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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2007/2

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 10/01, 2007, and ending 09/30/2008

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SOUTHWEST WASHINGTON MEDICAL CENTER FOUNDATION Number and street (or P O box if mail is not delivered to street address) Room/suite P.O. BOX 1600 City or town, state or country, and ZIP + 4 VANCOUVER, WA 98668-1600 | D Employer identification number 91-1231436 |
| | | E Telephone number (360) 514-7800 |
| | | F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ |
| | | |

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates _____

H(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number _____

M Check ☐ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)G Website: **N/A**J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **4,430,700.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

| | | | | | | |
|--|--|----------------|------------|------------|--|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received: | | | | | |
| | a Contributions to donor advised funds | 1a | | | | |
| | b Direct public support (not included on line 1a) | 1b | | 3,402,460. | | |
| | c Indirect public support (not included on line 1a) | 1c | | | | |
| | d Government contributions (grants) (not included on line 1a) | 1d | | | | |
| | e Total (add lines 1a through 1d) (cash \$ 3,402,460. noncash \$) | 1e | | 3,402,460. | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | | | | |
| | 3 Membership dues and assessments | 3 | | | | |
| | 4 Interest on savings and temporary cash investments | 4 | | 167,561. | | |
| | 5 Dividends and interest from securities | 5 | | 20,144. | | |
| | 6a Gross rents | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| c Net rental income or (loss). Subtract line 6b from line 6a | 6c | | | | | |
| 7 Other investment income (describe _____) | 7 | | | | | |
| Expenses | 8a Gross amount from sales of assets other than inventory | (A) Securities | (B) Other | | | |
| | | 840,535. | 8a | | | |
| | b Less: cost or other basis and sales expenses | 297,906. | 8b | | | |
| | c Gain or (loss) (attach schedule) | 542,629. | 8c | | | |
| | d Net gain or (loss). Combine line 8c, columns (A) and (B) | 8d | | 542,629. | | |
| | 9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1b) | 9a | | | | |
| | b Less: direct expenses other than fundraising expenses | 9b | | | | |
| | c Net income or (loss) from special events. Subtract line 9b from line 9a | 9c | | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a | 10c | | | | |
| 11 Other revenue (from Part VII, line 103) | 11 | | | | | |
| 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 | 12 | | 4,132,794. | | | |
| Net Assets | 13 Program services (from line 44, column (B)) | 13 | 5,872,011. | | | |
| | 14 Management and general (from line 44, column (C)) | 14 | 172,285. | | | |
| | 15 Fundraising (from line 44, column (D)) | 15 | | | | |
| | 16 Payments to affiliates (attach schedule) | 16 | | | | |
| | 17 Total expenses. Add lines 13 and 14, column (A) | 17 | 6,044,296. | | | |
| 18 Excess or (deficit) for the year. Subtract line 17 from line 12 | 18 | -1,911,502. | | | | |
| 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 41,305,993. | | | | |
| 20 Other changes in net assets or fund balances (attach explanation) STMT. 3 | 20 | -2,297,085. | | | | |
| 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 | 21 | 37,097,406. | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

SCANNED JAN 28 2010

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 8b, 8c, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) | | | | |
| (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) | | | | |
| (cash \$ 5,132,094 noncash \$ 96,891) If this amount includes foreign grants, check here <input type="checkbox"/> | 5,228,985. | 5,228,985. | STMT 4 | |
| 23 Specific assistance to individuals (attach schedule) | | | | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A | NONE | | | |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B | | | | |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 418,555. | 334,844. | 83,711. | |
| 27 Pension plan contributions not included on lines 25a, b, and c | | | | |
| 28 Employee benefits not included on lines 25a-27 | | | | |
| 29 Payroll taxes | | | | |
| 30 Professional fundraising fees | | | | |
| 31 Accounting fees | 11,736. | | 11,736. | |
| 32 Legal fees | 102. | | 102. | |
| 33 Supplies | 7,234. | 5,787. | 1,447. | |
| 34 Telephone | 1,873. | 1,498. | 375. | |
| 35 Postage and shipping | 18,579. | 14,863. | 3,716. | |
| 36 Occupancy | | | | |
| 37 Equipment rental and maintenance | 1,894. | 1,515. | 379. | |
| 38 Printing and publications | 44,038. | 35,230. | 8,808. | |
| 39 Travel | 3,411. | 2,729. | 682. | |
| 40 Conferences, conventions, and meetings | 9,799. | 7,839. | 1,960. | |
| 41 Interest | | | | |
| 42 Depreciation, depletion, etc. (attach schedule) | | | | |
| 43 Other expenses not covered above (itemize) | | | | |
| a STMT 9 | 298,090. | 238,721. | 59,369. | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f | | | | |
| g | | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 6,044,296. | 5,872,011. | 172,285. | |

