | | 10 | 1,000. |
| 11 | | ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, | - | |
| | | | 11 | 0. |
| Pa | rt II Tax Com | putation | | |
| 1 | Organizations tax | able as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 | Trusts taxable at t | rust rates. See instructions for tax computation. Income tax on the amount on | | |
| | | Tax rate schedule or Schedule D (Form 1041) | 2 | |
| 3 | • | structions | 3 | |
| 4 | | s. See instructions | 4 | |
| 5 | | um tax (trusts only) | 5 | |
| 6 | • | ant facility income. See instructions | 6 | 2 |
| 7 | Total. Add lines 3 | through 6 to line 1 or 2, whichever applies. | 7 | 0. |

Form 990-T (2020)

| | 990-T (2020) | COMMUNITY FO | JNUATION FO | OR SW WASHINGTON | | 91-1 | 246778 | Page 2 |
|--------|--|---|-----------------------|---|--------------------------------|---|--|--|
| Ten. | Tax an | d Payments | | | | | | |
| 1a | Foreign tax cre | dit (corporations atta | ch Form 1118; t | rusts attach Form 1116). | . 1a | | | - C V C |
| ь | Other credits (s | ee instructions) | | *************************************** | 1b | | | |
| C | General busine | ss credit. Attach Forr | m 3800 (see inst | ructions) | 1c | | | |
| d | Credit for prior | year minimum tax (a | ittach Form 8801 | or 8827) | 1d | | | |
| e | Total credits. | Add lines 1a through | 1d | * | | | le | 0. |
| 2 | Subtract line 1 | from Part II, line 7. | | <u></u> | | | 2 | 0. |
| 3 | Other taxes. Cl | neck if from: 🔲 Form | 4255 Form | 8611 🔲 Form 8697 📙 Fo | orm 8866 | | 1/40.5316 | |
| _ | Other (atta | ch statement) | | | | ····· | 3 | |
| | | | | Check if includes tax pr | | under | 0.00 | |
| | | | | | | 500,0000 | 4 | 0. |
| | | | | orm 965-B, Part II, colum | 100 | | 5 | |
| | | | | | | | | |
| | | | | g) election applies | | 100 | | |
| | | | | | | | | |
| | | | | e (see instructions) | | | 3 | |
| | | | | | | | | |
| | | i employer nealth insi idjustments, and payi | | s (attach Form 8941) m 2430 | - 6f | | 1 | |
| 9 | Form 4136 | ajastinents, ana payi | | | 6a | | . 6 | |
| 7 | lumber 1 | Add lines 6a throug | | Total | | 100 | 7 | • |
| | | | | orm 2220 is attached | | | 8 | 0. |
| | - | • • | • | 5, and 8, enter amount of | | | 9 | |
| | | | | s 4, 5, and 8, enter amount | | | 0 | |
| | | int of line 10 you war | | | int overpaid | | 1 | |
| Para | U.S. C. | | | ties and Other Infor | mation (see lest | | - | |
| | WAR TO SERVICE STATE OF THE SE | | | ization have an interest in | | | | V N- |
| | | | | ountry? If "Yes," the orga | | | | Yes No |
| | | | | enter the name of the fore | | ► • | OIIII 114, | |
| | | | | stribution from, or was it | | transferor to a fr | reign trust? | X X |
| | | | | ation may have to file. | the grantor or, or | transition to, a it | reign trust:. | A CONTRACTOR OF THE CONTRACTOR |
| | | | | accrued during the tax ye | aar | ▶ ċ | 0. | |
| | | | | g? (see instructions) | | | | Х |
| | | | | ange on Form 990, 990-E | | | | 5 7 |
| D | explain in Part ' | as the organization t | lescribed the ch | ange on ronn 950, 950-2 | 2, 3 90-77, 01 FOII | 11 11261 11 110, | | CONTRACTOR DESIGNATION OF |
| 2054 | A - A | mental Informati | | | | *************************************** | , , , , , , , , , , , , , , , , | 1 |
| Provi | SPREASE. | | | , provide any other additi | and information (| Paa linakuvaktaus | | |
| 1 1041 | de trie explanat | ion required by Fait | IV, IIIIE 4D. AISO | , provide any other additi | onar miormation. | see mstructions. | | |
| | | | | | | | | |
| | Under genal | ties of perium. I declare that | I have examined this | return, including accompanying : | chedules and statement | te and to the heet of m | v kaowiedae and | |
| Sign | | ue, correct, and complete. I | eclaration of prepare | r (other than taxpayer) is based o | n all information of which | h preparer has any kno | wiedge. | |
| Here | 1 Jan | ~ Calgra | turn | 11/04/2021 | CFO | the | the IRS discuss the preparer shown be ructions)? | his return with slow (see |
| | Signatur | e of officer | | Date | Title | inst | 'uctions)? XY | es No |
| Paid | Print/Type p | reparer's name | Preparer's | signature / /4 /) and | Date | Check X If | PTIN | |
| Pre- | RICHAR | D V. PROULX. | CPA / | JV 19 4104 | 11/4/21 | self-employed | P0043257 | 7 |
| pare | Firm's name | KERN & THO | OMPSON LLC | , , , , , , , , , , , , , , , , , , , | | Firm's EIN 93 | -1157146 | · · · · · · · · · · · · · · · · · · · |
| Use | Firm's addre | ss 1800 SW F | IRST AVENUI | E, SUITE 410 | · | | | |
| Only | <u>' </u> | PORTLAND, | OR 97201 | | | Phone no. | (503) 222 | -3 <u>3</u> 38 |
| BAA | | | | | | | | 90-T (2020) |

