



**COMMUNITY
FOUNDATION**

SOUTHWEST
WASHINGTON

IRS FINANCIAL REPORTING RETURN

Fiscal Year 2020 | Form 990 & 990T



Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

, 2020, and ending

, 20

B Check if applicable:

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

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

D Employer identification number

91-1246778

E Telephone number

(360) 694-2550

G Gross receipts \$ 49,702,936.

F Name and address of principal officer: JENNIFER RHOADS
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes ☐ No ☒H(b) Are all subordinates included? Yes ☐ No ☐
If "No," attach a list. See instructionsI Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFSWW.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1984

M State of legal domicile: WA

Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION IS A CHARITABLE GRANTING ORGANIZATION WHOSE MISSION IS TO INSPIRE A CULTURE OF GIVING TO CREATE A VIBRANT AND ENGAGED COMMUNITY.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) 3 14
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 14
6 Total number of volunteers (estimate if necessary) 6 30
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -8,771.
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	19,083,459.	14,924,364.
9 Program service revenue (Part VIII, line 2g)	75,066.	5,918.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,374,908.	6,315,035.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,533,433.	21,245,317.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,865,298.	26,726,748.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,469,355.	1,450,488.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25)	553,563.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	738,774.	585,655.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,073,427.	28,762,891.
19 Revenue less expenses. Subtract line 18 from line 12	9,460,006.	-7,517,574.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	312,970,135.	320,798,451.
21 Total liabilities (Part X, line 26)	2,394,609.	2,351,755.
22 Net assets or fund balances. Subtract line 21 from line 20	310,575,526.	318,446,696.

Signature Block

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

Sign Here: *Pam Cabanatuan* Signature of officer Date 11/04/2021
PAM CABANATUAN CFO
Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name RICHARD V. PROULX, CPA Preparer's signature *RV Proulx, CPA* Date 11/4/21 Check ☒ if self-employed PTIN P00432577
Firm's name KERN & THOMPSON LLC
Firm's address 1800 SW FIRST AVENUE, SUITE 410 PORTLAND, OR 97201 Firm's EIN 93-1157146 Phone no. (503) 222-3338

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 01/19/21

Form 990 (2020)

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

THE FOUNDATION'S MISSION IS TO INSPIRE A CULTURE OF GIVING TO CREATE A VIBRANT AND ENGAGED COMMUNITY. SINCE OUR FOUNDING IN 1984, WE HAVE GRANTED MORE THAN \$225 MILLION.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 27,455,071. including grants of \$ 26,726,748.) (Revenue \$ 5,918.)

THE COMMUNITY FOUNDATION FOR SOUTHWEST WASHINGTON INSPIRES A CULTURE OF GIVING TO CREATE A VIBRANT AND ENGAGED COMMUNITY. OPERATING AT THE INTERSECTION OF COMMUNITY AND PHILANTHROPY, WE IDENTIFY AND PURSUE COMPREHENSIVE SOLUTIONS THAT BENEFIT ALL COMMUNITIES IN SOUTHWEST WASHINGTON.

WE ACCOMPLISH THIS THROUGH A COMBINATION OF PROGRAMS AND SERVICES THAT STRENGTHEN THE EFFORTS OF DONORS, NONPROFITS AND COMMUNITIES ACROSS OUR REGION.

CONTINUED ON SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 27,455,071.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
25b 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.		X
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.		X
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.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.		X
28b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
28c 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.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	X	
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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.		
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.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

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

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 14		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 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 O. 3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? 9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. 14b		
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		X
If 'Yes,' see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If 'Yes,' complete Form 4720, Schedule O.		

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	14	
b Enter the number of voting members included on line 1a, above, who are independent.	14	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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 O		X

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

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16 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?		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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 ContractorsCheck 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER RHOADS PRESIDENT	40 1			X				216,091.	0.	44,241.
(2) PAM CABANATUAN CFO	40 1			X				136,522.	0.	31,434.
(3) JANIE SPURGEON EXEC VP AND CDO	40 0					X		140,984.	0.	9,869.
(4) T. RANDALL GROVE CHAIR	2 1	X		X				0.	0.	0.
(5) KRISTY WEAVER VICE CHAIR	2 1	X		X				0.	0.	0.
(6) VANESSA GASTON SECRETARY	2 1	X		X				0.	0.	0.
(7) KIM CAPELOTO TREASURER	2 1	X		X				0.	0.	0.
(8) TWYLA BARNES DIRECTOR	2 0	X						0.	0.	0.
(9) JODY CAMPBELL DIRECTOR	2 0	X						0.	0.	0.
(10) JOHN DEEDER DIRECTOR	2 0	X						0.	0.	0.
(11) ROBERT DJERGAIAN DIRECTOR	2 0	X						0.	0.	0.
(12) MARTY FORSMANN DIRECTOR	2 1	X						0.	0.	0.
(13) STEVE HANSEN DIRECTOR	2 0	X						0.	0.	0.
(14) INNA LIU DIRECTOR	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LISA LOWE DIRECTOR	2 0	X						0.	0.	0.
(16) MARK MATTHIAS DIRECTOR	2 1	X						0.	0.	0.
(17) GEORGE MIDDLETON DIRECTOR	2 0	X						0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								493,597.	0.	85,544.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								493,597.	0.	85,544.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