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **HEALTHCARE FOUNDATION**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a SUPPORTS AND GIVES GRANTS TO SOUTHWEST WASHINGTON MEDICAL
CENTER, A COMMUNITY HOSPITAL WHICH IS EXEMPT PURSUANT TO IRC
SEC 501(C)3

(Grants and allocations \$ 4,960,400.) If this amount includes foreign grants, check here ☐

5,602,168.

b SOUTHWEST WASHINGTON MEDICAL CENTER FOUNDATION STRIVES TO
ENHANCE THE WELL BEING OF THE PEOPLE IN SW WASHINGTON.
FUNDS ARE DISTRIBUTED FOR SERVICES TO THE COMMUNITY WE
SERVE FOR HEALTH AND WELLNESS PROGRAM SUPPORT, HEALTHCARE
FOR THOSE IN NEED FINANCIALLY, AND HEALTH AND SAFETY
EDUCATION.

(Grants and allocations \$ 268,585.) If this amount includes foreign grants, check here ☐

269,843.

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

5,872,011.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

| | | (A) Beginning of year | | (B) End of year |
|--|---|--|-------------|--------------------|
| Assets | 45 Cash - non-interest-bearing | | 45 | |
| | 46 Savings and temporary cash investments | 5,591,266. | 46 | 5,962,978. |
| | 47a Accounts receivable | 47a | | |
| | b Less: allowance for doubtful accounts | 47b | 47c | |
| | 48a Pledges receivable | 48a 23,550,803. | | |
| | b Less: allowance for doubtful accounts | 48b 214,112. | 29,048,493. | 48c 23,336,691. |
| | 49 Grants receivable | | 49 | |
| | 50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | 50a | |
| | b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | 50b | |
| | 51a Other notes and loans receivable (attach schedule) | 51a | | |
| | b Less: allowance for doubtful accounts | 51b | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | | 53 | |
| | 54a Investments - publicly-traded securities STMT 10. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 8,029,642. | 54a | 8,935,721. |
| | b Investments - other securities (attach schedule) | <input type="checkbox"/> Cost <input type="checkbox"/> FMV | 54b | |
| 55a Investments - land, buildings, and equipment: basis | 55a | | | |
| b Less: accumulated depreciation (attach schedule) | 55b | 55c | | |
| 56 Investments - other (attach schedule) | | 56 | | |
| 57a Land, buildings, and equipment: basis | 57a | | | |
| b Less: accumulated depreciation (attach schedule) | 57b | 57c | | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 11) | | NONE 58 | 32,452. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 42,669,401. | 59 | 38,167,842. | |
| Liabilities | 60 Accounts payable and accrued expenses | 204,339. | 60 | 311,962. |
| | 61 Grants payable | 1,159,069. | 61 | 758,474. |
| | 62 Deferred revenue | | 62 | |
| | 63 Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a Tax-exempt bond liabilities (attach schedule) | | 64a | |
| b Mortgages and other notes payable (attach schedule) | | 64b | | |
| 65 Other liabilities (describe <input type="checkbox"/>) | | 65 | | |
| 66 Total liabilities. Add lines 60 through 65 | 1,363,408. | 66 | 1,070,436. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | |
| | 67 Unrestricted | 2,027,927. | 67 | 1,673,028. |
| | 68 Temporarily restricted | 33,797,271. | 68 | 26,473,378. |
| | 69 Permanently restricted | 5,480,795. | 69 | 8,951,000. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | |
| | 70 Capital stock, trust principal, or current funds | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | 41,305,993. | 73 | 37,097,406. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 42,669,401. | 74 | 38,167,842. |

| Yes | No |
|-----|----|
|-----|----|

1. 2. 3.