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

► Go to www.lrs.gov/Form990T for instructions and the latest information.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ▶ 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

| | lame of the organization OMMUNITY FOUNDATION FOR SW WASHINGTON | dentificat 8 | entification number | | | |
|------|---|-----------------|---------------------|-----------------|----------|-----------------|
| C Ur | nrelated business activity code (see instructions) ► 900099 | e: 1 | of 1 | | | |
| E De | escribe the unrelated trade or business > INCOME RECEIVE | D FRO | OM PARTNERSHI | P INVESTM | ENT | |
| Part | Unrelated Trade or Business Income | | (A) Income | (B) Expense | es | (C) Net |
| 1a | Gross receipts or sales | | | IL WASKING | WATER TO | |
| b | Less returns and allowances c Balance ► | 1c | | | avagni p | |
| 2 | Cost of goods sold (Part III, line 8) | 2 | | | 1000 | THE PROPERTY OF |
| 3 | Gross profit. Subtract line 2 from line 1c | 3 | | | | |
| 4a | Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions). | 4a | | | | |
| b | Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) | 4b | | | 1000 | |
| C | Capital loss deduction for trusts | 4c | | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach statement) SEE STATEMENT 3 | 5 | -8,771. | | | -8,771. |
| 6 | Rent income (Part IV). | 6 | ** | | | • |
| 7 | Unrelated debt-financed income (Part V) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | - | | |
| | organization (Part VI). | | = | | | |
| 9 | Investment income of section 501(c)(7), (9), or (17) | | | | | |
| | organizations (Part VII) | 9 | | | | · |
| 10 | Exploited exempt activity income (Part VIII) | 10 | | | | |
| 11 | Advertising income (Part IX) | 11 | | | | |
| 12 | Other income (see instructions; attach statement) | 12 | 70 | kellenten algib | | |
| 13 | | 13 | -8,771. | | | -8,771. |
| Part | connected with the unrelated business income | | | | nust be | directly |
| 1 | Compensation of officers, directors, and trustees (Part X) | | | | 1] | 4,182. |
| 2 | Salaries and wages | | | | 2 | |
| 3 | Repairs and maintenance | | | | 3 | |
| 4 | Bad debts | | | | 4 | |
| 5 | Interest (attach statement) (see instructions) | | | | 5 | |
| 6 | Taxes and licenses | | | | 6 | |
| 7 | Depreciation (attach Form 4562) (see instructions) | 44.00 | 5(-6) 7 | | - 325 | |
| 8 | Less depreciation claimed in Part III and elsewhere on return | | | | 8b | (5) |
| 9 | Depletion | | | | 9 | |
| 10 | Contributions to deferred compensation plans. | | | | 10 | |
| 11 | Employee benefit programs | | | | 11 | - |
| 12 | Excess exempt expenses (Part VIII). | | | | 12 | |
| 13 | Excess readership costs (Part IX) | | СБЕ СДУДЕМЕ | NT A | 13 | |
| 14 | Other deductions (attach statement). | . 9 9. | SEE STATEME | N.14 | 14 | 57,785. |
| 15 | Total deductions. Add lines 1 through 14 | | | | 15 | 61,967. |
| 16 | Unrelated business income before net operating loss deduct line 13, column (C) | | | | 16 | -70,738. |
| 17 | Deduction for net operating loss (see instructions) | EE S | TATEMENT 5 | | 17 | |
| 18 | Unrelated business taxable income. Subtract line 17 from li | ine 16. | | | 18 | -70,738. |