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

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1 a					
	b	Membership dues	1 b					
	c	Fundraising events	1 c					
	d	Related organizations	1 d					
	e	Government grants (contributions)	1 e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f	14,924,364.				
	g	Noncash contributions included in lines 1a-1f	1 g	8,351,524.				
	h	Total. Add lines 1a-1f		14,924,364.				
Program Service Revenue	Business Code							
	2 a	SERVICE FEES	900099	5,918.	5,918.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		5,918.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,315,035.		-8,771.	6,323,806.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real					
			(ii) Personal					
			6 b	Less: rental expenses				
			6 c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			7 b	Less: cost or other basis and sales expenses	28457619.			
			7 c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8 a					
			8 b	Less: direct expenses				
			c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	9 a					
			9 b	Less: direct expenses				
			c	Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns and allowances	10 a					
10 b			Less: cost of goods sold					
c			Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code							
	11 a							
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		21,245,317.	5,918.	-8,771.	6,323,806.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	25,947,326.	25,947,326.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	779,422.	779,422.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	428,288.	65,083.	298,122.	65,083.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	768,502.	336,223.	164,625.	267,654.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	53,684.	23,497.	11,483.	18,704.
9 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):				
a Management.				
b Legal.	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.
14 Information technology.	144,165.	50,182.	52,618.	41,365.
15 Royalties.				
16 Occupancy.	149,833.	52,155.	54,687.	42,991.
17 Travel.	2,901.	1,010.	1,059.	832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.	24,350.	8,476.	8,887.	6,987.
24 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.)				
a OUTREACH & EVENTS	85,815.	54,929.	16,999.	13,887.
b DUES AND SUBSCRIPTIONS	18,784.	6,538.	6,856.	5,390.
c PRINTING AND PUBLICATIONS	11,382.	8,541.		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.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	44,586.	1	59,204.
	2 Savings and temporary cash investments	274,684.	2	2,941,466.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	18,658,188.	4	21,640,000.
	5 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	49,187.	9	17,226.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 36,500.		
	b Less: accumulated depreciation	10b 36,500.	10c	36,500.
	11 Investments — publicly traded securities	105,840,225.	11	107,294,551.
	12 Investments — other securities. See Part IV, line 11	182,647,145.	12	183,219,539.
	13 Investments — program-related. See Part IV, line 11	1,930,000.	13	1,960,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,489,620.	15	3,629,965.
16 Total assets. Add lines 1 through 15 (must equal line 33).	312,970,135.	16	320,798,451.	
Liabilities	17 Accounts payable and accrued expenses	33,222.	17	29,448.
	18 Grants payable	32,167.	18	
	19 Deferred revenue		19	224,185.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,329,220.	25	2,098,122.
	26 Total liabilities. Add lines 17 through 25	2,394,609.	26	2,351,755.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	221,504,323.	27	225,349,846.
	28 Net assets with donor restrictions	89,071,203.	28	93,096,850.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	310,575,526.	32	318,446,696.
33 Total liabilities and net assets/fund balances	312,970,135.	33	320,798,451.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,245,317.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,762,891.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,517,574.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	310,575,526.
5	Net unrealized gains (losses) on investments	5	15,167,031.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	221,713.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	318,446,696.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.

Section B. Total Support

Calendar year (or fiscal year beginning 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 activities, etc. (see instructions).					12	98,299.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).	14	55.58 %
15 Public support percentage from 2019 Schedule A, Part II, line 14.	15	87.26 %
16a 33-1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
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.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
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.		
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.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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 .		
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).		
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).		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described in line 11a above?

c A 35% 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**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. Complete line 2 below.

b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

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

b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
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	
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 Type III supporting organization (see instructions).

BAA

Schedule A (Form 990 or 990-EZ) 2020

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

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported 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
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
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		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	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.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

BAA

Schedule A (Form 990 or 990-EZ) 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

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

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

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

Name of organization

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,277,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,973,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 308,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 300,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 640,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,300,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 834,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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
1	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
2	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	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	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	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

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

Name of organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

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

OMB No. 1545-0047

2020**Open to Public
Inspection****If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

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

2 Political campaign activity expenditures (See instructions) ▶ \$

3 Volunteer hours for political campaign activities (See instructions) ▶

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

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

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No4a Was a correction made? ☐ Yes ☐ No

b If 'Yes,' describe in Part IV.

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0.	0.												
d Other exempt purpose expenditures		28,762,891.													
e Total exempt purpose expenditures (add lines 1c and 1d)		28,762,891.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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					0.

BAA

Schedule C (Form 990 or 990-EZ) 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)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
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?			