| | |
|-----|---|
| 75b | X |
|-----|---|

| | | |
|-----|---|--|
| 75c | X | |
| | | |

| | | |
|-----|---|--|
| 75d | x | |
|-----|---|--|

Part V-B **Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

| Yes | No |
|-----|----|
|-----|----|

| | | |
|----|--|---|
| 76 | | X |
|----|--|---|

| | | |
|----|----|-------|
| 77 | | X |
| 78 | 10 | 1-2-3 |

1-6-57

| | |
|-----|---|
| 78a | X |
|-----|---|

| | |
|-----|-----|
| 78b | N/A |
|-----|-----|

| | | |
|----|--|---|
| 79 | | X |
|----|--|---|

| | |
|-----|---|
| 80a | X |
|-----|---|

1111

11.

| | |
|-----|---|
| 81b | X |
|-----|---|

Part VI Other Information (continued)

| | Yes | No |
|---|----------------|----|
| 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a X | |
| b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b | | |
| 83a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a X | |
| b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? | 83b X | |
| 84a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b N/A | |
| 85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? | 85a N/A | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b N/A | |
| If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c Dues, assessments, and similar amounts from members 85c | N/A | |
| d Section 162(e) lobbying and political expenditures 85d | N/A | |
| e Aggregate nondeductible amount of section 5033(e)(1)(A) dues notices 85e | N/A | |
| f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | N/A | |
| g Does the organization elect to pay the section 5033(e) tax on the amount on line 85f? | 85g N/A | |
| h If section 5033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h N/A | |
| 86 501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 86a | N/A | |
| b Gross receipts, included on line 12, for public use of club facilities 86b | N/A | |
| 87 501(c)(12) orgs Enter: a Gross income from members or shareholders 87a | N/A | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b | N/A | |
| 88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | X |
| b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI | 88b | X |
| 89a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 NONE ; section 4912 NONE ; section 4955 NONE | | |
| b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | X |
| c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE | | |
| d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE | | |
| e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | X |
| f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? | 89f | X |
| g For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | X |
| 90a List the states with which a copy of this return is filed 90b | 0 | |
| b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | | |
| 91a The books are in care of ANITA WILLIAMS Telephone no 360-514-7800 | | |
| Located at P.O. BOX 1600, VANCOUVER, WA ZIP + 4 98668-1600 | | |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | X |
| If "Yes," enter the name of the foreign country | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | |

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? ☐ Yes ☒ No
 If "Yes," enter the name of the foreign country: _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 167,561. | |
| 96 Dividends and interest from securities | | | 14 | 20,144. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 542,629. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 730,334. | |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 730,334. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | N/A |
| | |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|--|-----------------------------|---------------------|------------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| Yes | No |
|-----|----|
| | |
| N/A | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| Yes | No |
|-----|----|
| | |
| N/A | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|--------|--|--|-----------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| Yes | No |
|-----|----|
| | |
| N/A | |

**Please
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 officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

**Paid
Preparer's
Use Only**Preparer's
signature

Date

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours
if self-employed),
address, and ZIP + 4

KPMG LLP

EIN

13-5565207

801 SECOND AVENUE, SUITE 900

Phone no

206-913-4000

SEATTLE, WA

98104

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(c)(6), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2007

Name of the organization **SOUTHWEST WASHINGTON MEDICAL
CENTER FOUNDATION**

Employer identification number

91-1231436

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . . . ▶ | | NONE | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services . . . ▶ | | NONE |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services . . . ▶ | | NONE |

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

- a Sale, exchange, or leasing of property?

2a X

- b Lending of money or other extension of credit?

2b X

- c Furnishing of goods, services, or facilities?

2c X

- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

- e Transfer of any part of its income or assets?

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) STMT. 19

3a X

- b Did the organization have a section 403(b) annuity plan for its employees?

3b X

- c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

- d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

- b Did the organization make any taxable distributions under section 4966?