| Part | III Cost of Goods Sold | Enter method of i | nventory valuation | • | | |
|----------|---|------------------------|--------------------------------|--|-----------------------|-------------|
| 1 | Inventory at beginning of year | | | | | |
| 2 | Purchases | | | | 2 | |
| 3 | Cost of labor. | | | | | |
| 4 | Additional section 263A costs (at | | | | | |
| 5 | Other costs (attach statement). | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | |
| 7 8 | Inventory at end of year | | | | | |
| | _ | | | | | |
| 9 | Do the rules of section 263A (with respe | | , | (2 - 10 - 10 2) | <u> </u> | 」Yes No |
| Part | IV Rent Income (From Real F | roperty and Pe | ersonal Proper | ty Leased with F | Real Property) | |
| 1 | Description of property (property | street address, ci | ity, state, ZIP co | de). Check if a du | al-use (see instructi | ons) |
| | АП | | | | | |
| | В 📗 | | | | | - |
| | c 🗆 | | | | | |
| | D | | | | | |
| 2 | Rent received or accrued | ļ | Α | В | С | D |
| a | From personal property (if the pe | rcentage of | | | | |
| | rent for personal property is more but not more than 50% | than 10% | | | | |
| Ь | From real and personal property percentage of rent for personal p | | | | | |
| | exceeds 50% or if the rent is based on pro | fit or income) | | | | |
| С | Total rents received or accrued by Add lines 2a and 2b, columns A t | / property hrough D | | | | |
| 3 | Total rents received or accrued. Add | line 2c columns A | through D. Enter h | ere and on Part I, li | ne 6, column (A). | |
| 4 | Deductions directly connected wit | h the | CO Transporture Other St. (No. | ************************************** | | |
| | income in lines 2(a) and 2(b) (attach state | ment). | | | | |
| 5 | Total deductions. Add line 4 colu | mns A through D |). Enter here and | I on Part I, line 6, | column (B) | |
| Part | V Unrelated Debt-Financed | ncome (see instr | ructions) | | | |
| 1 | Description of debt-financed prop | erty (street addre | ss, city, state, Z | IP code). Check if | a dual-use (see ins | tructions) |
| | А П | | | | | |
| | в | | | | | |
| | c 🗆 | | | | | |
| | D 🗌 | | | | | |
| 2 | Gross income from or allocable to financed property | | A | В | С | D |
| 3 | Deductions directly connected wit allocable to debt-financed property | n or | | | | |
| а | Straight line depreciation (attach | - [| | | | |
| | Other deductions (attach stateme | · - | | | | |
| | Total deductions (add lines 3a an | | | | | |
| | columns A through D). | | | _ | | |
| 4 | Amount of average acquisition debt of to debt-financed property (attach state | ement) | | | | |
| 5 | Average adjusted basis of or alloc debt-financed property (attach sta | able to tement) | | | | |
| 6 | Divide line 4 by line 5. | | 8 | 8 | 96 | 96 |
| 7 | Gross income reportable. Multiply line | 2 by line 6. | | | | |
| 8 | Total gross income (add line 7, colur | | Enter here and on | Part I, line 7, colum | n (A) | |
| 9 | Allocable deductions. Multiply line 3c | by line 6 | | | | |
| 10 11 | Total allocable deductions. Add line Total dividends-received deducti | | | | | |

| Part VI Interest, Ann | uities, Royalties, a | and Rents f | rom Cor | ntrolled Organ | izati | ons (see ins | tructions) | = 1 | | | |
|---|--|--|-------------------------|--|------------------|--|--------------------------------|---|--|--|--|
| | | Exempt Controlled Organizations | | | | | | | | | |
| 1 Name of controlled organization | 2 Employer identification number | 3 Net und income (see instru | (loss) |) payments mad | | 5 Part of contract that is included the contract organization gross in | luded in rolling ition's | 6 Deductions directly connected with income in column 5 | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| <u> </u> | | Nonexen | npt Contro | lled Organizations | 5 | · | | | | | |
| 7 Taxable income | 8 Net unrelated income (loss) (see instructions) | 9 Total of paymer | f specified its made | | colum | ontrolling | | Deductions directly nected with income in column 10 | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | | | | <u> </u> | n Parl ımn (/ | t I, line 8, A) | here | lumns 6 and 11. Enter and on Part I, line 8, column (B) | | | |
| Part VII Investment In | | | | | | | | | | | |
| 1 Description of incor | ne 2 Amount | of Income | direc | Deductions tly connected th statement) | | 4 Set-asides ttach statemer | | 5 Total deductions and set-asides (add columns 3 and 4) | | | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | ٠ | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | , | | | _ | | | | |
| Totals. | Enter here a | s in column 2. and on Part I, olumn (A) | | | | | E | ld amounts in column 5. hter here and on Part I, line 9, column (B) | | | |
| Part VIII Exploited Exe | empt Activity Inco | me, Other | Than Ad | vertising Inco | me (| see instructio | ns) | 4 | | | |
| 1 Description of exploit | ed activity: | | | | | | 149 | | | | |
| 2 Gross unrelated busin | ness income from tr | ade or busin | ess. Ente | r here and on F | art I. | line 10, col | (A) 2 | | | | |
| 3 Expenses directly cor Part I, line 10, colum | nnected with produc | tion of unrela | ated busii | ness income. Er | nter h | ere and on | 3 | | | | |
| 4 Net income (loss) fro lines 5 through 7 | | | | | | | | | | | |
| 5 Gross income from a | ctivity that is not uni | elated busin | ess incor | ne | | | 5 | | | | |
| 6 Expenses attributable | e to income entered | on line 5 | | | | | 6 | | | | |
| 7 Excess exempt exper | nses. Subtract line 5 | from line 6, | , but do n | ot enter more th | nan th | ne amount o | n 🗔 | | | | |
| line 4. Enter here an | d on Part II, line 12 | | | | | | 7 | | | | |
| BAA | | | | | | | Schedu | ile A (Form 990-T) 2020 | | | |