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

	Yes	No
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?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b 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	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	143	214
2 Aggregate value of contributions to (during year)	6,273,889.	8,635,836.
3 Aggregate value of grants from (during year)	16,470,589.	10,256,159.
4 Aggregate value at end of year	237,839,688.	80,607,008.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1. ▶ \$
- (ii) Assets included in Form 990, Part X. ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1. ▶ \$
- b Assets included in Form 990, Part X. ▶ \$

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

c Beginning balance

	Amount
1 c	
1 d	
1 e	
1 f	

d Additions during the year

e Distributions during the year

f Ending balance

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance	69,761,721.	64,094,595.	61,301,218.	55,008,961.	52,882,106.
b Contributions	4,153,550.	665,649.	10,196,186.	7,457,455.	1,530,168.
c Net investment earnings, gains, and losses	3,484,539.	9,114,760.	-3,822,732.	5,217,350.	3,213,438.
d Grants or scholarships	2,596,031.	3,185,972.	2,743,364.	5,569,497.	1,798,636.
e Other expenditures for facilities and programs				0.	
f Administrative expenses	792,801.	927,311.	836,713.	813,051.	818,115.
g End of year balance	74,010,978.	69,761,721.	64,094,595.	61,301,218.	55,008,961.

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ 100.00 %

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

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

BAA

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other PRIVATE EQUITY PARTNERSHIPS &	18,250,807.	END OF YEAR MARKET VALUE
(A) PRIVATE PLACEMENTS	164,968,732.	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	183,219,539.	

Part VIII Investments – Program Related.

N/A

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

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

Part IX Other Assets.

N/A

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

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

Part X Other Liabilities.

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

1. (a) Description 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)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(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 footnote to the organization's financial statements that reports the organization's liability for uncertain 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 Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	36,634,061.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	15,167,031.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.) SEE PART XIII	2d	221,713.
e	Add lines 2a through 2d	2e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,245,317.

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

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

1	Total expenses and losses per audited financial statements	1	28,762,891.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	28,762,891.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	28,762,891.

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

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

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

CHANGE IN CHAR TRUSTS, GIFT ANNUITIES	\$	221,713.
TOTAL	\$	221,713.

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE SCHEDULE ATTACHED 610 ESTHER STREET #201 VANCOUVER, WA 98660			25,687,636.	0.			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