4b

- c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

- d Enter the total number of donor advised funds owned at the end of the tax year ▶

- e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

- f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶

NONE

- g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

NONE

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
|---|------------|------------|------------|------------|-------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) | 5,678,212. | 8,281,429. | 1,446,989. | 997,133. | 16,403,763. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | | | | |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. | 197,231. | 158,129. | 223,982. | 136,248. | 715,590. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 5,875,443. | 8,439,558. | 1,670,971. | 1,133,381. | 17,119,353. |
| 24 Line 23 minus line 17. | 5,875,443. | 8,439,558. | 1,670,971. | 1,133,381. | 17,119,353. |
| 25 Enter 1% of line 23 | 58,754. | 84,396. | 16,710. | 11,334. | |

| | | |
|--|-----|-------------|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | 26a | 342,387. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | 26b | 1,628,327. |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) | 26c | 17,119,353. |
| d Add: Amounts from column (e) for lines: 18 <u>715,590.</u> 19 <u> </u> 22 <u> </u> 26b <u>1,628,327.</u> | 26d | 2,343,917. |
| e Public support (line 26c minus line 26d total) | 26e | 14,775,436. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | 26f | 86.3084 % |

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

| | | |
|--|-----|---|
| c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ | 27c | |
| d Add: Line 27a total, _____ and line 27b total, _____ | 27d | |
| e Public support (line 27c total minus line 27d total) | 27e | |
| f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) | 27f | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | 27g | % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | 27h | % |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | Yes | No |
|--|-----|----|
| 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement) | 31 | |
| ----- | | |
| ----- | | |
| 32 Does the organization maintain the following. | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| ----- | | |
| 33 Does the organization discriminate by race in any way with respect to: | | |
| a Students' rights or privileges? | 33a | |
| b Admissions policies? | 33b | |
| c Employment of faculty or administrative staff? | 33c | |
| d Scholarships or other financial assistance? | 33d | |
| e Educational policies? | 33e | |
| f Use of facilities? | 33f | |
| g Athletic programs? | 33g | |
| h Other extracurricular activities? | 33h | |
| If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | |
| ----- | | |
| ----- | | |
| 34 a Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b Has the organization's right to such aid ever been revoked or suspended? | 34b | |
| If you answered "Yes" to either 34a or b, please explain using an attached statement. | | |
| 35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

| | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|-----------------------------------|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . | 36 | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . . | 37 | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 Other exempt purpose expenditures | 39 | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - | | |
| Not over \$500,000 20% of the amount on line 40 | | |
| 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 | 41 | |
| 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 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**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 instructions for lines 45 through 50 on page 13 of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| Lobbying nontaxable amount | | | | | |
| 45 amount | | | | | |
| Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 46 amount | | | | | |
| Total lobbying expenditures | | | | | |
| Grassroots nontaxable amount | | | | | |
| 48 amount | | | | | |
| Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 49 amount | | | | | |
| Grassroots lobbying expenditures | | | | | |
| 50 amount | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers | | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h) | | | |
| 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 other means | | | |
| i Total lobbying expenditures (Add lines c through h.) | | | |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====GAINS/LOSSES FROM ASSETS
PART I, LINE 8

| | DATE ACQUIRED | DATE SOLD | GROSS SALES PRICE | COST BASIS | LONGTERM GAIN/ LOSS |
|--|------------------|--------------|-------------------------|---------------|---------------------------|
| SECURITIES: PUBLICLY TRADED SECURITIES | VAR | VAR | 840,535 | 297,906 | 542,629 |

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====NON-CASH CONTRIBUTIONS
PART II, LINE 22B

| PROPERTY | BOOK VALUE | FAIR MARKET VALUE | DATE OF GIFT |
|-------------------------------|------------|-------------------|--------------|
| PARLOR BEARS | \$ 8,415 | \$ 8,415 | 12/31/07 |
| DESIGN/ADVERT. | \$ 9,947 | \$ 9,947 | 6/01/08 |
| ADVERTISING | \$ 47,298 | \$ 47,298 | 6/01/08 |
| FITNESS EQUIP. | \$ 21,000 | \$ 21,000 | 7/31/08 |
| VARIOUS SMALL ASSETS/EQUIP | \$ 10,231 | \$ 10,231 | VARIOUS |
| | ----- | ----- | |
| TOTALS | \$ 96,891 | \$ 96,891 | |

THE ABOVE NON-CASH CONTRIBUTIONS WERE GIVEN TO SOUTHWEST WASHINGTON MEDICAL CENTER FOUNDATION TO DISTRIBUTE TO SOUTHWEST WASHINGTON MEDICAL CENTER. THEREFORE THE BOOK VALUES AND FAIR MARKET VALUES WERE DETERMINED BY THE AMOUNT WHICH EITHER ENTITY COULD HAVE PURCHASED THE GOODS OR SERVICES FOR IN AN ARMS LENGTH TRANSACTION.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----UNREALIZED GAINS ON INVESTMENTS
CHANGE IN VALUE OF SPLIT-INTEREST
AGREEMENTS

2,271,171.