| Schedule A | A (Form | 990-T) | 2020 | COMMINITY | FOUNDATION | FOR | CM | WASHINGTON |
|------------|---------|--------|------|-----------|------------|-----|----|------------|
| | | | | | | | | |

91-1246778

Page 4

| Par | t IX Advertising Income | | | | |
|------|--|----------------------|----------------|---|--|
| 1 | Name(s) of periodical(s). Check box if reporting | two or more perio | dicals on a co | onsolidated bas | is. |
| | A | | | | |
| Ent | er amounts for each periodical listed above in the | corresponding col | umn. | | |
| | == 15. | Α | В | C | D |
| 2 | Gross advertising income | | | | |
| a | Add columns A through D. Enter here and on Par | t I, line 11, column | ı (A) | | |
| 3 | Direct advertising costs by periodical | | | | |
| а | Add columns A through D. Enter here and on Par | t I, line 11, columr | n (B) | | a.ll. ► |
| 4 | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8. | | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income. | | | | |
| 7 | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 | | | | |
| | Add line 8, columns A through D. Enter the greater Part II, line 13 | | | | |
| Par | t X Compensation of Officers, Directors, a | nd Trustees (see | Instructions) | | |
| | 1 Name | 2 Title | | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
| | | | | % | |
| | | | | % | |
| | · | | | 96 | |
| Tota | I. Enter here and on Part II, line 1 | | | | |
| | XI Supplemental Information (see instruction | | | | |
| | | | | | |

| _ | _ | _ | _ |
|----|---|---|---|
| -, | П | | п |
| | u | | u |

FEDERAL STATEMENTS

PAGE 1

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

STATEMENT 1 FORM 990-T, PART I, LINE 4 **CHARITABLE CONTRIBUTIONS**

CHARITABLE CONTRIBUTIONS \$ 53,526,155.
INCOME PERCENT LIMIT 0.

ALLOWED CHARITABLE CONTRIBUTIONS

0.

STATEMENT 2 FORM 990-T, PART I, LINE 6 NET OPERATING LOSS DEDUCTION

| PRE-2018 NOLS CARRIED FORWARD FROM PRIOR YEAR | | 135,458. |
|--|----|----------|
| PRE-2018 NOLS INCLUDED ON FORM 990-T, PART I, LINE 6 | 0. | |
| TOTAL PRE-2018 NOLS APPLIED | 0. | 0. |
| PRE-2018 NOLS EXPIRING THIS TAX YEAR | | 0. |
| PRE-2018 NOLS CARRIED OVER TO SUBSEQUENT TAX YEARS | | 135,458. |

STATEMENT 3 SCHEDULE A, PART I, LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS

| NAME | | GROSS INCOME | DEDUCTIONS | INCOME (LOSS) |
|---|----------|---------------------|--------------------|----------------------|
| CAPITAL DYNAMICS GLOBAL SECONDARIES SPUR VENTURES V, LP | \$ | 210. 29. | \$ 0. 0. | \$ 210. 29. |
| BROOKE PRIVATE EQUITY IV, LP BROOKE PRIVATE EQUITY V, LP | | -75,646. 64,337. | 0. | -75,646. 64,337. |
| ABRY PARTNERS IX, LP | TOTAL \$ | 2,299. -8,771. | <u>0.</u> \$ 0. | 2,299. \$ -8,771. |

STATEMENT 4 SCHEDULE A, PART II, LINE 14 OTHER DEDUCTIONS

| FEES PRIVATE EQUITY | 55,874. 1,911. |
|---------------------|-------------------|
| TOTAL | \$ 57,785. |

STATEMENT 5 SCHEDULE A, PART II, LINE 17 NET OPERATING LOSS DEDUCTION

| LOSS YEAR ENDING | ORIGINAL LOSS | | LOSS PREVIOUSLY USED | | LOSS AVAILABLE | |
|--|------------------|--------------------|----------------------------|----------|-------------------|----------------------------|
| 12/31/18 12/31/19 | \$ | 26,877. 79,995. | | 0. 0. | · | 26,877. 79,995. |
| NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS | | | | | | 106,872. -70,738. 0. |