3 Enter total number of other organizations listed in the line 1 table.

330

4

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

TEEA3901L 07/15/20

Schedule I (Form 990) 2020

Community Foundation for Southwest Washington									
F.I.N. 91-1346778									
2020 Form 990									
Schedule I, Part 8 Grants and Other Assistance to Domestic Organizations and Domestic Governments									
Name, address, and city	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Arbary Foundation 84573 Archer Way, Indio, CA 92208		47-4092232	501(C)(3)	20,000	Unrestricted				
A Carling Closet 800 NE Tennyson Rd Ste 110 # 558 Vancouver, WA 98685		81-1517903	501(C)(3)	90,853	IPeds, IPeds covers, 1 year license				
A Carling Closet 800 NE Tennyson Rd Ste 110 # 558 Vancouver, WA 98685		81-1517903	501(C)(3)	15,000	IPeds, IPeds covers, sanitizing products				
A Carling Closet 800 NE Tennyson Rd Ste 110 # 558 Vancouver, WA 98685		81-1517903	501(C)(3)	100	Unrestricted				
Albernia Kerr Center Foundation 424 NE 22nd Avenue Portland, OR 97232		93-1297104	501(C)(3)	500	Unrestricted				
Albernia Kerr Center Foundation 424 NE 22nd Avenue Portland, OR 97232		93-1297104	501(C)(3)	30,000	Portland Art & Learning Studio				
Albernia Kerr Center Foundation 424 NE 22nd Avenue Portland, OR 97232		93-1297104	501(C)(3)	207,000	30 Units of 100 Housing Universally Accessible				
Alpha Supported Living Services 16020 Jewetta Woodmills Way NE Bothell, WA 98011		91-0913902	501(C)(3)	100,000	Heller Lake/Wedgewood Renovation Project				
ALS Association Oregon and SW Washington Chapter 700 NE Multnomah Street, Suite 68-0516066		68-0516066	501(C)(3)	2,922	ALS Research in Oregon and Washington				
ALS Association Oregon and SW Washington Chapter 700 NE Multnomah Street, Suite 68-0516066		68-0516066	501(C)(3)	10,000	For COVID-19 related support in Southwest Washington				
Altrusa International of Langview-Kelso Foundation PO Box 1354 Langview, WA 98631		91-1522507	501(C)(3)	6,000	For the budgetary budgeted program				
American Cancer Society PO Box 27718 Oklahoma City, OK 73123		13-1788491	501(C)(3)	7,121	Unrestricted				
American Heart Association of Oregon & SW WA 4380 SW Meacham Avenue #480 Portland, OR 97205		13-5613797	501(C)(3)	7,121	Unrestricted				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	500	Area of greatest need				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	500	Western Wildlife Relief				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	500	Area of greatest need				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	758	Disaster Fund				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	500	Unrestricted				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	10,000	MW Relief Fund				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	100	Unrestricted				
American Red Cross Southwest Washington Chapter Southwest Washington Chapter		53-0196505	501(C)(3)	5,000	Unrestricted				
Archdiocese of Seattle 710 9th Avenue Seattle, WA 98104-2017		91-0594564	501(C)(3)	10,000	Shaw Tunnell Project				
Archdiocese of Seattle 710 9th Avenue Seattle, WA 98104-2017		91-1581183	501(C)(3)	95,000	Annual Catholic Appeal				
Archdiocese of Seattle 710 9th Avenue Seattle, WA 98104-2017		91-1581183	501(C)(3)	50,000	Called To Serve as Christ Campaign				
Archdiocese of Seattle 710 9th Avenue Seattle, WA 98104-2017		91-1581183	501(C)(3)	250,000	Emergency Relief appeal - COVID-19 Pandemic relief				
Archdiocese of Seattle 710 9th Avenue Seattle, WA 98104-2017		91-1581183	501(C)(3)	1,000	Annual Catholic Appeal, St James Protoprophet				
Assistance League of Southwest Washington PO Box 65 Vancouver, WA 98666		47-0921393	501(C)(3)	1,000	Unrestricted				
Assistance League of Southwest Washington PO Box 65 Vancouver, WA 98666		47-0921393	501(C)(3)	7,000	For COVID-19 related support				
Assistance League of Southwest Washington PO Box 65 Vancouver, WA 98666		47-0921393	501(C)(3)	1,000	RUST - Because				
Assistance League of Southwest Washington PO Box 65 Vancouver, WA 98666		47-0921393	501(C)(3)	116	Unrestricted				
Audiam Empowerment PO Box 871676 Vancouver, WA 98687		45-2455219	501(C)(3)	1,000	Unrestricted				
Audiam Empowerment PO Box 871676 Vancouver, WA 98687		45-2455219	501(C)(3)	1,000	Unrestricted				
Audiam Empowerment PO Box 871676 Vancouver, WA 98687		45-2455219	501(C)(3)	99,500	Unrestricted				
Battle Ground Adventist Community Services 11117 NE 189th St, Suite 100 Battle Ground, WA 98604		52-0643036	501(C)(3)	28	Unrestricted				
Battle Ground Adventist Community Services 11117 NE 189th St, Suite 100 Battle Ground, WA 98604		52-0643036	501(C)(3)	13,000	Unrestricted				
Battle Ground Education Foundation PO Box 2574 Battle Ground, WA 98604		91-1725470	501(C)(3)	2,451	For COVID-19 related support				
Battle Ground Education Foundation PO Box 2574 Battle Ground, WA 98604		91-1725470	501(C)(3)	757	Needy Kids Program				
Battle Ground Education Foundation PO Box 2574 Battle Ground, WA 98604		91-1725470	501(C)(3)	10,000	Family Community Resource Center Program				
Battle Ground HealthCare Clinic 11117 NE 189th Street, Suite 216 Battle Ground, WA 98604		27-3148550	501(C)(3)	2,917	Educational activities in the Battle Ground School District				
Battle Ground HealthCare Clinic 11117 NE 189th Street, Suite 216 Battle Ground, WA 98604		27-3148550	501(C)(3)	65,000	Taking Back My Life Chronic Pain Management Program				
Battle Ground Public Schools PO Box 200 Battle Ground, WA 98604		91-6010122	Government	218	Unrestricted				
Berkeley School of Theology Office of Seminary Advancement 2605 Dwight Way Berkeley, CA 94704		94-1156250	501(C)(3)	83,837	Educational fields: Agriculture, Horticulture, Dairy and Domestic Science				
Best Friends Animal Society 2501 Angel Canyon Road, Kenilworth, NJ 07033		23-7147797	501(C)(3)	6,015	Unrestricted				
Big Brothers Big Sisters of Columbia Northwest 6443 SW Beaverton-Hillsdale Hwy Suite 200 Beaverton, OR 97005		93-1303640	501(C)(3)	37,179	Unrestricted				
Big Brothers Big Sisters of Columbia Northwest 6443 SW Beaverton-Hillsdale Hwy Suite 200 Beaverton, OR 97005		93-1303640	501(C)(3)	15,000	Beyond School Walk: Mentorship for Mill Plain Elementary School students				
Bliss Clark County 1604 Main Street Vancouver, WA 98660		45-2591977	501(C)(3)	3,500	Unrestricted				
Bliss Clark County 1604 Main Street Vancouver, WA 98660		45-2591977	501(C)(3)	150	Unrestricted				
Black Lives Matter Vancouver, WA PO Box 722 Vancouver, WA 98666		45-2591977	501(C)(3)	2,000	Unrestricted				
Blanchard House of Hospitality 310 NW Gilliam Portland, OR 97209		93-6031008	501(C)(3)	5,000	Unrestricted				
Blanchard House of Hospitality 310 NW Gilliam Portland, OR 97209		93-6031008	501(C)(3)	10,000	Unrestricted, in response to COVID-19				
Boys & Girls Clubs of Southwest Washington 2680 E 9th St, Reno, NV 89512		88-0142068	501(C)(3)	250	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	25,000	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	3,000	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	25,000	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	500	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	25,000	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	500	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	25,000	Unrestricted				
Boys & Girls Clubs of Southwest Washington 5109 NE 82nd Ave, Ste 205 Vancouver, WA 98684		91-1978646	501(C)(3)	20,000	For COVID-19 related support				