25,914.

TOTAL

2,297,085.
=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|---|------------|
| GRANTS PAID | | | |
| SOUTHWEST WASHINGTON MEDICAL CENTER PO BOX 1600 VANCOUVER, WA 98668 | AFFILIATED 501(C)(3) ORGANIZATION 509(A)(1) | HOSPITAL OPERATING ACTIVITIES | 539,256. |
| SOUTHWEST WASHINGTON MEDICAL CENTER PO BOX 1600 VANCOUVER, WA 98668 | AFFILIATED 501(C)(3) ORGANIZATION 509(A)(1) | DONATING PROPERTY AND EQUIPMENT TO THE HOSPITAL | 96,891. |
| CLARK COUNTY COMMUNITY SERVICES 1601 E. FOURTH PLAIN, STE C214 VANCOUVER, WA 98661 | N/A GOVERNMENT UNIT | TO SUPPORT THE CCCS MENTAL HEALTH SUMMIT | 60,000. |
| FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661 | N/A 509(A)(1) | ASSIST FREE MEDICAL AND DENTAL HEALTHCARE PROVIDER IN SUSTAINING THEIR OPERATIONS. | 100,000. |
| SOUTHWEST WASHINGTON MEDICAL CENTER PO BOX 1600 VANCOUVER, WA 98668 | AFFILIATED 501(C)(3) ORGANIZATION 509(A)(1) | HOSPITAL PROPERTY & EQUIPMENT ACQUISITION | 4,324,253. |
| BRIGHAM YOUNG UNIVERSITY PROVO, UT 84602 | N/A UNIVERSITY | SCHOLARSHIPS | 3,000. |

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|---------------------|----------------------------------|---------|
| | FOUNDATION | STATUS OF RECIPIENT | | |
| CLARK COLLEGE 1933 FORT VANCOUVER WAY VANCOUVER, WA 98663 | N/A | UNIVERSITY | SCHOLARSHIPS | 19,085. |
| COLLEGE OF ST. SCHOLASTICA 1200 KENWOOD AVE. DULUTH, MN 55811 | N/A | UNIVERSITY | SCHOLARSHIPS | 1,500. |
| CONCORDIA COLLEGE 171 WHITE PLAINS ROAD BRONXVILLE, NY 10708 | N/A | UNIVERSITY | SCHOLARSHIPS | 1,500. |
| EASTERN WASHINGTON UNIVERSITY 220 SHAWALTER HALL CHENEY, WA 99004 | N/A | UNIVERSITY | SCHOLARSHIPS | 1,500. |
| GRACELAND UNIVERSITY 1 UNIVERSITY PLACE LAWSON, IA 50140 | N/A | UNIVERSITY | SCHOLARSHIPS | 1,500. |
| HARVARD COLLEGE UNIVERSITY HALL MID-CAMBRIDGE, MA 02138 | N/A | UNIVERSITY | SCHOLARSHIPS | 1,500. |
| LINFIELD COLLEGE 900 SE BAKER STREET MCMINNVILLE, OR 97128 | N/A | UNIVERSITY | SCHOLARSHIPS | 2,000. |

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|--|----------------------------------|--------|
| | FOUNDATION STATUS OF RECIPIENT | | | |
| LOWER COLUMBIA COLLEGE 1600 MAPLE STREET LONGVIEW, WA 98632 | N/A UNIVERSITY | | SCHOLARSHIP | 3,000. |
| OREGON HEALTH AND SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD. PORTLAND, OR 97239 | N/A UNIVERSITY | | SCHOLARSHIPS | 6,500. |
| PACIFIC LUTHERAN UNIVERSITY 12180 PARK AVENUE SOUTH TACOMA, WA 98447 | N/A UNIVERSITY | | SCHOLARSHIPS | 1,500. |
| REGIS UNIVERSITY 3333 REGIS BOULEVARD DENVER, CO 80221 | N/A UNIVERSITY | | SCHOLARSHIPS | 3,000. |
| PORTLAND STATE UNIVERSITY 1825 SW BROADWAY PORTLAND, OR 97207 | N/A UNIVERSITY | | SCHOLARSHIPS | 1,500. |
| SEATTLE PACIFIC UNIVERSITY 3307 THIRD AVENUE WEST SEATTLE, WA 98119 | N/A UNIVERSITY | | SCHOLARSHIPS | 3,000. |
| UNIVERSITY OF ARIZONA TUSCON, AZ 85721 | N/A UNIVERSITY | | SCHOLARSHIPS | 1,500. |