Community Foundation for Southwest Washington									
F.E.I.N. 91-1246778									
2020 Form 990									
Schedule L Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments									
Children's Home Society of Washington, PO Box 605 Vancouver, WA 98666	91-0575955	501(C)(3)	852	Unrestricted, in response to COVID-19 needs					
Children's Home Society of Washington, PO Box 605 Vancouver, WA 98666	91-0575955	501(C)(3)	25,000	Triple Point					
Children's Justice and Advocacy Center, 784 14th Avenue Longview, WA 98632	45-4946456	501(C)(3)	10,000	General operating support					
Children's Justice and Advocacy Center, 784 14th Avenue Longview, WA 98632	45-4946456	501(C)(3)	250	Unrestricted					
City of Vancouver, PO Box 24887 Seattle, WA 98124		Government	46,459	To support parks 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-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	2,000	Unrestricted					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	1,000	Ed Lynch Engineering Scholarship					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	5,000	Unrestricted					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	1,000	Unrestricted					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	341,500	\$100,000 for Veterans Resource Center, \$100,000 for Guided Pathways Program and \$141,500 to area of greatest need					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	1,000	Unrestricted					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	20,700	2021 NW Regional Equity Conference: Sharing Strategies for Equity and Anti-Racist Practices					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	4,785	Ann Doyle Endowment at Clark College					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	1,000	Veterans Resource Center-assist veteran students					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	3,877	Female students at Clark College with financial need					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	500	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	4,785	Jacks and Nancy Barry Endowment at Clark College					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	2,000	Scholarships for women attending Clark College with STEM focus					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	7,048	Jin and Paula Palmer Scholarship					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	6,160	Francis Tribe Memorial Nursing Scholarship					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	50,000	To support emergency student needs					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	200	Page-Jaeger Scholarships					
Clark College Foundation, 1933 Fort Vancouver Way Vancouver, WA 98663-3598	23-7315006	501(C)(3)	15,000	Unrestricted grant to the DREAMers Scholarship Fund					
Clark County Executive Horse Council, PO Box 62008 Vancouver, WA 98665	91-1248192	501(C)(3)	20,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	10,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	300	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	26	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	5,344	Unrestricted, in response to COVID-19					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	5,000	Unrestricted, in response to the COVID-19 crisis					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	105,000	For COVID-19 related support					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	400	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	50,000	Unrestricted, in response to COVID-19					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	3,000	Unrestricted, in response to COVID-19					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	10,000	Unrestricted, in response to COVID-19					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	100	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	1,500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	10,000	Unrestricted, in response to COVID-19					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	15,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	2,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	3,000	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	7,500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	7,500	Unrestricted					
Clark County Food Bank, 6502 NE 47th Avenue Vancouver, WA 98661	91-1307564	501(C)(3)	10,000	Unrestricted					

Community Foundation for Southwest Washington									
F.J.I.N. 91-1246778									
2020 Form 990									
Schedule L Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments									
Fort Vancouver Regional Library Foundation, PO Box 2384, Vancouver, WA 98668	91-1456753	501(C)(3)	100	Unrestricted					
Fort Vancouver Regional Library Foundation, PO Box 2384, Vancouver, WA 98668	91-1456753	501(C)(3)	5,000	Unrestricted					
Fort Vancouver Regional Library Foundation, PO Box 2384, Vancouver, WA 98668	91-1456753	501(C)(3)	2,500	Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	4,000	Fort Vancouver Seafarer's Center-Unrestricted grant					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	10,000	Fort Vancouver Seafarer's Center-Unrestricted grant					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	500	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	500	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	4,000	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	10,000	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	4,000	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	500	Fort Vancouver Seafarer's Center-Unrestricted					
Fort Vancouver Seafarer's Center, PO Box 1102, Vancouver, WA 98666-1102		Health/Sponsor	37,384	Alzheimer's					
Foundation for the Challenged, 5070 Wilcox Pl SE, D. Duplin, OH 43016-6808	01-0619670	501(C)(3)	38	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	100	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	5,000	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	1,500	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	7,000	Special Education Classes					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	100	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	10,098	Student art sculpture					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	250	Unrestricted grant-Giveways241					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	5,294	Digital books and online subscriptions for Salmon Creek Elementary					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	80,000	Family Community Resource Center Program					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	3,000	Basic needs, restricted to Heart Deal Elementary School community in response to COVID					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	2,500	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	1,000	Unrestricted					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	1,000	Administrative Fund					
Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668	91-0971800	501(C)(3)	100,000	Unrestricted					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	3,218	For COVID-19 related needs					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	25,000	For COVID-19 related support					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	177,500	For COVID-19 related support					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	10,000	COVID Business Assistance Grants Program to assist two or more Women-Owned in the Fourth Plain Corridor					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	19,282	For COVID-19 related needs					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	1,000	Unrestricted					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	100	Unrestricted					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	250	Unrestricted					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	10,000	Unrestricted					
Fourth Plain Forward, 5107 E Fourth Plain Blvd, Suite 111, Vancouver, WA 98661	82-2923189	501(C)(3)	28,451	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	2,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	25,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	1,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	1,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	250	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	500	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	2,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	10,000	Unrestricted, in response to COVID-19					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	5,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	10,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	25,000	For COVID-19 related support					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	650	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	500	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	20,000	Plug into NEXT Plot - Vancouver					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	5,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	5,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	3,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	30,000	For COVID-19 related support					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	38	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	25,000	Computers for youth who have developmental disability in Oregon and Washington chapters					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	1,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	30,000	Clark County Program					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	25,000	Child Investment Program - general support of the Friends expansion into Vancouver					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	121	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	250,000	Southwest Washington programs					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	47,000	Unrestricted					
Free Clinic of Southwest Washington, 4100 Plamondon Street, Vancouver, WA 98661	91-1707542	501(C)(3)	10,000	October 2020 "An Evening of Hope" event support					

Community Foundation for Southwest Washington									
F.J.L.N. 91-1246778									
2020 Form 990									
Scholarship 1, Part 8 Grants and Other Assistance to Domestic Organizations and Domestic Governments									
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Paul Lutheran Church, PO Box 847, Castle Rock, WA 98011	91-0091129	Religious						6,241	Support for needy people in Cowlitz County
St. Paul Lutheran Church, 1309 Franklin Street, Vancouver, WA 98660-3509	91-4000852	501(C)(3)						2,500	Homeless Shelter Needs
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						50,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,000	\$1,000 For Family \$1,000 Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						25,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						1,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	General Operating Support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						3,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						25,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						1,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						20,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						357,100	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,500	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						250	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						119,696	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						200,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						10,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						119,696	2020 Q4 Distribution
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						9,370	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Homeless Fund
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						11,500	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						29,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						7,500	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						15	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						100	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						100	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						1,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						3,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						7,131	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						20,000	Ready to Rile: Helping students succeed and lead in their communities
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						18,000	Operation Reach More
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						10,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						1,000	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,500	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Food Drive
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,500	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						50,000	Academy Project
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,200	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						500	Person Field Education Center
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,000	Person Field Education Center 2020 Fundraiser
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						1,500	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,500	Marshall Youth Awards Program-Youth Leadership Award runner up
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						2,250	Education programming and preservation services
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						600	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						20,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						25,000	For COVID-19 related needs
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						25,000	Capacity building for social justice
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						92,000	For COVID-19 related support
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						500	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						5,202	Adopt a Family Program
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						400	Unrestricted
St. Vincent de Paul, 2456 NE Stapleton Road, Vancouver, WA 98661	91-1312923	501(C)(3)						15,500	For COVID-19 related support