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|--|--|----------------------------------|--------|
| UNIVERSITY OF CALIFORNIA BERKELEY FINANCIAL AID OFFICE BERKELEY, CA 94720 | N/A UNIVERSITY | SCHOLARSHIPS | 2,000. |
| UNIVERSITY OF MONTANA 32 CAMPUS DRIVE MISSOULA, MT 59812 | N/A UNIVERSITY | SCHOLARSHIPS | 1,500. |
| UNIVERSITY OF PORTLAND 5000 N. WILLAMETTE BLVD PORTLAND, OR 97203 | N/A UNIVERSITY | SCHOLARSHIPS | 5,000. |
| UNIVERSITY OF TEXAS MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77555 | N/A UNIVERSITY | SCHOLARSHIPS | 2,500. |
| UNIVERSITY OF WASHINGTON SCHMITZ HALL - ADMISSIONS BOX 355852 SEATTLE, WA 98195 | N/A UNIVERSITY | SCHOLARSHIPS | 5,000. |
| UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE WARREN G. MAGNUSON HEALTH SCIENCES CENTER BOX 356340 1925 NE PACIFIC STREET SEATTLE, WA 98195 | N/A UNIVERSITY | SCHOLARSHIPS | 3,000. |
| WARNER PACIFIC COLLEGE 2219 SE 68TH AVENUE PORTLAND, OR 97215 | N/A UNIVERSITY | SCHOLARSHIPS | 1,500. |

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

| RECIPIENT NAME AND ADDRESS | RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND | | PURPOSE OF GRANT OR CONTRIBUTION | AMOUNT |
|---|--|--|----------------------------------|------------|
| | FOUNDATION STATUS OF RECIPIENT | | | |
| WASHINGTON STATE UNIVERSITY - PULLMAN OFFICE OF FINANCIAL AID AND SCHOLARSHIPS PO BOX 641068 PULLMAN, WA 99164 | N/A UNIVERSITY | | SCHOLARSHIPS | 13,000. |
| WASHINGTON STATE UNIVERSITY - VANCOUVER 14204 NE SALMON CREEK AVENUE VANCOUVER, WA 98686 | N/A UNIVERSITY | | SCHOLARSHIPS | 21,000. |
| WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING PO BOX 1495 SPOKANE, WA 99210 | N/A UNIVERSITY | | SCHOLARSHIPS | 2,500. |
| TOTAL CONTRIBUTIONS PAID | | | | 5,228,985. |

FORM 990, PART II - OTHER EXPENSES

| DESCRIPTION | TOTAL | PROGRAM SERVICES | MANAGEMENT AND GENERAL |
|--------------------------------|----------|---------------------|---------------------------|
| CONSULTING & MANAGEMENT FEE | 1,997. | 1,598. | 399. |
| OTHER PROFESSIONAL FEES | 7,700. | 6,160. | 1,540. |
| CATERING | 7,758. | 6,206. | 1,552. |
| FOUNDATION SOFTWARE | 6,553. | 5,242. | 1,311. |
| OTHER PURCHASED SERVICE | 8,101. | 6,481. | 1,620. |
| LICENSES AND TAXES | 90. | 70. | 20. |
| DUES AND SUBSCRIPTION | 6,122. | 4,898. | 1,224. |
| OTHER EXPENSES | 20,998. | 16,798. | 4,200. |
| SCHOLARSHIP ADMINISTRATIVE EXP | 1,258. | 1,258. | NONE |
| MARKETING EXPENSES | 23,289. | 18,631. | 4,658. |
| OTHER ACCRUED EXPENSES | 214,224. | 171,379. | 42,845. |
| TOTALS | 298,090. | 238,721. | 59,369. |