Continuity Foundation for Southwest Washington									
F.E.L.N. 91-1246778									
2020 Form 990									
Schedule I, Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments									
The Salvation Army, 1500 NE 112th Avenue, Vancouver, WA 98684	94-1156347	501(C)(3)	1,000	Unrestricted					
The Salvation Army, 1500 NE 112th Avenue, Vancouver, WA 98684	94-1156347	501(C)(3)	7,121	Unrestricted					
The Salvation Army, 1500 NE 112th Avenue, Vancouver, WA 98684	94-1156347	501(C)(3)	3,316	Unrestricted					
The Salvation Army, 1500 NE 112th Avenue, Vancouver, WA 98684	94-1156347	501(C)(3)	5,000	For COVID-19 related support					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	500	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	1,000	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	2,400	General Operations					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	300	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	5,000	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	1,000	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	12,470	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	2,000	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	1,000	Unrestricted					
The Vancouver Symphony Orchestra, PO Box 525, Vancouver, WA 98666-0525	91-1281734	501(C)(3)	25,000	Unrestricted					
Thunderbolt Lodge Preservation Society, P.O. Box 8812, Incline Village, NV 89450	88-0434866	501(C)(3)	10,000	Unrestricted					
Transitional Youth, 1500 NW 167th Place, Beaverton, OR 97006	95-1088674	501(C)(3)	30,000	Tuition Assistance					
Trinity Academy, 7424 N. Middlefield Avenue, Portland, OR 97217	85-0767110	501(C)(3)	36,900	For COVID-19 related support					
United Way, PO Box 300, Washougal, WA 98671	83-2631484	501(C)(3)	2,500	Unrestricted					
United Way of the Columbia-Willamette, 519 SW 11th Avenue, Suite 300, Portland, OR 97205	89-0587224	501(C)(3)	30,000	Unrestricted					
United Way of the Columbia-Willamette, 519 SW 11th Avenue, Suite 300, Portland, OR 97205	89-0587224	501(C)(3)	2,500	Unrestricted					
United Way of the Columbia-Willamette, 519 SW 11th Avenue, Suite 300, Portland, OR 97205	89-0587224	501(C)(3)	2,500	Unrestricted					
University of California Los Angeles Foundation, Athletic Department, PO Box 7145, Los Angeles, CA 90024	95-0582124	501(C)(3)	10,000	Me Ostin Basketball Center					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	2,500	Accounting Fund					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	21,000	School of Music Dean's Endowment Fund (\$7,000), Lundquist College of Business Investor's Fund (\$7,000), Pathway Oregon Support Fund (\$7,000)					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	5,000	The Pam Edstrom, WE Communications Scholarship					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	50,000	\$25,000 for Lundquist College of Business/\$25,000 for The School of Music and Dance					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	1,000	President's Fund					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	5,000	Hansen Family Scholarship for Leadership					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	3,000	Campus Ministry vocation support					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	5,000	The Pam Edstrom, WE Communications Student Support Operating Fund					
University of Oregon Foundation, 1720 E 13th Avenue, Suite 410, Eugene, OR 97403-2109	93-6015767	501(C)(3)	32,000	\$5,000 for Do it Scholar: Preparation for Uffine Program; \$5,000 for Scholarship Program, specifically for the blind and visually impaired					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	375,500	Cancer Research					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	Herring Center Atrium: Lauren Jones Support of educational programming					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	2,374,333	UW Medicine Cancer Research - Seven Research Projects					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	6,170	Walk-in cooler for Online Marketplace					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	64,000	\$20,000 Vendor Emergency Business Grants; \$44,000 for Online Marketplace					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	5,988	For COVID-19 related support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	FTE support for HHIP 2020					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	10,000	Artist in Residence					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	14,000	\$2,000 for each of the following disciplines: Dance, Literary Arts, Moving Image Arts, Music, Technical Theater, Theater, Visual Arts					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	30,000	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	Scholarship Funding					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	For COVID-19 related support in Southwest Washington					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	7,111	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	21,206	For COVID-19 related support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	15,000	For COVID-19 related support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	Food System Justice Action Research (FSJAR)					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	85,000	For COVID-19 related support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	10,000	Unrestricted/Clark County					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	5,000	Family Community Resource Center Program					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	337	Halfway Elementary School Library					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	4,608	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	500	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	5,000	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	5,000	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	25,000	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	50,000	Unrestricted					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	1,000	General operating support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	1,000	General operating support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	1,000	General operating support					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	15,000	General giving					
University of Washington Foundation, 4333 Brooklyn Avenue NE, Box 353505, Seattle, WA 98195	94-3079437	501(C)(3)	1,000	General operating support					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FINANCIAL SUPPORT STRUGGLING WOMEN	51	60,659.			
2 FINANCIAL ASSISTANCE FOR STUDENTS	324	718,763.			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part I Questions Regarding Compensation

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

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

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

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

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

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

If 'Yes,' describe in Part III.

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

Yes No

1 b

2

4 a

4 b

4 c

5 a

5 b

6 a

6 b

7

8

9

X

X

X

X

X

X

X

X

X

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PAM CABANATUAN CFO	(i) 136,522. (ii) 0.	0. 0.	0. 0.	9,557. 0.	21,877. 0.	167,956. 0.	0. 0.
2 JENNIFER RHOADS PRESIDENT	(i) 216,091. (ii) 0.	0. 0.	0. 0.	15,126. 0.	29,115. 0.	260,332. 0.	0. 0.
3 JANIE SPURGEON EXEC VP AND CDO	(i) 140,984. (ii) 0.	0. 0.	0. 0.	9,869. 0.	0. 0.	150,853. 0.	0. 0.
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

TEEA4102L 09/25/20

Schedule J (Form 990) 2020

BAA

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded	X	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BEQUEST RECEIVABLE) ...	X	1	300,000.	ESTIMATE
26 Other ▶ (BEQUEST RECEIVABLE) ...	X	1	40,000.	ESTIMATE
27 Other ▶ (BEQUEST RECEIVABLE) ...	X	1	3,300,000.	ESTIMATE
28 Other ▶ () ...				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If 'Yes,' describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

COMMUNITY FOUNDATION FOR SW WASHINGTON

91-1246778

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

CHANGES IN TRUSTS, ANNUITIES \$ 221,713.
 TOTAL \$ 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)

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATION FOR SW WASHINGTON

Employer identification number

91-1246778

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) SUPPORTING ORGANIZATION OF THE COM 610 ESTHER STREET #201 VANCOUVER, WA 98660 91-6558976	SUPPORTING ORGANIZATION	WA	501(C)(3)	12 A	COMMUNITY FOUNDATION FOR SW WASHINGTON		X
(2) ROOD FAMILY FOUNDATION 610 ESTHER STREET STE 201 VANCOUVER, WA 98660 82-2345793	SUPPORTING ORGANIZATION	WA	501(C)(3)	12 A	N/A		X
(3)							
(4)							

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

TEEA5001L 07/15/20

Schedule R (Form 990) 2020

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

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

(2) -----												

(3) -----												

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

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

(2) -----									

(3) -----									

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUPPORTING ORGANIZATION OF THE COMMUNITY	C	150,000	CASH
(2) SUPPORTING ORGANIZATION OF THE COMMUNITY	Q	6,000	CASH
(3)			
(4)			
(5)			
(6)			

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

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

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

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

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

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

OMB No. 1545-0047

2020Department of the Treasury
Internal Revenue Service

For calendar year 2020 or other tax year beginning _____, 2020, and ending _____.

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR SW WASHINGTON 610 ESTHER STREET #201 VANCOUVER, WA 98660	D Employer identification number 91-1246778
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A			E Group exemption number (see instructions.)
		C Book value of all assets at end of year	320,798,451.
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' enter the name and identifying number of the parent corporation			
L The books are in care of ▶ PAM CABANATUAN 610 ESTHER STREET VANCOUVER WA 98660 Telephone number ▶ (360) 694-2550			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-70,738.
2 Reserved	2	
3 Add lines 1 and 2	3	-70,738.
4 Charitable contributions (see instructions for limitation rules)	4	STATEMENT 1
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-70,738.
6 Deduction for net operating loss. See instructions	6	SEE -ST 2
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-70,738.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2020)

Part II Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)...	1a		
b Other credits (see instructions).....	1b		
c General business credit. Attach Form 3800 (see instructions).....	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	1d		
e Total credits. Add lines 1a through 1d.	1e		0.
2 Subtract line 1e from Part II, line 7.	2		0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here.	4		0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4.	5		
6a Payments: A 2019 overpayment credited to 2020.	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies. <input type="checkbox"/>	6b		
c Tax deposited with Form 8868.	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions).	6d		
e Backup withholding (see instructions).	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total ...	6g		
7 Total payments. Add lines 6a through 6g.	7		0.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached. <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed.	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid.	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

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

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year. \$ 0.		
4a Did the organization change its method of accounting? (see instructions).		X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V.		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer <i>Liam C. ...</i>	Date 11/04/2021	Title CFO		
Paid Preparer Use Only	Print/Type preparer's name RICHARD V. PROULX, CPA	Preparer's signature <i>R. Proulx</i>	Date 11/4/21	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00432577
	Firm's name KERN & THOMPSON LLC	Firm's EIN 93-1157146			
	Firm's address 1800 SW FIRST AVENUE, SUITE 410 PORTLAND, OR 97201	Phone no. (503) 222-3338			

BAA

Form 990-T (2020)

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

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

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

A Name of the organization COMMUNITY FOUNDATION FOR SW WASHINGTON	B Employer identification number 91-1246778
C Unrelated business activity code (see instructions) ► 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business ► INCOME RECEIVED FROM PARTNERSHIP INVESTMENT

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances c Balance ►	1c		
2 Cost of goods sold (Part III, line 8)	2		
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		
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)	8		
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		
13 Total. Combine lines 3 through 12.	13 -8,771.		-8,771.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income	1	2	3	4	5	6	7	8a	8b	9	10	11	12	13	14	15	16	17	18
1 Compensation of officers, directors, and trustees (Part X)																			
2 Salaries and wages																			
3 Repairs and maintenance																			
4 Bad debts																			
5 Interest (attach statement) (see instructions)																			
6 Taxes and licenses																			
7 Depreciation (attach Form 4562) (see instructions)																			
8 Less depreciation claimed in Part III and elsewhere on return																			
9 Depletion																			
10 Contributions to deferred compensation plans																			
11 Employee benefit programs																			
12 Excess exempt expenses (Part VIII)																			
13 Excess readership costs (Part IX)																			
14 Other deductions (attach statement) SEE STATEMENT 4																			
15 Total deductions. Add lines 1 through 14																			
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)																			
17 Deduction for net operating loss (see instructions) SEE STATEMENT 5																			
18 Unrelated business taxable income. Subtract line 17 from line 16																			

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part 1, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A).	▶			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	▶			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	▶			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	▶			
11 Total dividends-received deductions included in line 10	▶			

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

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

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
Add amounts in column 2. Enter here and on Part I, line 9, column (A)				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity:	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, col (A)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

BAA

Schedule A (Form 990-T) 2020

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A)

3 Direct advertising costs by periodical

--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (B)

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

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

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.
 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	\$ 210.	\$ 0.	\$ 210.
SPUR VENTURES V, LP	29.	0.	29.
BROOKE PRIVATE EQUITY IV, LP	-75,646.	0.	-75,646.
BROOKE PRIVATE EQUITY V, LP	64,337.	0.	64,337.
ABRY PARTNERS IX, LP	2,299.	0.	2,299.
TOTAL	<u>\$ -8,771.</u>	<u>\$ 0.</u>	<u>\$ -8,771.</u>

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

INVESTMENT ADVISORY FEES \$ 55,874.
 INVESTMENT EXPENSES - PRIVATE EQUITY 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	\$ 26,877.	\$ 0.	\$ 26,877.
12/31/19	79,995.	0.	79,995.
NET OPERATING LOSS AVAILABLE			<u>\$ 106,872.</u>
TAXABLE INCOME			<u>\$ -70,738.</u>
NET OPERATING LOSS DEDUCTION (LIMITED TO TAXABLE INCOME)			<u>\$ 0.</u>