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | BEGINNING BOOK VALUE | ENDING BOOK VALUE | COST OR FMV |
|-------------------------------|-------------------------|----------------------|----------------|
| FIXED INCOME FUNDS | 8,029,642. | 1,817,049. | FMV |
| EQUITY FUNDS | NONE | 4,542,619. | FMV |
| REAL ESTATE & PRIV. EQ. FUNDS | NONE | 1,919,004. | FMV |
| OTHER FUNDS | NONE | 557,049. | FMV |
| | ----- | ----- | |
| TOTALS | 8,029,642. | 8,835,721. | |
| | ===== | ===== | |

SOUTHWEST WASHINGTON MEDICAL

91-1231436

FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|----------------------|----------------------------------|-------------------------------|
| INTEREST RECEIVABLE | NONE | 32,452. |
| | ----- | ----- |
| TOTALS | NONE | 32,452. |
| | ===== | ===== |

STATEMENT 11

SOUTHWEST WASHINGTON MEDICAL

91-1231436

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION

AMOUNT

CHANGE IN THE VALUE OF SPLIT-
INTEREST AGREEMENTS

-25,914.

TOTAL

-25,914.
=====

STATEMENT 12

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---|--------------|---|---|
| STANTON L. FREIDBERG, MD P.O. BOX 1600 VANCOUVER, WA 98668-1600 | PRESIDENT 2.00 | NONE | NONE | NONE |
| EDWARD LYNCH P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| BRETT BRYANT P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR EMERITUS 2.00 | NONE | NONE | NONE |
| T. RANDALL GROVE P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR EMERITUS 2.00 | NONE | NONE | NONE |
| DAVID W. KELLY P.O. BOX 1600 VANCOUVER, WA 98668-1600 | PAST PRESIDENT 2.00 | NONE | NONE | NONE |
| JAMES A. MCCLASKEY P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| JAN OLIVA | DIRECTOR EMERITUS 2.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---|--------------|---|---|
| P.O. BOX 1600 VANCOUVER, WA 98668-1600 | | | | |
| ANSGAR C. SCHEI P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR EMERITUS 2.00 | NONE | NONE | NONE |
| JAMES R. TOMPKINS P.O. BOX 1600 VANCOUVER, WA 98668-1600 | CHAIRMAN EMERITUS 2.00 | NONE | NONE | NONE |
| JOE B. PAULETTO, JR P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| NEWT RUMBLE P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| SALLY SCHAEFER P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| CHERYL ARMSTRONG P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---|--------------|---|---|
| GERALD BADER, MD P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| JEANNE FIRSTENBURG P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| NANCY HART P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| JOSEPH KORTUM, CEO SWMC P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| SCOTT SWINDELL P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| JODY CAMPBELL P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---|--------------|---|---|
| ROBERT S. DJERGAIAN, MD P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| CONNIE KEARNEY P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| JOYCE KILPATRICK P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| GEORGE MIDDLETON P.O. BOX 1600 VANCOUVER, WA 98668-1600 | TREASURER 2.00 | NONE | NONE | NONE |
| JAY MILLER, MD P.O. BOX 1600 VANCOUVER, WA 98668-1600 | VICE PRESIDENT 2.00 | NONE | NONE | NONE |
| PATRICIA NIERENBERG P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| CHRISTINE ROOD | DIRECTOR 2.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---|--------------|---|---|
| P.O. BOX 1600 VANCOUVER, WA 98668-1600 | | | | |
| KEITH WALLACE P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| NICKI WANN P.O. BOX 1600 VANCOUVER, WA 98668-1600 | DIRECTOR 2.00 | NONE | NONE | NONE |
| KAYCEE WIITA P.O. BOX 1600 VANCOUVER, WA 98668-1600 | SECRETARY 2.00 | NONE | NONE | NONE |
| GRAND TOTALS | | | | |
| | | NONE | NONE | NONE |

SOUTHWEST WASHINGTON MEDICAL

91-1231436

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

| NAME, ORGANIZATION NAME, RELATIONSHIP | EMPLOYER ID # | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---------------------------------------|---------------|--------------|---|---|
|---------------------------------------|---------------|--------------|---|---|

| | | | | |
|---|------------|----------|---------|---------|
| JOSEPH KORTUM, CEO SWMC SOUTHWEST WASHINGTON MEDICAL CENTER AFFILIATED 501(C)(3) ORGANIZATION | 91-6068143 | 779,803. | 22,949. | 20,543. |
|---|------------|----------|---------|---------|

GRAND TOTALS

| | | |
|----------|---------|---------|
| 779,803. | 22,949. | 20,543. |
|----------|---------|---------|

31736K 1783 08/14/2009 00:40:07 V07-8.7 727814

40

STATEMENT 18

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A
=====

THE FOUNDATION WILL NOT APPROVE REQUESTS FOR GRANTS ABSENT A WRITTEN APPLICATION THAT DESCRIBES THE USE OF THE FUNDS WHICH MATCHES THE SPECIFIC CHARITABLE PURPOSES FOR WHICH THE FOUNDATION WAS ESTABLISHED: MEDICAL AND HEALTH ISSUES. FOR EXAMPLE, THE FOUNDATION WILL NOT PROVIDE FUNDS TO INDIVIDUALS, TAXABLE ENTITIES, SCHOOL BANDS, SPORTS RELATED ACTIVITIES, ETC. THE FOUNDATION CONSIDERS ALL GRANTS FOR HEALTH RELATED CAUSES IN OUR COMMUNITY AND DOES NOT DISCRIMINATE IN THE AWARDING OF GRANTS.

2007 990-RET ELF Status for Batch ID 3777117:

| Locator | Taxpayer Name | Client Code | Alerts | Jurisdiction | Service Center | Filing Type | Filing Status | Date Sent | Date Ack. | DCN | Debts | PIN | EIC |
|---------|--|-------------|--------|--------------|----------------|-------------|---------------|----------------------|----------------------|-----|-------|-----|-----|
| 31736K | SOUTHWEST WASHINGTON MEDICAL | 727814 | | <u>FED</u> | | REG | Accepted | 8/14/2009 6:38:00 PM | 8/14/2009 7:04:00 PM | | | | |
| 34153K | SOUTHWEST WASHINGTON HEALTH SYSTEM | 727815 | | <u>FED</u> | | REG | Accepted | 8/14/2009 6:38:00 PM | 8/14/2009 7:04:00 PM | | | | |
| 34510K | Southwest Washington Medical Center | 727812 | | <u>FED</u> | | REG | Accepted | 8/14/2009 6:38:00 PM | 8/14/2009 7:04:00 PM | | | | |

3 records returned.

Form **8868**

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ *File a separate application for each return.*

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒ **X**
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | | |
|--|--|------------------------------|--------------------------------|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization | SOUTHWEST WASHINGTON MEDICAL | Employer identification number |
| | CENTER FOUNDATION | | 91-1231436 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | | |
| | P.O. BOX 1600 | | |
| City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| VANCOUVER, WA 98668-1600 | | | |

Check type of return to be filed (file a separate application for each return):

| | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ ANITA WILLIAMS

Telephone No. ▶ 360 514-7800

FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15, 2009 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
 ▶ ☒ tax year beginning 10/01, 2007 and ending 09/30, 2008

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|--|-------|------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a \$ | NONE |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b \$ | NONE |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ | NONE |

Caution: If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

FEB 13 2009

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**.
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
 • If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

| | | | | |
|---|--|------------------------------|--------------------------------|------------|
| Type or print File by the extended due date for filing the return. See instructions. | Name of Exempt Organization | SOUTHWEST WASHINGTON MEDICAL | Employer identification number | 91-1231436 |
| | CENTER FOUNDATION | | For IRS use only | |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | | | |
| | P.O. BOX 1600 | | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | |
| | VANCOUVER, WA 98668-1600 | | | |

Check type of return to be filed (File a separate application for each return):

| | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ANITA WILLIAMS**
 Telephone No. **360 514-7800** FAX No. _____
 • If the organization does not have an office or place of business in the United States, check this box ☐
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **08/17/2009**
 5 For calendar year _____, or other tax year beginning **10/01/2007** and ending **09/30/2008**
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.**

| | | |
|---|-------|------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ | NONE |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ | NONE |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ | NONE |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **JJB Wilen** Title **CPA** Date **5/15/09**
 KPNG, LLC
 801 SECOND AVENUE, SUITE 900
 SEATTLE, WA 98104
 Form 8868 (Rev. 4-2008)

INTERNAL REVENUE SERVICE
 W & L FIELD ASSISTANCE
 SEATTLE, WA 98174

MAY 15 2009

RECEIVED
 55204